WHAT HELPS AND HINDERS THE DECISION TO ACCESS PSYCHOLOGICAL SERVICES IN A POLICE POPULATION: A CRITICAL INCIDENT STUDY

by

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A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

in

THE FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES

(COUNSELLING PSYCHOLOGY)

THE UNIVERSITY OF BRITISH COLUMBIA
(Vancouver)

May, 2014

Abstract

Police officers are routinely faced with many competing pressures and demands. Exposure to traumatic incidents and significant job-related stressors can place many at higher risk of developing physical and mental health problems. The police culture exerts a pronounced influence on officers, preventing some from asking for or receiving the assistance they require. Stigma of being perceived as weak or incompetent, concerns about being labelled unfit for duty, and worry that accessing psychological support will impact future career advancement and can affect the decision to seek help in this population. Although strong influences present within this culture have been identified, no previous research has specifically sought to understand how these pressures and influences impact the decision to access psychological services within a police population.

The Enhanced Critical Incident Technique was utilized to explore helpful and hindering factors influencing the decision to access psychological services in a population of police officers based on interviews with 20 serving Royal Canadian Mounted Police officers in the lower mainland of British Columbia, Canada. These results contribute to the empirical literature by enhancing what is known about elements that influence an officers' decision to seek psychological services, and factors that can enable officers to overcome these barriers.

The results identify the importance of systemic factors, information and education, quality and influence of relationships, individual characteristics, and organizational processes in creating ideal conditions that will increase the likelihood police officers will access the services of a psychologist. These results will serve to inform individual officers, their families, police supervisors and managers, psychological service providers, and those in related professions with an interest in assisting officers remain healthy over their career and long into retirement.

Preface

Ethic approval was obtained from:

The University of British Columbia Office of Research Services Behavioural Research Ethics Board**,** Suite 102, 6190 Agronomy Road, Vancouver, B.C. V6T 1Z3

UBC BREB Number: H13-00304

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Acknowledgements

This research would not have been possible without the hard working and dedicated members of the RCMP who generously offered to participate. I continue to be inspired by the professionalism, passion and commitment you have for your work. You each displayed great resilience and courage, and I thank you all. British Columbia and Canada is a better and safer place because of you.

Working as part of an effective team often leads to success and I have been extremely fortunate to have an incredibly knowledgeable and supportive committee. In addition to their invaluable knowledge, my supervisor, Dr. Marla Buchanan provided support, expertise, and guidance, and Dr. Norm Amundson and Dr. Marv Westwood shared their considerable expertise, and were available whenever I had a question, need for guidance and /or reassurance.

ECIT requires the involvement of a number of experts in the method and the subject area being researched to ensure credibility and trustworthiness of the data. Thank you to Lauri Mills for the many hours you devoted to reviewing interviews and to Stephanie Conn, Dr. Jeff Morley and Dr. Mark Davies for your assistance conducting credibility checks. A special thanks to Karin Billows, transcriptionist extraordinaire, who not only turned out accurate transcripts in record time, she did so with a smile. Your dedication to this project and your positive, supportive attitude was much appreciated.

Without the RCMP, and specifically Deputy Commissioner Janice Armstrong, this research would not have been successful. The organization provided support for the research, assisted in distributing recruitment information and provided access to interview sites across the lower mainland. Langley RCMP provided additional assistance with technology, and access to a digital recorder and photocopier.

I also extend heartfelt thanks to my dear friends, who put up with my distraction and lengthy absences, and to my amazing family for your patience, sacrifice and ongoing support. An extra special thank you to my amazing husband, and soul mate, Sergeant Rick Sproule (retired), who provided considerable advice, support, editing skills and perspective. Your belief and support in me and in this project made such a difference. I am grateful for you every day.

Dedication

The motivation to conduct this study flowed in part from results emerging from my Masters research with the Integrated Child Exploitation Team in British Columba, during which it became abundantly apparent there were numerous hindering factors that influenced the decision to seek psychological services by officers who must view, as part of their duties, countless images and video of child torture and sexual abuse.

An additional motivation came from the loss of a colleague in 2001 to suicide. He was a kind young member with a wife, two beautiful young children, and an excellent sense of humour. While immersed in the process of writing the results for this dissertation, a second former colleague completed suicide, shocking everyone who knew him. He too was a wonderfully kind and generous man who left a loving family, and many friends and colleagues to mourn his loss. These were two highly dedicated members who wore their red serge proudly.

This work is respectfully dedicated to Kai and Pierre…

I hope this research makes a positive difference to the brothers and sisters in your policing family and to those in related fields.

Chapter I: Introduction

> The reason why we believe that change is possible is not because we are idealists but because we believe we have made it, so other people can make it as well.
>
> Roméo Dallaire

Policing offers many rewards and challenges. The men and women choosing this occupation do so with full awareness that they can be called to fulfill a range of duties that often expose them to the darkest side of humanity. Empirical literature has identified many commonalities shared by police forces across the globe relating to the type of duties and roles they must assume, the inevitable exposure to traumatic and difficult events, the constant underlying potential for danger, the pressures from internal and external sources, and factors associated with the cultural climate that strongly influence the thoughts, feelings and behaviours of officers (Skolnick, 2008; Woody, 2005).

Critical perspectives suggest that adherence to the characteristics of an "ideal" officer is incongruent with mental health and wellbeing (Gilmartin, 2002). Empirical literature repeatedly identifies that protective practices employed by officers to enhance effectiveness on the job, paired with a lack of perceived support, results in an increased rate of physical and mental health problems including heart disease, anxiety, depression, suicide, alcoholism, and marital breakdown (Gilmartin, 2002; Tuckey, Winwood, & Dollard, 2012; Violanti, 2004). However great the need for psychological services; cultural pressures and a desire to conform and "save face" can act as a barrier, preventing some who need help from seeking it (Addis & Mahalik, 2003; Rees & Smith, 2008; Wester, Arndt, Sedivy, & Arndt, 2010). This doctoral research study

explored factors that influence the decision to seek help in a population of police officers using the Enhanced Critical Incident Technique (ECIT). This qualitative research is situated within the field of counselling psychology with its focus on context, culture, and well being.

Major Theoretical Models

Law enforcement officers are routinely faced with many competing demands. Societal expectations are often contradictory and judgmental, leading to the development of a protective subculture referred to as the "police culture" (Woody, 2005). This culture has a profound influence on the behaviour and overt responses shown by police officers to the public and to some extent their colleagues. Similar to the military, police training teaches soon-to-be officers to respond and take control of highly charged situations, suppressing to a degree, their human response. Studies with police populations repeatedly identify traits of mental toughness, and emotional control as culturally desirable and sought after in the rank and file (Sewell, 2001; Tuckey et al., 2012; Woody, 2005). This culture reinforces the belief that police officers must be hard and emotionally invulnerable in order to be "good officers" (Conti, 2009; Evans, Pistrang, & Billings, 2013; Gilmartin, 2002; Rees et al., 2008; Tuckey et al., 2012; Violanti, 1995). The psychosocial culture, incongruent role expectations, constant underlying presence of potential threat and danger, and exposure to death and violence can result in changes to worldview, cynicism, and an "us/them" mentality, causing some officers to withdraw from non-police relationships, and develop a sense of disconnection and isolation from the general public (Gilmartin, 2002; Koch, 2010; Loftus, 2010; Violanti, 1995; 2004).

Most traumatic incidents experienced by law enforcement are intentional and human-caused, such as rape, assault, abuse, sudden deaths, homicides, robberies, hostage takings, death or injury of a colleague in the line of duty, or death / serious injury of children (Kirschman,

1997). Ongoing exposure to traumatic incidents can lead to mental and physical difficulties in some officers. Termed *operational stress injuries*, these include depression, anxiety, post-traumatic stress disorder, and possibly, alcohol and drug misuse, increased risk for suicidality, risk taking behaviours, and marital breakdown if not properly addressed (Figley, 1995; Violanti, 1995; 2004).

In addition to trauma exposure, studies have recognized the profoundly negative effects of environments in which there exists a high level of organizational stress (Alkus & Padesky, 1983; Burns, Morley, Bradshaw & Domene, 2008; Stinchcomb, 2004; Tuckey et al., 2012). Authors identify police environments as having extremely high levels of organizational stress, and find the cumulative, erosive nature of these stressors to significantly and negatively impact the psychosocial health of officers, exacerbating reactions to traumatic stress (Bond, Tuckey, & Dollard, 2010; Brown, Fielding, & Grover, 1999; Huddleston, Stephens & Huddleston et al., 2007; Stephens & Long, 1997; Tuckey et al. 2012).

Mitigating the impact of operational and organizational stress can be challenging in this traditionally closed, masculine environment. Studies on male gender role socialization have found that males who adhere to rigid masculine gender roles are less likely to seek help for fear of being perceived as weak. Research on police and help seeking has found that male police officers are less likely than males within the general public to seek psychological help (Berg, Hem, Lau, & Ekeberg, 2006). Considering male gender role socialization promotes qualities of emotional control, strength, and competition, males who do seek treatment may not be accurately diagnosed and treated as their presenting symptoms may not meet the symptom cluster normally identified as depression (Cochran & Rabinowich, 2003). These factors are believed to contribute

to the higher mortality and illness rates men experience (Addis et al., 2003; Cochran et al. 2003; Courtenay, 2000; Henry 1995).

Martin (2012) found that while there has been increased use of psychological services and improved response to operational stress injuries by management in the Ontario Provincial Police (OPP) in recent years; a traditional "suck it up and work through the pain" attitude prevails. Considerable effort to transform the psychosocial climate and attitudes toward help seeking has been only minimally successful as traditional values are often transmitted through attitudes and stories of veteran officers, inadvertently impeding these efforts (Conti, 2011; Karp & Stenmark, 2011; Loftus, 2010). Cultural expectations of emotional control, strength, and competence continue to act as barriers to accessing psychological help. Officers expressing reluctance to seek psychological help indicate a fear of being perceived as weak, overlooked for promotion, or removed from operational duties as the primary reasons for their reluctance (Evans et al., 2013; Martin, 2012; Rees et al., 2008). This barrier to accessing psychological services increases the risk of developing both operational stress injuries, and physical illness resulting from chronic exposure to the occupational stressors so prevalent in the police environment (Alkus et al., 1983; Stinchcomb, 2004; Tuckey et al., 2012).

Information from qualitative research on police teams investigating internet child exploitation identified several additional help seeking concerns (Burns et al., 2008). Within this high trauma exposure environment in which use of psychological services had been normalized and promoted, attitudes surrounding access to psychologists were mixed. Those who believed psychological services were beneficial found the professionals provided a "safety net" and another "tool in the tool box." Seeing a psychologist offered the opportunity to process difficult experiences in a safe and confidential environment, rather than risk a buildup of the impact and

possibility of releasing negative emotions on family, friends or coworkers. Participants indicating a reluctance or negative view of psychologists were primarily concerned with breaches in confidentiality, lack of safety and trust, and difficulties finding the right psychologist/therapist they would be comfortable with.

In spite of evidence of some change in the climate of help seeking, the police culture continues to foster values that are inconsistent with mental health (Bond et al., 2010; Tuckey et al., 2012; Wester et al., 2010). It is a certainty that officers will continue to be exposed to high levels of traumatic events and organizational stressors during the course of their duties (Huddleston et al., 2007; Tuckey et al., 2012). A work climate that recognizes the natural, human reactions caused by this exposure; and supports and encourages officers to access the psychological help may facilitate officers' decisions to get the help they need.

Purpose and Significance of this Study

The literature identifies many interrelated issues that create barriers for police officers who may benefit from seeking psychological services. However, factors that influence the decision to seek psychological help in this population had not been fully explored.

A majority of studies within policing rely on self-report questionnaires and scales, offering extremely limited insight into the officers' lived experience following exposure to operational or organizational stress. A search of empirical literature on the topic was unsuccessful in locating any published qualitative research specifically exploring factors that influence decision making by officers who considered accessing psychological services. Also absent from the literature, were studies exploring factors that facilitate and promote the use of psychological services in police populations. While existing research identified some very real and concerning barriers to help seeking, there was an absence of literature detailing the

experiences of officers who readily and openly sought help. It was not known why some officers access psychological services while others did not. Valuable information was discovered by exploring these experiences.

The purpose of this enhanced critical incident study was to contribute to the empirical literature by deepening our understanding about what helps and hinders the decision to seek psychological services in a police population. This process: a) explored officers' perceived need for and access to psychological services; b) identified barriers to help seeking; c) identified factors that facilitated the decision to seek help; and d) highlighted strategies and approaches intended to better meet the needs of this population, and increase the likelihood officers would access the services and supports available to them.

There were 69,438 police officers working across Canada in 2011 (Statistics Canada, 2011). There is a probability that many Canadian officers are influenced by a culture that stigmatizes those who are "less than invincible." The results of this study (a) increase our understanding of the factors that influence the decision to access psychological services in a police population, (b) contribute to the empirical literature by offering detailed information on factors that can minimize barriers to help-seeking, and assist officers in overcoming these barriers, and (c) have the potential to inform policy and practices intended to minimize barriers and promote access to psychological services.

The contribution of this research to counselling practices is that it identifies and expands existing knowledge about the factors influencing the decision to access psychological services. This information can be incorporated into the practices of psychological service providers working with police officers to ensure the services they provide are "officer friendly." This may increase the likelihood officers will access those services.

Findings from this study will be submitted for publication in an academic journal, distributed through professional conferences, workshops, and communication networks (e.g., email bulletins and magazines) for police and psychological providers, designed to inform and enlighten police organizations seeking to facilitate officer access to psychological services. These results may also inform related professions (fire-rescue, military, emergency health services, disaster response), assisting to shape policies and practices that will benefit all who work in such challenging frontline careers.

Rationale for Methodology

The Enhanced Critical Incident Technique (ECIT) was utilized to explore participants' experiences of the police culture and decisions relating to help-seeking. Given the nature of the topic, this qualitative technique was an ideal method to generate rich and detailed descriptions of the police culture, and to delineate meaningful incidents that contribute to or detract from, participants' decision to access psychological services. ECIT was selected because (a) ECIT is one of the most widely used qualitative research methods, recognized as a particularly effective tool for exploration of under-researched phenomena; (b) the interviewing style and technique of ECIT is similar to that used during police Operational Debriefings. Using a familiar interview style increased participants' comfort, and had a direct and positive effect on the depth of the information shared; (c) E/CIT has been utilized successfully in research with police populations; (d) the desired outcomes of this study included contribution to the scholarly literature and development of pragmatic recommendations for police organizations. This method is known to be highly effective in accomplishing these outcomes.

Participants consisted of 12 male and 8 female Royal Canadian Mounted Police (RCMP) officers, on active duty, with a minimum four years policing experience. Participants were

provided with a summary overview of the focus of this study prior to participating in the semi-structured interviews. Interviews ranging from 57 – 142 minutes (mean of 85 minutes) were digitally audio-recorded and subsequently transcribed verbatim. Factors that were helpful and hindering to the decision to seek psychological help were identified by participants along with a list of wish items outlining what they believed would have been specifically helpful to them. Information from these interviews was carefully analyzed using content analysis strategies where incidents were coded, categorized, and main themes developed. Nine systematic reliability and validity checks were conducted using an inter-rater process and peer reviewers.

Utilizing the ECIT method allowed the researcher to identify participant perceptions, experiences and beliefs relating to police culture and to their decision to access psychological services; and develop specific recommendations designed to assist in decreasing barriers and increasing acceptance and access to these services.

Chapter II: Review of the Literature

Policing is a very specialized and challenging occupation, with the likelihood of exposure to violence and traumatic stress, potential for personal injury and possibility of death of the officer and/or colleagues. It is often unpredictable, requiring officers to make quick decisions with limited information, work long hours in challenging conditions, and frequently come face to face with the most difficult aspects of humanity (Burns et al., 2008; Carlan & McMullan, 2009).

A comprehensive review of the literature was conducted utilizing the following search engines: Academic Search Complete, ERIC, Humanities and Social Sciences Index, Military and Government Collection, Social Work Abstracts, PsychArticles, Psychbooks, PsychExtra, Psychinfo; library resources, and a number of secondary sources. The review was narrowed to three areas of literature foundational to this study, determined in conjunction with the research committee. They were (a) the culture of policing, (b) the impact of police work, and (c) help seeking in the context of male gender socialization. The list of search terms utilized included: "police", "law enforcement", "policing", "police officer", "RCMP", "impact", "psychological", "culture", "help seeking", "male", "male gender role socialization". Abstracts appearing pertinent to the topic were reviewed, and those directly relevant were incorporated into this literature review.

The Culture of Policing

Many aspects of policing have been the subject of inquiry. Numerous studies have identified the existence of a specific police culture. What exactly is police culture, how is it developed, and what influence does it have on individual officers as they assimilate and spend years immersed in this culture?

Culture can be defined as the characteristics of a group, defined by language, dress, social habits, customs, and values (Zimmerman, 2012). To understand a specific culture it is necessary to examine the cultural factors that influence the behaviour and attitudes of a specific group. In preparation for this research study, literature exploring police culture was reviewed to deepen understanding of key themes and issues relevant to this population. Much of the literature reviewed consisted of ethnographic accounts, derived from observations accumulated through the process of immersion for a period of time into the police culture. There were few studies specifically focusing on the culture of police, a possible reflection of the closed nature of this group.

Several terms are used within the literature to identify individuals within this population. "Police officer," "law enforcement officer," "RCMP officer," "member" and "officer" are used interchangeably. The authors' language was used when describing their findings; however the terms *police officer, officer,* and *member* were used interchangeably throughout this research study.

There is widespread agreement within the literature that police culture is a separate and distinct entity. According to Woody (2005), the demands and expectations society places on law enforcement personnel results in a protective subculture, referred to as a police culture. This culture depends on conformity, adhering to a chain of command, and a need to depend on and trust colleagues. The acculturation process is usually quite stressful, and adopting attitudes and perceptions congruent with those of an "ideal officer" is essential to being accepted by the group. This culture tends to shield officers from "outsiders," individuals who may intend harm, or who may represent factions of society that distrust police. According to Woody, policing is one of the most dangerous occupations in our society. It is distinctive in that officers are routinely exposed

to danger, they are expected to exert authority, and when required, coercive force, to protect citizens, and uphold society's laws. Having such a unique and specific role can result in feeling disconnected from the general public. Over time officers can become dependent on colleagues for social support and isolated from those outside of this culture, including friends and family.

Motivation and characteristics of an officer. Many who choose policing as an occupation carry with them a sense of duty, and/or personal meaning about the role they have assumed. It becomes a way of life, and often forms a significant part of their identity. They may feel compelled to uphold this role even when off duty. In fact, community members often have higher moral and ethical standards for police officers, expecting them to be above reproach both on and off duty (Buttle, Fowler & Williams, 2010; Hall, Dollard, Tuckey, Winefield & Thompson, 2010; McElroy, Marrow & Wardlow, 1999).

A number of studies exploring the motivation for becoming a police officer have been conducted over the past several decades. Although initially anticipated that the power/authority aspects of the job were what drew individuals to policing, the literature suggests the most influential motivating factors were altruistic and practical in nature. For more than four decades and still true today, the primary reason most individuals enter the policing occupation is to help others (Cumming, Cumming & Edell, 1965; Foley, Guarani & Kelly, 2008; Lester, 1983; Raganella & White, 2004; Ridgeway, Lim, Gifford, Koper, Matthies et al., 2008; White, Cooper, Saunders & Raganella, 2010).

In 2008, Ridgeway et al. conducted a survey of 234 San Diego Police Department applicants to assist the department with improving their recruiting efforts. Survey questions were designed to inform the department about the reasons applicants chose a career in law enforcement and with the San Diego Police Department in particular. Survey respondents were

asked to choose all options that applied. The top four most frequently cited responses for applying to a career in law enforcement were the desire to help others and serve the community (72%), stable employment (53%), status/pride in being a police officer (46%), and salary and benefits (46%).

Raganella et al. (2004) conducted a survey of 278 New York police officer recruits one month prior to graduation and found that the opportunity to help others was the number one reason these officers had elected to join the department. This was followed by job security, job benefits, career advancement and fourteen other factors in decreasing order of importance. White et al. (2010) surveyed this same group of New York City police officers six years later to explore the stability in the motivation for becoming a police officer. They found that although the desire to help others had decreased slightly, it continued to remain in the top five of eighteen motivators. Interest in job security, benefits, early retirement, and career advancement had risen, perhaps influenced by the unstable economic realities and job uncertainty prevalent at the time.

Assimilation into the police culture. To initiate and prepare recruits as future officers, a significant training regimen must be successfully completed. Training is designed to be mentally and physically challenging and at times, quite stressful. The rigors of training also serve the process of acculturation.

Conti (2009) conducted a sociological ethnography documenting the process of assimilation and integration police recruits underwent as they proceeded through 21 weeks of training with the Rockport Police Department's Training Academy. His data came from direct observation of classroom training, and informal interaction with the recruits. Data were analyzed using a grounded theory perspective, and notes were coded for emerging processes and themes. As information from participant interviews was not included and only a single training cohort

was observed, it is not known if these findings actually mirror the lived experiences and perceptions of participants. Conti identifies however, a process of acculturation that serves to prepare recruits for the dangers of the work, reinforce social bonds, and integrate a paradigm of the ideal police officer into the new officer's core identity.

Conti's research provides an important sociological perspective about the process of training and assimilation of recruits into the police culture. He found that the shaping of the recruits' attitudes and behaviours was very purposeful and identified what he described as a process of shaming and honour that was used to socialize recruits into developing "appropriate" attitudes and behaviours. A standard of the ideal recruit, including a paramilitary presentation of self, was identified and the new recruits were expected to conform to these requirements. He witnessed this process, achieved with the application of pressure to shed the characteristics of "citizen" and adopt the role of "officer." When behaviour met the idealized target, recruits were praised and honoured, when the behaviour was less than expected, the recruit would be shamed, through use of verbal and/or physical consequences. This process continued until the individual recruits emulated the attitudes and behaviours consistent with academy standards.

Reliance on the "brotherhood." Conti observed that the shaping of thoughts, feelings and behaviours was strongly influenced by the veteran training officers. Trainees were repetitively reminded of the physical dangers inherent in policing, the constant public scrutiny and need to maintain exemplary personal standards/integrity due to their role within society. Constantly reinforcing the potential threats and dangers of the job and the priority of "backing up" their colleagues resulted in a near hyper-awareness amongst the recruits towards their fellow colleagues.

Woody (2005) identified the dedication to protecting and serving as a unifying element. Through a review of behavioural science literature and research, Woody finds both positive and negative psychological effects existing in this distinct culture. He alludes to a protective shield that separates law enforcement from the general public. The dangerous aspects of the job are a unique entity within policing, which he sees as unifying and one that promotes solidarity and reliance on colleagues. In addition, officers are subject to political criticism and constant oversight by their administrators, increasing their perception and experience of stress. Woody cautions these factors can lead to a number of physical, behavioural and emotional problems including increased suspicion, cynicism, and impaired job performance.

Skolnick (2008) states that "being a police officer is a defining identity" (p. 35), similar to a rabbi or priest. The author, from the Center for Research in Crime and Justice at the New York University School of Law, identifies three enduring features of the police role as responsible for the development of this working personality. They are: (a) exercise of authority, similar to the role of a school teacher; (b) exposure to danger that results in perceptual tendencies similar to a combat soldier, and, (c) pressure to produce, which Skolnick states, mimics the compulsions experienced by industrial workers. Other enduring requirements include the capacity to use force, which is seen as a necessary although potentially troublesome feature of the police role.

Similar to Conti (2009) and Woody (2005), Skolnick identifies discernible pressures that forge strong bonds among officers including the requirement to provide back up, and follow colleagues into hostile situations. This may impact on interaction patterns between officers and uncooperative citizens. Combative or negative responses from certain members of the public may further instill the apparent need to "stick together" and consolidate perceptions of "us and

them." This process can enhance feelings of isolation and generate mistrust of those outside the law enforcement circle.

Transmission of cultural values. In her ethnographic review of a police force in Oxford, England, Loftus (2010) argues that as the pressures inherent in the police role continue, traditional values of the police culture are reinforced. She states that the stereotype of the traditional officer, strong, masculine, brave, and prepared to use force appears to be reinforced and passed on to new officers during the process of socialization. Similar to Conti (2009), Loftus noted that although curriculum and practice has changed in theory, inherent traditions and perceptions continue to be passed on through role modeling during training. She identified presence of a hierarchy of crimes that are deemed to be "proper police work," and the negative association of "softer" police work, which is often the type of duties the organization is trying to incorporate. Loftus found that not all officers adhered to the concepts of traditional policing, and that some police officers (mainly female) adopted a more service oriented approach, however; the traditional masculine culture with its focus on apprehending criminal offenders dominated.

Key themes emerging from this ethnography also included: an underlying tension between expectations of police work and the daily realities, police as isolated from the wider society due in part to hostile, judgmental and unsupportive members of the public, a theme of suspicion developed by officers, and a pervading sense of danger surrounding the work.

The transmission and maintenance of traditional cultural values through veteran officers was also identified in Karp et al.'s (2011) analysis of innovative forces in police training. According to the authors, police the world over have a great deal in common, regardless of the kind of training and duties entrusted to officers. In a review of research conducted on police training in Sweden from 1985 to 2005, the authors found police recruits were provided with

contradictory information in what they were learning in the training curriculum, and what they learned from veteran police officers. Experienced field officers effectively imparted and conveyed the knowledge and skills required in the job, which led the students to concentrate on these aspects during police training. In spite of a focus and intention within the larger organization to promote change and development, the authors found the mannerisms and attitudes of experienced police officers were readily adopted by recruits in an effort toward acceptance, conformity and belonging. As veteran officers embody that to which they aspire, the recruits were more inclined to listen to instructors who were officers, rather than academics, regardless of topic. As they progressed through training, recruits were paired with experienced officers for field training. According to the authors, "field training resembles an apprenticeship period where experienced police officers, in the course of their everyday duties, transfer their professional knowledge and police cultural values to the students (p. 10)." Through this process new officers develop their professional identities. As traditional values are passed down by veteran officers, attempts to promote cultural change are greatly affected.

Conti (2011) identified formal and informal transmission of traditional cultural values including the promotion of traditional norms of masculinity in police work with new recruits. In a further analysis of data collected during his observation of the Rockport police department's training academy in 1999/2000, Conti identified the process by which specific behaviours are promoted and others stigmatized within the culture, reinforcing cultural expectations and traditions. He described the transmission of expectations regarding "competence, safety, adventure/machismo, and morality" (p. 416) during the training of pragmatic curriculum through the actions and comments of the instructors. Basic requirements of attendance regardless of illness, valuing recruits who can push past pain and injury during physical training, reinforces

concepts of strength and competence as desirable traits. Anything less was seen as a lack of character. Recruits unable to achieve an appropriate level of strength and fitness during the physical and technical training were framed by the culture within the academy as potential threats to themselves and their colleagues, likely resulting in stigmatization by their troop. The innate pressure to conform, to excel, to achieve was very strong. Conti described a need for recruits to demonstrate a "warrior heart" or else be perceived as weak. This process resulted in recruits internalizing core elements of the police subculture, regardless of the content of the training.

A 2012 study of police in Australia identified characteristics of courage and toughness as essential to the police identity (Tuckey et al., 2012), and acceptance into the group was dependent on demonstration of these qualities. An aspect of policing gaining more attention in recent literature is the concept of emotional control, a coping strategy utilized by investigators. Due to the often difficult nature of the work, officers must develop strategies designed to assist them in remaining focused and professional, regardless of the circumstances they are faced with or exposed to. Revealing emotion is often perceived by others as weakness. The pressure to remain detached and appear unaffected is considerable, reinforcing the cultural stereotype that officers' must always be in control, regardless of what they encounter and how they may be feeling. The fear of losing the respect, possible protection, and social support from colleagues exerts a strong motivational force and influences the actions and behaviours on the job (Tuckey et al., 2012).

Job satisfaction. Public perception of policing is quite different than departmental expectations. The public often believes that an officer's primary duty is to arrest violent and dangerous offenders, while the departmental focus stresses service to the public, interpersonal

communication and prevention as the primary role (Carless, 2005; Lord & Friday, 2003). Those entering the workforce with a realistic view are often more prepared for their role and have reasonable expectations. Once through the initial training process and more familiar with the work, the level of job satisfaction is usually the highest among new officers according to Miller, Mire and Kim (2009). Their findings reveal the greater the autonomy, the higher the job satisfaction. The authors identify that job satisfaction decreases in officers with ten to fifteen years of service and rises again after fifteen years for the final segment of a police officer's career. Autonomy was the most significant factor related to job satisfaction in this study. It is difficult to speculate about the reason for the mid service job satisfaction decline, except possibly that many police careers may have plateaued, officers may no longer feel sufficiently challenged, but are not yet eligible for promotion.

Another possible explanation for reduced job satisfaction levels in later years comes from White et al. (2010), in their follow up study with New York Police officers. The initial demographics of officers in their study showed most to be young, single and living at home (Raganella et al., 2004). Six years later, these same officers were mostly married, had children and financial burdens in the form of mortgages and personal debt. Perhaps the challenges and frustrations of the job become more evident as life pressures increase and the newness and job learning aspects decrease.

Influence of media. Media and public perception can significantly impact an officer's experience and reinforce the "us/them" mind set. Results from a study conducted by Yim and Schafer (2009) found that many officers felt their community was less supportive, even when the opposite was true. This perception can adversely affect the officers' sense of meaning, value, and pride in their profession, and result in feeling devalued by the very community they serve. This

sense of being unfairly judged and criticized in the media can increase feelings of isolation and levels of dissatisfaction (Miller et al., 2009).

Gender differences. It is perhaps worthy to note that females often enter policing with a greater understanding of their perspective roles. They are more likely to identify with multiple roles including that of mother, wife and employee, rather than simply employee as their male counterparts report (Lord et al., 2003). This can create conflict for some women as policing often requires shift work and long, irregular hours in conditions that can be stressful and difficult. There can be tension between the roles of "ideal" mother and "ideal" police officer. According to Cowan & Bochantin (2009), if required to choose, women will frequently select the role of ideal mother. This can lead to a perception that women are unsuited or less effective as police officers.

Despite these differences, women have been found to have psychological health equal to their male counterparts (Carlan et. al, 2009). Having adapted to the environment in order to succeed, Cowan et al. (2009) found in their study of female police officers, that women purposely separate the two roles, choosing not to discuss home at work and vice versa. This is a clear example of female police officers adjusting to accommodate two functions of their world that to many are not considered mutually compatible. Working in a male dominated occupation, these officers forgo talk of family for fear of being perceived as weak, thus integrating more effectively with the cultural norm of the work environment. In spite of the separation, the experience of intolerance and discrimination in what has traditionally been a masculine environment continues to a certain degree for many women in policing (Carlan et al., 2009; Cowan et al., 2009).

It is not exclusively female officers that are re-evaluating the impact of work on family life and external responsibilities. Male and female officers are now making choices about their

occupation and advancement that is suggestive of departure from the previous norm. Although western society has placed high value and judgment on work ethic, there is a discernible shift towards quality of life decisions that is encompassing family, friends, and outside interests along with occupation. More individuals are focusing on work/life balance issues and are demanding greater options such as telecommuting, flexible work shifts, and job sharing from their employers (Brough, 2005). In the world of policing, several studies have identified similar trends and suggest male and female officers often feel conflict between work and home life. In an effort to achieve balance, they are making decisions not to pursue certain career opportunities or specific promotions, aware that success in these areas may adversely impact their home life. For many, the decision not to seek promotion was based on the belief that it would interfere with family activities and child rearing (Archbold, Hassell, & Stichman, 2010; Carlan et. al., 2009).

The literature identifies many key themes within the police culture. Findings regarding the role of emotion, ideal characteristics of mental toughness, strength, physical dexterity, epitomizing the ideal police officer are found in police forces across North America, Europe, Australia and the United Kingdom. The RCMP shares these features with other police forces, and has additional challenges given its role as a federal, provincial and municipal police service (Royal Canadian Mounted Police, 2009). Working in urban, rural, and very remote areas across a vast geographical area, and responsible for providing services ranging from public relations with the world renown Musical Ride and Equitation program, to Serious Crime, Child Abuse and Homicide Investigations; RCMP officers carry out a diverse range of policing responsibilities to a majority of the Canadian public.

Features of the RCMP. The literature contains only a limited number of research studies specific to the RCMP culture. According to Hewitt (1996), the background and cultural make up

of early RCMP officers (originally the North West Mounted Police [NWMP]) were middle class males of Anglo-Saxon heritage. The NWMP was steeped in military tradition and predominantly influenced by Victorian values of manliness, strength, courage, and duty to protect the vulnerable. Over time the emphasis on manliness shifted to a greater focus on physical characteristics of aggression and strength. Having a "good physique" became increasingly important as Mounties assumed more enforcement duties during labour strikes and riots. RCMP recruits were required to have a grade 11 education, a minimum chest size of 35 inches, with priority given to strength and athleticism over education. According to Hewitt, officers were not just white males, but represented the ultimate in white males in Anglo-Saxon dominated Canada. The emphasis on discipline and self control attracted military veterans, reinforcing the paramilitary tradition of the RCMP. The inclusion of women in September 1974 and attempts to incorporate diversity within the rank and file continues to meet with some resistance.

Consistent with the findings from other police studies, policing is often regarded as more than just employment to most RCMP officers. Their belief and commitment to a higher calling assists these officers in remaining dedicated in spite of the many competing pressures, demands, and for some, heavy workloads. Duxbury and Higgins (2004) conducted a national study using data collected at two time points, in 2001 and 2003/2004. Over 3000 regular members completed the 2001 *Balancing Work, Family and Lifestyle National Survey*, and 300 of those male and female respondents, completed a web based survey and a semi-structured interview in 2004. Findings from 2001 indicated that the average RCMP officer worked 48.6 hours per week. Two-thirds of the respondents worked unpaid overtime in the previous month, and almost 70% took work home to complete.

In regards to the culture of work within the RCMP, Duxbury et al. (2004) found the majority of respondents to employee opinion surveys believed career advancement would be seriously limited if they were unable to work long hours, and more than two-thirds indicated it was not acceptable to refuse additional work. For many, this work expectation has detrimental effects on family. Fifty-eight percent of respondents had missed a family function due to work demands. In spite of workloads, missed family time, and feeling they cannot refuse additional work, Duxbury et al. found that 63.4% of respondents described themselves as committed to the organization, and 57.5% indicating they experienced job satisfaction.

Duxbury et al. found that many of the RCMP respondents were in poor mental health, reporting high levels of stress, depression and burnout. Frequency of medical appointments unrelated to general checkups and access to mental health care was considerably higher than the average citizen. While the authors suggest the increased numbers are indicative of poor mental health, survey data does not provide sufficient information or explanation for comparison purposes. It is relevant to note that some specialized units require frequent medical checkups. Officers can be injured on the job and may be required to participate in post incident psychological debriefings and fitness for duty assessments. It is not clear if these statistics are indicative of a mental health problem or merely reflect the collateral realities of police work. In spite of more frequent access to medical and mental health care, 58% of the respondents indicated they experienced a high level of life satisfaction.

Concerned about the state of the organization, the RCMP senior management commissioned an independent review of workplace issues. Duxbury's (2007) report pertaining to the work environment and culture of the RCMP examined a number of internal documents, previous studies, and RCMP employee opinion surveys from 2003, 2005, 2007. The study

included feedback from all levels of the workforce, as well as a systematic review of processes and procedures to identify insufficiencies related to the work environment and culture of the RCMP. Overall Duxbury identified their personnel as the RCMP's greatest asset. She found 78% of respondents indicated their colleagues were the best thing about the immediate environment. The vast majority of survey respondents were proud of the work they did, and proud to be a member of the RCMP. Duxbury noted that the average new recruit was 28 years of age, joining the Force with expectations that were different than more senior officers. She suggested a new way of managing this changing demographic was required.

Although acknowledging the capabilities of employees working within the RCMP, a number of concerns surfaced in the review. Duxbury found that the organization resisted change and that a significant number of employees did not feel trusted, respected, fairly treated, or well led. In comparison to the Canadian public, employees of the RCMP reported higher levels of job stress, overall stress, depressed mood, burnout, and role overload. Duxbury added that "RCMP executives appear to be at higher risk of physical and mental health problems than other executives within the Government of Canada" (p. 9). She recommended the RCMP undergo a comprehensive transformation that included a fundamental shift to the organizational structure, and recommended changes in: recruitment and performance management practices, training, workload, and employee health and wellness.

Although the literature has highlighted many cultural similarities among police forces, differences were found between RCMP and Municipal police officers in areas of perception of control, workplace social support, and levels of psychological distress according to Perrott and Kelloway's (2011) quantitative study. The authors compared 60 Municipal Police officers and 129 RCMP officers stationed in Halifax, Nova Scotia. Surveying the officers using

questionnaires and subjective scales, they found RCMP officers felt they received less support from their direct supervisors than participants from the Municipal police force and had less control over their environment, greater levels of psychological distress, and psychosomatic complaints. The authors found that RCMP officers' job commitment was not affected by lower morale, likely a result of a greater perception of peer support and a sense of meaning they found in their work.

The authors provided some rationale for the differences between the two police forces. With the RCMP headquartered in Ottawa, this centralized control may result in increased disconnection, and a perception of powerlessness regarding decision making. In addition, the RCMP has always been an iconic Canadian symbol, one in which great prestige has been associated. Perrott et al. (2011) contend that post 9/11, the policing role changed significantly, shifting from a consent based model to more of a US, enforcement model. As the RCMP is a federal police force, the actions of one or a few have national implications. Media focus and nationwide scandals including: Mayerthorpe, the Dziekanski death at the Richmond Airport, the Mahar affair, and the Pension scandal, ripple through the membership and affect both public perception and morale within rank and file. The national scope and centralized leadership may have considerable influence on the organization as a whole and great impact on individual morale.

A factor I have not found present in the literature, but extremely relevant to RCMP officers and their families is the national scope of policing responsibilities results in officers being posted anywhere in the country, and not always in locations of choice. The pace, type of policing duties, levels of responsibility, accessibility to support and back up assistance vary greatly in rural versus urban centers. This can place demands on RCMP officers not experienced

by officers in other police forces. Members are transferred on a relatively regular basis, often requiring a physical relocation, meaning new schools and friends for all of the family. A transfer to smaller and remote communities results in greater isolation, with personal and professional demands not found in larger communities. While the RCMP "fraternity" may be available to support the officer, additional pressure can be experienced by the officer and his or her family.

The RCMP is unique in that it is a national police force with centralized leadership and a vast range of policing roles and responsibilities. While some differences were identified related to the degree of perceived support and control officers experienced in their environment (Perrott et al., 2011), key factors identified as barriers to help seeking were found to be similarly experienced by both the RCMP and other policing organizations.

Integration of the literature on the culture of policing. The literature identifies common factors related to police culture, highlights the process used to assimilate officers, and explores the influences of working within this culture on individual officers.

Empirical literature consistently found that a majority of officers enter this profession to make a difference (Cumming et al., 1965; Foley et al., 2008; Lester, 1983; Raganella et al., 2004; Ridgeway et al., 2008; White et al., 2010). Specific training processes are utilized to initiate new officers into this culture and promote behaviours designed to emulate an idealistic personae of strength, courage and control -- characteristics of an "ideal" police officer (Conti, 2009; Loftus, 2010; Tuckey et al., 2012). Loyalty and commitment to the organization, and especially other officers is effectively instilled through these means. Veteran officers are instrumental in this process, but have been viewed as impediments to change if the changes are perceived as inconsistent with the established beliefs, values and traditions in this largely male dominated culture (Conti, 2009; Karp et al., 2011; Loftus, 2010). This is particularly detrimental to efforts

designed to alter the perception of fear and stigma often associated with mental illness or interest in accessing psychological assistance.

Strong allegiance to the police culture and to colleagues can give rise to an "us/them" perception and potential isolation from family and friends (Woody, 2005). The need to belong and be accepted can be critical to officer safety (Conti, 2011). The paramilitary structure promotes conformity and unit integrity. Lack of conformity can lead to stigmatization and ostracization from the group that often becomes the officers' primary support system (Conti, 2011; Evans et al., 2013; Rees et al., 2008; Skolnick, 2008; Tuckey et al., 2012; Woody, 2005). As characteristics of the "ideal" officer include mental toughness, those indicating a need for psychological interventions may be at risk of being ostracized from their group, the very group they rely upon for their safety.

The RCMP has additional challenges in that they are a national police force, with a broad mandate and central command structure (Duxbury et al., 2004; Duxbury, 2007). The action of a few can create a ripple effect, impacting the morale of officers and the perceptions of the public. RCMP officers were found to experience a strong sense of peer support and meaning in their work, but lower supervisor support and morale than officers in a Municipal police force (Perrott et al., 2011). Overall the cultural barriers that would impact help seeking behaviours are present in both the RCMP and other police organizations.

Impact of Policing

During the course of their duties, officers are exposed to difficult and potentially life threatening incidents, workload related pressures, and ongoing stressors from within and outside of the organization (Violanti, 1995; Woody, 2005). To understand key factors that contribute to the impact of policing on its members and identify gaps in empirical knowledge, literature

related to primary and secondary trauma, also known as Operational Stress Injuries (OSI) and organizational stress in policing was reviewed.

Background theory. A traumatic event can be defined as:

> an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (APA, 2005, p. 463).

Traumatic events are classified as either primary or secondary, although the physiological and psychological reactions can be quite similar. In policing, exposure to a *primary traumatic event* could include an event in which the officer had direct involvement including but not limited to: high speed pursuits in which an officer, his or her colleague or citizen was injured or killed, shootings, assaults, and hostage takings. A *secondary traumatic event* may include witnessing an incident in which an individual was injured or killed; or exposure to information and intense emotion of another following a traumatic event during regular attendance at crime scenes, motor vehicle incidents, next of kin notifications, and statement taking following sexual assaults, child abuse, homicides, domestic violence and suicides.

The evolution of our understanding of trauma began in the mid 19th century when soldiers fresh from battle were brought in for treatment suffering symptoms labelled as "hysteria" (van der Kolk, Weisaeth, & van der Hart, 1996). Soldiers on the front line were brought to medical aid with numerous psychological symptoms including mutism, deafness, paralysis, depression, and anxiety. They were considered to be suffering from "hysterical" disorders of warfare, viewed as weak, and often treated with restraints and electric shock

(Yealland, 1918). Other terms used to describe what we have since learned are natural responses to traumatic events included “irritable heart,” “soldier’s heart,” “cardiac weakness,” “spinal irritation,” “nervous shock,” and “anxiety neurosis” (van der Kolk et al., 1996).

During World War II, Dr. Kardiner began his career working with soldiers injured on the battlefield. Knowledge about trauma response had increased, and treatment approaches evolved. As knowledge grew, understanding of the emotional connection among the men and the value of keeping the group together as much as possible was recognized. A focus on prevention of symptoms and treatment involving immediate response and group approaches was subsequently developed. Kardiner utilized highly supportive, structured and re-educative approaches including individual and group therapy to assist the soldiers he worked with recover, striving to destigmatize reactions that were then known as “combat neurosis,” “battle fatigue,” and “shell shock” (Kardiner, 1941).

Exploring the impact of trauma exposure on front line military personnel, researchers Appel and Beebe concluded that even the toughest, most experienced soldier would break with enough exposure (1946; cited in van der Kolk et al., 1996). As a deeper understanding of the physiological and psychological impact of war was gained, focus shifted from viewing traumatic responses as individual weakness, to recognizing the universal impact of trauma exposure, regardless of the heroism and strength of the individual. Despite new beliefs, the old perceptions and stigma about traumatic stress reactions remain prevalent in certain environments, particularly within the military and police in which values of strength and courage remain idealized.

Since the mid 19th century, much has been learned about the nature of trauma and its effects. Human response to a traumatic event is fairly predictable. According to Scaer (2005), “the capacity to respond to a life threat is instinctual, inherited, and common to all species with

varying levels of complexity" (p. 28). When faced with a threatening situation, complex responses and neurological pathways govern our behaviour, in what is termed the flight, fight, or freeze response. These responses are generally outside of our control and determined by conditioned responses in our implicit and procedural memory as an adaptation for survival. According to Scaer, unresolved traumatic stress may cue the body to respond to a threat that no longer exists, resulting in a number of symptoms, some of which are included under the diagnosis of post traumatic stress disorder. These can include flashbacks, nightmares, intrusive images, hyper-vigilance, avoidance, isolation, dissociation. Although a natural response to an abnormal event, individuals experiencing traumatic stress reactions may feel weak, incompetent, incapable, and extremely vulnerable. This perception is often reinforced by the culture and beliefs of the organization the individual works within.

The term "Operational Stress Injury" was first used by the military. Recognizing the mind/body connection involved in trauma response, they found the use of the word "injury" appeared more accurate and assisted in de-stigmatizing mental illness. Inherent within this phrase is the recognition that psychological difficulty and long term effects can occur following a single traumatic incident, but also as a result of the cumulative effect of multiple exposures to work related trauma. The term *Operational Stress Injury* is also used in policing, as a more general phrase to capture the effects of primary and secondary trauma and cumulative exposure.

Empirical literature on the impact of policing. A mixed methods approach was used by Karlsson and Christianson (2003) to explore the experience of stress in a population of Swedish police officers. Intended to identify the type of situations perceived as stressful and the support and assistance that was received, questionnaires were distributed at five time periods to a group of 162 police officers over a 24 month period from May 1995 to May 1997. Officers were

asked to describe the most distressing work-related event they had experienced and evaluate the support they received from superiors following the incident. The officers were then asked to rate their emotional, physiological, somatic, and long term reactions on a scale of 1-11. The two most traumatic incidents reported by participants were armed threats and traffic accidents ranging from those involving police vehicles, to those resulting in severe injuries or death. Most of the traffic incidents cited involved the officer being first on scene of a crash with multiple fatalities and mutilation of vehicle occupants. Although many of the recounted incidents occurred several years earlier, officers continued to have vivid and detailed memories, including visual, tactile and olfactory memories of the event.

The authors found that one third of the reported incidents occurred within the first five years of an officers' career. Henry (1995) suggested that earlier incidents may be regarded as more stressful as officers had yet to develop effective coping responses to help them with difficult experiences, or gained the ability to maintain a protective professional distance (cited in Karlsson et al., 2003). Defense reactions reported by participants in this study included the use of denial, or deliberate emotional detachment from the event.

Participants highlighted the importance of a supportive organization to help them, however many indicated they did not have that organizational support. The primary method of dealing with the impact following traumatic incidents was talking to colleagues who had been involved in similar instances. The authors note that speaking to colleagues may result in talking more about the details of the event rather than the emotional impact, and that there is benefit to incorporating professional support to assist officers in better comprehending and processing their emotional reactions to an incident.

This study provides information about the types of incidents officers' find stressful, the lasting impact of these incidents and the importance and value of a supportive work environment. While this data was collected from a sample of Swedish police officers, the types of responses and the impact of traumatic events are consistently identified in the literature (Gilmartin, 2002; Tuckey et al. 2012; Woody, 2005).

Stephens et al. (1997) studied the relationship between social support, and the effects of traumatic experiences on PTSD symptoms. In this study, 527 New Zealand police officers were asked to complete a questionnaire utilizing scales designed to measure levels of PTSD, traumatic stressors and social support.

Hierarchical regression was utilized to analyze the data. The findings revealed that social support from peers, supervisors and outside work sources, including friends and family, resulted in lower levels of PTSD symptoms, with peer support having the greatest impact. The authors also found that participants who expressed emotion significantly moderated the impact of trauma on PTSD symptoms. These findings highlight the significance of social support in mitigating traumatic stress and potentially preventing PTSD symptoms and the importance of emotional expression in a culture that prizes emotional control and suppression.

Bond et al. (2010), set out to explore the relationship between workplace bullying, post traumatic stress and the influence of a strong psychosocial safety climate (PSC) using a population of South Australian police officers. According to the authors, "PSC is conceptualized as the shared belief held by workers that their psychological safety and wellbeing is protected and supported by senior management (p. 41)." A strong PSC requires active support and engagement of supervisors and managers within organizations to develop and implement policies

and procedures designed to protect employees. As the level of commitment to this practice varies between organizations, different levels of PSC will be found in organizations.

In this study, the authors distributed questionnaires at two time points 14 months apart. The first distribution resulted in 674 responses and the second, 287. The questionnaires explored participants' experiences with workplace bullying, PSC, and symptoms of post traumatic stress. Hierarchical linear modelling was utilized to analyze the data. The results indicated that a strong PSC was associated with fewer reports of workplace bullying and reduced post traumatic symptoms. Given these findings, the authors contend that a commitment to the development of a strong PSC is extremely important to the development and maintenance of healthy workplaces and employees.

Tuckey et al. (2012) explored the pathways to psychological injury in a population of Australian police officers. Participants included 25 former police officers no longer employed due to the psychological injuries sustained on the job. Semi-structured interviews were conducted to explore participant experiences with police work including among several other topics, organizational stressors, their experience with psychological injury, the type of support provided and measures that may have contributed to or prevented their injury. Content analysis was conducted using grounded theory, and data were triangulated using written submissions from 17 active officers and four focus groups comprised of 114 current and former officers and four Employee Assistance professionals. Two specific pathways to psychological injury were identified, the *post traumatic stress pathway*, resulting from one specific and highly impacting traumatic incident, and the *erosive stress pathway*, involving ongoing exposure to a number of distressing events over an extended period of time in an "unsupportive organizational context characterized by socialization towards emotional control and lack of psychosocial care (p. 230)."

The authors described participants as deeply affected by both circumstances and the unsupportive environment in which they worked. Participants advised that having no training on how to deal with the emotional impact of the work, they looked to more senior officers for guidance, and following their lead, learned to harden themselves and suppress their emotion. Soon realizing that emotional suppression was an essential element of performance, and failure to engage in this practice would result in being stigmatized and losing the support of fellow officers. The authors contend that the unsupportive environment, ongoing deleterious effects of operational and organizational stressors and emotional control contributed, for the majority of participants, to the eventual development of a psychological injury.

Tuckey et al. stress the importance of developing a strong psychosocial safety climate, ensuring effective, confidential, peer and professional support is available for officers, until the culture can be changed, removing the stigma associated with accessing psychological assistance. The authors believe that the progression of these injuries can be mitigated given a supportive climate, and effective and timely interventions that "promote resilience and recovery (p. 238)."

British researchers (Brown et al., 1999) were interested in identifying the point at which stress exposure became traumatic to officers. The research sought to identify risk factors that would increase the likelihood of developing physical or psychological problems after a stressful event and establish a threshold that would distinguish between routine and traumatic stressors. Surveys designed to measure police events, social support, world assumptions, emotional expression, and general health were completed by 226 female and 367 male police officers representing a range of service and roles. It was the authors' contention that operational stressors would likely have more impact on officers than organizational stressors.

Logistical regression analyses were used to determine risk factors, and operational police stressors were classified according to their frequency and intensity. The authors found that highly intense but infrequent incidents, such as a shooting or responding to a major event were associated with traumatic exposure. Incidents that occur frequently were associated with low stress, possibly because the officer developed greater familiarity with them. The exception related to sexual crimes which occurred relatively frequently but had a greater impact on officers. The data revealed that traffic officers were more susceptible to stress than other officers, although it is not known why.

The lack of emotional expression so prevalent in police culture was not associated with a likelihood of experiencing traumatic stress according to Brown et al. Consistent with other research, social support decreased the likelihood of experiencing traumatic stress in both men and women, but only moderately. The authors found that female police officers with children were more likely to experience greater psychological distress.

In regard to the impact of specialized police work, Follette, Polusny, and Milbeck (1994) explored the impact of providing services to sexual abuse victims, and the role of personal trauma history on the professionals' responding and assisting these victims. In this study, 225 mental health professionals and 46 law enforcement officers who worked with child sexual abuse survivors were surveyed using self-report questionnaires. Findings indicated that 70% of individuals from both groups experienced high levels of personal stress. Higher levels of general distress and PTSD symptoms were experienced by the law enforcement officers. In both groups, individuals with personal trauma history reported significantly higher levels of trauma-specific symptoms than those without trauma histories. The law enforcement officers had more sexual assault investigations in their caseloads and utilized more maladaptive coping methods than their

mental health counterparts. As these findings relied exclusively on self-reports, caution must be exercised when interpreting these results. In addition, the majority of law enforcement respondents were male, which may limit the generalizability of these findings to female officers.

Homicide detectives carry a heavy responsibility to investigate and solve heinous crimes. They are under constant pressure, exposed to violent death, and the intensity of emotional responses from family and friends of the deceased. To learn more about combating cumulative police stress, Sewell (2001) conducted a descriptive analysis based on discussions with senior officers at training sessions and professional conferences. He found that most investigators felt an incredible burden due to the nature of the work and the importance society placed on successfully solving these crimes. In addition to personal and societal pressure, the investigators carried a sense of obligation to the families of the victims. Sewell noted several other factors that increased the difficulty of the work, including the requirement for the job to take priority over other commitments, which strain family and social relationships, and the length and complexity of investigations, court proceedings, and appeals that delay any sense of satisfaction. Additional stressors were associated with interagency rivalry, workload that may limit the scope and length of investigations, and constant exposure to violence.

Sewell speaks to the critical importance of officers developing an ability to distance themselves from their emotions to cope with what they are exposed to. This begins in basic training with exposure to graphic slides and videos deliberately presented to desensitize the new recruits and help them to develop a protective shield. Training is further reinforced when new officers attend their first violent scenes, where they witness experienced officers' professionalism, competence, and self control in the face of horrific circumstances. Sewell speaks to the importance of a supportive organizational climate that promotes open

communication and places an emphasis on stress management. He also speaks to the importance of external resources such as psychologists and grief counsellors, however makes it clear they must understand the culture and climate to be effective.

Although not intended as rigorous research, Sewell offers valuable information about the experiences and pressures of homicide investigators.

A former police officer and current psychologist in the United States, Dr. Kevin Gilmartin (2002), speaks to the characteristics of the police culture and the psychological change many officers experience as they progress through their career in law enforcement. He describes the strong bond that develops between officers, the intensity of relationships and the often inevitable disconnection and isolation from civilian friends. Due to a lack of education and training on how to deal with the emotional impact of the work, Gilmartin notes an almost inevitable progression from idealistic rookie to cynical veteran, given officers' continual exposure to the darkest side of humanity. A survival mechanism in response to constant potential threat and danger, officers often develop distrust of outsiders, and experience a change in worldview. This can lead to a number of physical and psychological reactions including anger, sleep difficulties, and decrease in quality of personal relationships while work relationships flourish. Given the value and importance placed on the role, the job can become a central, defining aspect of an officer's life. In direct contrast to the need to be in control and continually alert while on the job, many factors are outside of the officer's control, including policies, procedures, laws, politics, management, the court system, and even their dress. Constant oversight and judgment, problem behaviours that immediately result in investigations, and possible sanctions, can result in the experience of high levels of organizational stress. According to Gilmartin, these pressures, expectations and the resulting social isolation is a primary reason

for a suicide rate that is three times the national average. In addition, emotional disconnection is a significant contributing factor to a high divorce rate, and the misuse of alcohol and drugs.

To better understand the relationship between trauma and the police culture, Rees et al. (2008) conducted a secondary analysis of data originally collected by Smith (2005, cited in Rees et al., 2008 p. 273) for research exploring spiritual dimensions in police training. The original data was collected using interviews and questionnaires with a sample of 118 police officers and 14 civilian members of a police service in the United Kingdom. This secondary analysis searched for connections within statements and metaphors related to trauma and the police culture emerging from participant interviews. The authors do not appear to have employed any recognized form of analysis, but instead independently examined individual and collective responses relating to conditions in the police environment. In their analysis, Rees et al. identified the use of emotional suppression, and conformity, as a cultural practice, and found they prevented some officers from making use of services such as counselling and debriefing due to the expectations within the police culture to appear macho. The authors posit a cycle that involves emotional suppression, camaraderie, and humour they find suggestive of unprocessed emotions and recommend providing officers with information and tools to assist them understanding the physiological reactions they may experience in response to their work and to provide strategies to help them address these responses. This study offers additional insight into the pressure and influence police culture can exert on officers.

Jones and Kagee (2005) conducted a mixed method study examining the relationship between coping style, perceived social support, experience, age, and gender on symptoms of post-traumatic stress in a sample of South African police officers. During phase one, 20 officers were interviewed and asked to identify their most stressful duty-related situations. In phase two,

123 police officers completed questionnaires measuring PTSD symptoms, top duty stressors, coping strategies, and social support. A hierarchical regression model was utilized to conduct analyses. Results indicated that the top duty-related stressors were: (a) robberies, (b) home burglaries, and (c) domestic violence. Experiencing the death of a colleague was listed as number seven. Non-traumatic stressors included: shortage of human resources, inadequate equipment, low salary, and poor work ethic of colleagues. The authors also found that emotion-focused coping and perceived social support were associated to a reduction in post-trauma symptom severity.

Nearly ten percent of participants were experiencing severe symptoms of PTSD, which the authors stipulate is comparable to prevalence rates for police officers in other countries. In this study, there were no correlations between gender, age, level of service, or education level on symptom severity. The authors found that most officers utilized problem-focused coping, which tended to exacerbate their symptoms. They highlight the importance of training officers to talk about the psychological difficulties experienced, and recommend a mentorship program involving pairing up junior and more senior officers. The findings from this South African study also identifies the potentially significant impact of police work, supports the need for discussion about post-trauma reactions and promotes the need for a supportive environment and psychological interventions to assist these officers.

Burns et al. (2008) interviewed 14 participants working on an internet child exploitation unit in British Columbia using the Critical Incident Technique. This qualitative study sought to identify participants' experience working on this specialized unit and explore what helps and hinders coping with the work. To capture the perpetrator and rescue the children, investigators are required to view still pictures, video with sound, and live on line video stream of children and

infants being abused and tortured. Some of the key impacts of this work include: (a) exposure to the horror, reality and scope of internet child exploitation, (b) the physical and emotional effects of this work on participants and their family members including symptoms of traumatic stress such as intrusive images, nightmares, hyper-vigilance, inability to talk about the images, anger, exhaustion, and mistrust. In spite of the extreme nature of these investigations, participants were passionate about their work, and felt there was nothing more important. Given the content, participants advised they were unable to speak about their work to anyone outside of the unit, resulting in extremely strong bonds within the team membership. Participants described the importance of remaining objective and analytical, not becoming emotionally involved and being mentally prepared for what they were about to view. Participants discussed the critical importance of organizational, supervisory and collegial support, and regarded access to psychological support as extremely important, although several expressed a reluctance to speak with a professional who was unfamiliar with the work. This study offered a preliminary glimpse into the experiences of ICE investigators. As the sample size was very small, and participants were from a single unit, it is not possible to generalize these findings beyond this team.

To better understand experiences of social support, Evans et al. (2013) conducted semi-structured interviews with 13 male and six female police officers in the United Kingdom. The interviews were designed to explore the type of supportive interactions experienced by the participants following major incidents. A thematic analysis approach resulted in consolidated themes in three domains, (a) dilemmas of talking, (b) informal interactions with colleagues and formal sources of support, and (c) support outside work.

A number of key findings emerged from this study. The authors found some participants employed deliberate strategies to disconnect from the emotional impact of difficult events and

stated they had become hardened to the impact of the work. Reluctance to talk was also attributed to the perceived risk to career and image so inherent in this masculine culture. Of interest, participants identified the importance of talking when incidents bothered them, but only to select confidants deemed reliable and trustworthy.

Participants described receiving support from colleagues through shared humour and informal chats. The value and worth of formal interventions such as individual and group debriefings were mixed, with several participants expressing suspicion, citing a lack of trust, and concern regarding risk to reputation. Although all who had experienced counselling found it beneficial, they indicated a reluctance to reveal this fact to their colleagues.

The authors identified reactions to the idea of mandatory interventions were mixed, although all quotations utilized in the article were from participants who were supportive of the concept. These individuals indicated a belief that mandatory interventions removed stigma. One participant who attended a mandatory intervention found it extremely beneficial and stated he would not have attended had it not been mandatory.

Participants highlighted the importance of supportive supervisors to their wellbeing and the importance of social support, particularly external supports such as close friends and intimate partners. The authors found that conversations with loved ones tended to contain greater levels of emotion, although there was often an element of withholding detail to protect them from becoming traumatized.

Given their importance and influence, the authors recommend training and support for police supervisors to assist them identify signs of distress in their officers and maintain a supportive working environment.

Koch (2010) conducted a qualitative study exploring the impact on police officers first on scene of completed suicides. Eight participant narratives were collected through audio taped interviews. The overarching finding was that the police culture exerted considerable influence and shaped the way the officer thought, felt and behaved. Participants described a process whereby their initial idealism was transformed by exposure and the police culture to realism, some to pessimism, and even fatalism. The author found that the police culture provided structure to officers while on duty, making it difficult to shed their officer role when not at work. Koch describes a change in worldview, greater reliance on other officers for friendship and a form of isolation that can develop in life outside of policing, leading to an "us/them" mentality.

Strategies used to cope when responding to a completed suicide included: (a) adhering to the police role, (b) blocking their feelings, (c) use of humour to relieve tension and stress, and (d) depersonalizing the victim. Participants identified an interest in accessing psychological services in the form of a debriefing after major incidents, but stated the professional had to be someone who had been to a crime scene or they would not have credibility. Although the sample size was very small, with only 8 participants, the findings are supported by studies on the impact of responding to traumatic events (Burns et al., 2008; Sewell, 2001; Tuckey et al., 2012).

In a Canadian study, Regehr, LeBlanc, Jelley, Barath, and Daciuk (2007) examined the relationship between prior exposure to traumatic incidents, current PTSD symptoms, and response to stressors among 84 new police officers who were enrolled in the basic constable training program at the Ontario Police College. Participants were required to complete a simulated firearms scenario, and heart rates and cortisol levels were measured at three time periods pre and post scenario. The participants were also required to complete a number of questionnaires and surveys intended to capture demographics, trauma events, duty related trauma

history, and social and global support. Findings revealed that the officer trainees all had considerable exposure to traumatic police events. The authors found that many of the participants came in to the police training with pre-existing traumatic symptoms, levels of which increased when participants experienced stress. Participants with lower scores on the social support scale experienced higher levels of subjective stress. In fact, levels of social support at time three was the only variable predicting levels of stress. The authors' emphasize the importance of social support in mitigating stress, especially as traumatic exposure cumulates over a career in policing. This study identifies high levels of exposure to traumatic events in policing that are not single incident, but rather ongoing and cumulative. Biological response was consistent across participants, regardless of previous exposure, however, lower levels of social support, previous trauma exposure and pre-existing symptoms of traumatic stress rendered officers more vulnerable to psychological stress responses in this simulated traumatic event. These findings are limited to very junior police officers and response levels were measured only up to one hour post scenario. It would be valuable to measure the same responses over a longer period of time, and with a group of experienced officers to identify any changes in coping mechanisms developed over time on the job.

Organizational stress in policing. The impact of daily, ongoing stress in police populations has been the subject of study for several decades. Alkus et al. published an article in a 1983 issue of *The Counseling Psychologist* providing an overview of stress related issues experienced by police officers to familiarize counselling professionals with this unique environment. The authors indicated that policing was not only hazardous because of the nature of the work, but also the risk posed by chronic long term exposure to a multitude of stressors unrelated to the apprehension of criminals. Although most officers do not respond to major

incidents on a daily basis, when one does occur, the incident is usually sudden and requires the officer to become fully involved within moments at times entering potentially dangerous and life threatening situations. This results in a need for constant readiness that can become physically and mentally exhausting. Twenty-four hour, seven day per week scheduling results in shift work, overtime and call outs that make long term planning difficult. This can create additional pressure for officers, especially with families, friends and outside commitments.

The authors speak to both internal and external pressure for officers to be "super cops," reinforcing the male gender stereotype of mental toughness, strength and control. Public expectations of a police officer often extend beyond scheduled working hours, preventing the officer from stepping out of the role at the end of shift. Seen as an additional barrier to healthy intimate relationships, emotional repression, employed as a coping mechanism during difficult events can become a normal pattern of interacting in relationships (Alkus et al., 1983). The authors state this can lead to a gradual emotional withdrawal and a multitude of problems including resentment, marital affairs, and divorce.

Alkus et al. concluded that the role of police officer is not a profession conducive to healthy stress management. Repression of feelings can lead to displacement of emotions that can emerge in the form of anger, hostility or paranoia inappropriately directed to family, law breakers, certain ethnic groups or public figures. Exhaustion and over-work may lead to deterioration in social relationships and eventual social isolation. According to the authors, suicide rates are excessively high in this population, adding that "marital problems appear to be the most important precipitating stress in officer suicides (p. 59)."

Departmental changes, authoritative supervisory styles, lack of consultation, and a perception of a lack of control can compound the stress experienced by officers. Common

problems for officers entering counselling include marital issues, alcohol problems, and stress reactions. The authors stress the importance for counsellors to become familiar with police life in order to provide effective services to this population.

Stinchcomb (2004) examined the literature on work-related stress and identified the prevalence and harmful effects of organizational stress to the health and wellbeing of police officers. The author acknowledges that exposure to traumatic incidents can result in psychological impact, however, to mitigate this impact, training and clinical interventions are built in to the organizational response. Organizational stressors, however, may have greater negative long term impact as they are constant and remain virtually invisible. Most officers are unaware of the potential harm resulting from working in unsupportive environments, in which employees experience little control. Exposed to the daily tribulations inherent in policing, officers can begin to experience progressive dissatisfaction with their work, leading to low morale, and lack of caring. Described as erosive in nature, the invisible, detrimental effects of organizational stressors can have lasting negative effects. Stinchcomb highlights the importance of recognizing the impact and developing stress prevention strategies within police organizations. She stresses a need for sincere commitment and action, including monitoring the environment, listening to employees, and training staff on effective management style and techniques.

Stearns and Moore (1993) conducted a study on burnout with 290 RCMP officers working in Saskatchewan. Participants represented all ranks and a range of experience. A number of measures and questionnaires were used to capture levels of burnout. Stepwise multiple regression analyses were employed. The authors found that job burnout was highly correlated with officer happiness and life satisfaction. A link between burnout and health was

confirmed, as burnout increased, so did complaints about physical and psychological health. As individuals increased their exercise, levels of burnout decreased. The authors were unable to explain the relationship between burnout and exercise, but suggested this to be an important factor requiring further study. They did speculate that exercise and sports activities may serve as a buffer against the stressors of police work.

Additional studies highlight the impact of work stress on an officer's home life. In Australia, 421 female police officers of all ranks were surveyed about their experience of supervisor and co-worker social support, work stress, emotional exhaustion and family environment (Thompson, Kirk & Brown, 2005). It was found that work stress led to emotional exhaustion, which spilled over into the family environment. Those reporting higher levels of supervisor support experienced a decrease in work stress and therefore experienced less emotional exhaustion, having a positive impact on family life. It appears that police women suffering emotional exhaustion may become more disconnected from their family, resulting in decreased cohesion. This however, was found to be mitigated with supervisor support. These findings speak to the importance of supervisor support and identifying factors that lead to emotional exhaustion as it appears to have wide reaching implications on the officer and his or her family.

There have been contradictory findings in the literature regarding the degree of harm caused by operational stressors verses organizational stressors and which, if either, have the greatest adverse impact on psychological health of police officers. Huddleston et al. (2007) conducted an evaluation of the impact of these two stressors using 512 New Zealand police recruits. Traumatic event exposure, traumatic stress, psychological distress and police organizational stressors were measured using a self report questionnaire at the start and end of

their first year of police service. Results indicated that officers were frequently exposed to traumatic events during their first year that resulted in significantly higher levels of traumatic stress and PTSD. Organizational stressors were also viewed as extremely impacting on the officers. While both were related to PTSD and psychological distress, organizational stressors appear to interact with trauma to intensify PTSD symptoms. As this study only pertained to first year police officers, it is not known if these findings would be similar with more experienced officers who may have developed effective mechanisms to cope with both operational and organizational stressors. This study recognizes that organizational stressors have a direct impact on the intensity of traumatic stress symptoms. In light of these findings, the authors emphasize the critical importance of providing a supportive and healthy work environment.

Integration of the literature on the impact of policing. Considerable evidence exists that the work of a police officer results in substantial early and ongoing exposure to traumatic events (Alkus et al., 1983; Burns et al., 2008; Jones et al., 2005; Karlsson et al., 2003; Koch, 2010; Sewell, 2001). Several authors identify early exposure to frequent traumatic events within the first year on the job (Huddleston et al., 2007; Karlsson et al., 2003; Regehr et al., 2007). Incidents that were deemed stressful varied within the literature, although those of greater intensity (such as an officer shooting, or major incidents) that occurred with less frequency, and those involving sexual assault or abuse were found to result in higher levels of stress than others (Brown et al., 1999; Follette et al., 1994).

In addition to traumatic events, the literature has captured the deleterious and erosive effects of exposure to ongoing, cumulative work-place stressors (Stinchcomb, 2004; Tuckey et al., 2012). Although somewhat contradictory in identifying which type of exposure results in greater harm, there is consensus that exposure to both traumatic stress and organizational

stressors have a significant impact on officers and can lead to both psychological and physical distress (Alkus et al., 1983; Burns et al., 2008; Stearns et al, 1993; Stinchcomb, 2004; Tuckey et al., 2012).

Emotional suppression and control was frequently identified as a routine coping mechanism, learned early in an officers' career, and utilized as a method to maintain professionalism and competence during extremely difficult events (Alkus et al., 1983; Burns et al., 2008; Evans et al., 2013; Jones et al., 2005; Karlsson, et al., 2003; Koch, 2010; Rees et al, 2008; Sewell, 2001). To some authors, emotional disconnection was viewed as a pragmatic strategy important for the officers' emotional survival during an event (Burns et al, 2008; Gilmartin, 2002; Sewell, 2001; Woody, 2005), however this practice has been identified as a potential source of harm as officers learn to detach from their emotion, regardless of what they are exposed to (Gilmartin, 2002, Violanti, 2004; 1995). The expectation of emotional control can have a strong silencing effect in an environment where officers run the risk of being seen as weak or ineffective if they reveal any psychological distress, exposing them to stigma and risk of losing much valued peer support (Evans et al., 2013; Jones et al., 2005; Tuckey et al., 2012). Regular use of emotional suppression may result in displacement of feelings, negatively affecting relationships, decision making; leading to physical and psychological difficulties (Alkus et al., 1983; Gilmartin, 2002; Violanti, 1995). The importance of assisting officers to process traumatic material cannot be understated. Jones et al. (2005) found officers who had a perception of social support and were able to articulate their feelings following traumatic incidents experienced less severe symptoms of post traumatic stress; and Stephens et al. (1997) identified social support and the expression of emotion moderated the impact of trauma on PTSD symptoms.

The value and critical importance of peer, supervisory and organizational social support emerged as a theme across the literature. An unsupportive workplace was found to exacerbate individual officer reactions to traumatic stress (Bond et al., 2010; Brown et al., 1999; Huddleston et al., 2007; Jones et al., 2005; Stephens et al., 1997; Tuckey et al., 2012). Supervisor support mitigated work stress, leading to a decrease in emotional exhaustion in female officers (Huddleston et al., 2007). A supportive climate and supportive peers and management were identified as key factors for officers working on specialized units with high levels of traumatic exposure (Burns et al., 2008; Sewell, 2001). Conversely, decreased social support increased subjective distress in a group of young officers (Regehr et al., 2007).

Participants in several studies acknowledged the importance of psychological services in maintaining wellbeing providing the professionals had a clear understanding of the police culture and work environment (Burns et al., 2008; Karlsson, et al, 2003; Koch, 2010; Sewell, 2001). Karlsson et al. (2003) found that most officers deal with trauma exposure by talking with colleagues who have had similar experiences, but most officers discuss details of the event rather than emotional impact. They encourage contact with professionals who are able to assist officers in understanding and working through their emotional reactions.

Help Seeking

To gain an understanding of what is known in the literature about help seeking in a traditionally male dominated environment, a review of theory related to male gender role socialization as it relates to help seeking, and male/female help seeking in police populations was reviewed.

Male gender role socialization. According to the Department of Health and Human Services (1996), men in the United States suffer from more chronic conditions, have higher death

rates for all 15 leading causes of death and die nearly seven years younger than women (cited in Courtenay, 2000, p.1385). An explanation for the considerable differences between men and women appears to be the health promoting behaviours and life styles that are practiced and the socialization of males in our society (Courtenay, 2000). In his theory of men's health, Courtenay outlined a connection between traditional masculine values and the rejection of help seeking behaviours, theorizing that the existence of social pressure for males to conform prevents positive health behaviours. This results in the rejection of help from professionals as a way to remain independent, self reliant, and strong. When a male does become ill, the author believes that the damage to gender can decrease their status and raise self doubts about their masculinity.

Courtenay suggests that societal messages regarding the role of men foster unhealthy beliefs and behaviours. Men are expected to assume the more dangerous occupations, to work themselves into the ground, to show no pain, to fight back, to protect women. These beliefs influence male behaviour and steer them away from adopting what may be perceived as more feminine behaviour. The author hypothesizes that this may account for the dramatic differences in illness and mortality rates between males and females.

Addis et al. (2003) provide an overview of literature relating to gender differences and help seeking. They identify a shift in the framework, from one that focused on exploring differences between men and women; to a more flexible and inclusive approach that explores gender role socialization.

According to the authors, male gender role socialization is a powerful moderating factor when it pertains to behaviors. Societal standards and expectations are influenced by the culture within which we live. In North America, as in many countries, boys and girls are raised within a cultural context that posits certain beliefs and ideologies that presents a set of rules about how

they "ought to" behave and conduct themselves. This is known as gender role socialization. Through the process of interacting with caregivers, family, friends, and broader society, children begin to internalize prevalent beliefs and stereotypes associated with their gender. Individual differences exist as to the degree to which these beliefs are assimilated. According to the authors, the concept of masculinity can vary between individuals and groups, and may change over time.

Within North America, the traditional male archetype is one of strength, physical toughness, self reliance and emotional control. Males ascribing rigidly to this ideological stereotype may experience great challenge as their life experiences, relationships and natural reactions may conflict with their internalized role of masculinity. Referred to as gender role strain by Pleck (1995), this theory posits that male gender roles are socially constructed, are multiple and contradictory, and create problems for men and others. The degree to which a male ascribes to the male gender role stereotype will strongly influence his decision to seek and/or accept help. In this stereotypic framework, ideal males are strong and capable; to seek help contradicts the message that men must be tough. If unable to overcome their difficulties on their own, the male may regard himself as weak, or worry about being viewed this way by others (Addis et al.). Subsumed under the construct of gender role strain, gender role conflict (GRC) can be defined as subjective distress that is experienced when a conflict occurs between one's socialized gender role and the situation the individual is in (O'Neil, 1995).

Addis et al. produced a model pertaining to help seeking. They found that the effects of gender role socialization as it relates to help seeking are influenced by the following five factors:

1. *Common problem*: The degree to which the problem appears to be common or normal. If what they are experiencing appears to be uncommon (or simply hidden well by other

men), males may feel they are not normal, which may add to a sense of failure and lead to a reluctance to seek help or speak about their difficulties.

2. *Ego-centrality of the problem*: If the problem is believed to be within their control (physical strength, intelligence) they are less likely to seek help. The male stereotype requires men to be tough and capable.
3. *Helper characteristics*: Males tend to seek relationships in which there is reciprocity. This allows them to preserve their status by engaging in behaviours that will help them to feel competent and strong. If the problem is perceived as non-normative and there does not appear to be a likelihood of reciprocity in the helping relationship, help seeking will be less likely.
4. *Social group attitudes*: Attitudes towards help seeking from within the social group to which the male belongs will strongly influence the decision. If the group is not supportive of help seeking, the male will be less likely to seek help.
5. *Control*: The degree to which the male is able to retain a sense of control is also a consideration to help seeking. The authors suggest this may be why many men are less likely to seek help when individuals around them try to convince them to access help. The decision to seek help is further compounded when outside forces are compelling him to access it.

Based on their model, men are more likely to seek help if they believe their problem is common to others, if it did not arise as a result of a failure or weakness on their part, if the attitudes of the social group with which they identify are accepting and supportive of seeking help, and if the male does not perceive he has to relinquish control to accept help. If these factors are not present, the threat to his identity and masculinity may be perceived as too great.

The authors encourage an informational approach to normalizing problems and reducing stigma. By educating and empowering men to make informed decisions, the potential for confrontation is reduced or eliminated, which the authors claim will increase the likelihood of help seeking.

In addition to socialization that strongly influences men's help seeking decisions, Cochran et al. (2003) identify that male symptoms of mental illness may go unrecognized and untreated when they do not present in anticipated ways. It is more acceptable in society for men to express anger over sadness, agitation over grief, withdrawal over seeking support. For men who adhere to the North American concept of masculinity, there is pressure to "tough it out" rather than express their feelings. The authors contend this socialization can create the ideal environment within which depression can develop, and subsequently prevent accurate diagnoses and treatment. In contrast to common features of depression that includes sadness, tearfulness, or melancholy, the authors state that depressed males may present with symptoms that include increased conflict and anger, agitation, sleep difficulties, social isolation, use of alcohol and drugs, and an increase in somatic complaints. To ensure accurate diagnosis of depression in men, Cochran et al. (2003) recommend using a two-pronged approach, first conducting an assessment using traditional criterion for mood disorders (APA, 2005), and secondly using masculine and cultural features of depression that has emerged from empirical research.

As outlined in Addis et al. (2003), researchers are more often studying the concept of male gender role socialization within a cultural context, interested in understanding the between- and within- group differences. According to Vogel, Heimerdinger-Edwards, Hammer, & Hubbard (2011), most research findings regarding masculine norms, male gender role socialization and help seeking have emerged from studies using American and European college

aged male participants. To determine the generalizability of these findings to diverse populations, the authors explored the constructs of masculine norms, self stigma and help seeking with 4,773 male participants from majority and non-majority backgrounds. They collected data from a number of inventories including conformity to masculine norms, self stigma and seeking help scale, attitudes toward seeking help scale, and depression scale and analyzed this data using structural equation modeling. Their findings suggest that the presence of self stigma was the central predictor of help seeking. Overall, males with a higher endorsement of masculine beliefs had less favourable attitudes toward seeking help. And while men from non-majority backgrounds sought help less frequently than other men, cultural differences often influenced their decision not to seek help.

The link between male norms and attitudes toward help seeking was significant for all groups except the Asian group. Asian-American males were found to utilize greater emotional restraint than any other group. The authors speculate this may be reflective of the collective culture's endorsement of internal resiliency, shame and desire to save face. African-American males expressed greater overall endorsement of dominant masculine norms than European-American males; however they experienced lower levels of self stigma. The authors believe this may be because their cultural role allows for greater emotional expressivity. Gay males' conformity to masculine stereotypes was weaker in both self stigma and help seeking attitudes, as a result, they were more likely to have favourable attitudes toward help seeking.

The authors identified some resilience factors in the non-majority groups, suggesting that the experience of being in a marginalized group, whether they are from a non-majority ethnicity or sexual orientation, seems to result in greater resilience and less identification with dominant

cultural norms. They found that participants in their study predominantly defined their masculinity by their own cultural values.

These findings offer important insights regarding the interplay between ascribing to dominant male norms, self stigma and help seeking. All participants were from a majority or non-majority cultural group residing in the United States. To assess the generalizability of this study, it would be important to know more about the backgrounds of the participants, specifically length of time they and/or their families have resided in the country, the degree of acculturation that has occurred, their level of education, and their comprehension of the English language. These results identify the importance of developing an awareness of both the degree to which men ascribe to dominant male stereotypes and other cultural influences when considering offering programs or individual assistance to men of majority and non-majority populations.

Police and help seeking. Little empirical research has been conducted on police and help seeking. There is some discussion that the closed nature of the organization and distrust of outsiders has made it difficult for researchers to gain access to the population (Woody, 2005). Three relevant studies on this topic were located.

The first study examines help seeking behaviour, gender differences, and relationship to self reported physical and mental health problems in a population of Norwegian police officers (Berg et al., 2006). This quantitative study involved distribution of a questionnaire to all Norwegian police service members, and resulted in the participation of 3, 272 actively serving officers of all ranks and experience. A questionnaire measuring help seeking asked the participant to indicate yes/no if they had contacted any of a list of 10 health professionals within the previous 12 months. Rates for anxiety and depression, subjective health complaints, suicidal

behaviour were also measured by questionnaire as was the use of alcohol and medication to cope, sick leave, and self reported health issues.

Results indicate that overall, police reported their health to be good. Female officers accessed help more frequently than their male counterparts. The most common reason to seek help related to somatic complaints, with officers contacting general practitioners and occupational practitioners more than any other professional available to them. This study did not identify any differences between age groups, although subjective ratings of health decreased with age, which the authors indicate is consistent with the general population.

Regarding mental health concerns, 4.7 % of female officers from the sample accessed help from a psychologist or psychiatrist, which is equal to women in the general population. Only 10% of respondents who indicated they were suffering from a mental health problem sought any assistance. For male officers, 1.7 % sought psychological assistance compared to 3% of men in the general population. It appears that officers were more likely to forgo accessing psychological treatment, or seek assistance from a general practitioner. A concerning statistic related to suicidal ideation revealed 73.9% of officers experiencing serious suicidal ideation had contact with a general practitioner, and only 6.7% sought contact with a psychologist or psychiatrist.

Based upon these select findings, officers appear to access general practitioners and occupational practitioners more often than other health professionals. Male officers seek help less frequently than female officers, and even less than men in the general population. Similar with findings in the literature on male help seeking (Addis et al., 2003; Cochran et al., 2003), this study revealed that in this masculine environment, gender differences in help seeking do exist.

This study involved a significant cross section of officers representing all ranks in the Norwegian police service. As the results emerged from data collected from questionnaires, it is not possible to do more than speculate about the meaning and implications of these findings. It is not known why only 6.7 % of those officers suffering serious suicidal ideation had contact with a psychologist or psychiatrist.

A second study on police and help seeking examined male police officers and stigma associated with counselling (Wester et al., 2010). Participants were 178 male law enforcement officers from a Southeast Wisconsin community, varying in age, policing experience, marital status, and cultural background. The officers completed questionnaires designed to measure gender role conflict (GRC), anticipated risks and benefits to seeking counselling, and perception of public and self stigma.

Initial contact with participants was through the police labour union, and data collection was conducted in-house by law enforcement officers who were members of the research team. The decision to go through "in-house" channels was made to avoid any perception of mistrust and enhance credibility of the study for officer participants. Considerable care was taken to ensure potential participants were provided with reassurance regarding the anonymity of their responses, and the independence of the research from the police organization.

Results show a connection between GRC and public and self stigma. High levels of GRC resulted in increased rates of depression, anxiety, sexual aggression, use of maladaptive coping mechanisms, relationship difficulties and overall physiological distress. Lower scores on GRC correlated to higher self esteem, marital satisfaction, emotional expressiveness and the likelihood of seeking psychological help. Officers who scored lower on GRC were more likely to see the benefits associated with counselling and perceived less public and self stigma.

These results again speak to the incongruence between psychological health and male gender socialization. The officers' decision to seek counselling was influenced by the perception of risk to their status. These findings further highlight the importance of educating officers on the benefits of counselling, and normalizing access to counselling in police populations. According to the authors, "the strength of male gender role socialization regarding the avoidance of therapy, compounded by the law enforcement environment and its potential costs associated with seeing counseling in a positive light cannot be under estimated (p.296)."

In 2012 the Office of the Ombudsman for Ontario published a report about how the Ontario Provincial Police (OPP) deals with Operational Stress Injuries (OSIs). A comprehensive review involving nine team investigators, 191 interviews, including 81 complainants, 52 OPP staff, officers from the Provincial Police training academy, and a number of commanders and supervisors was undertaken (Martin, 2012). An additional 51 interviews were conducted with external stakeholders including health services providers, psychologists, and psychiatrists. The report does not include data collection and analyses procedures.

Martin's report highlights the fact that regardless of a number of prevention and education strategies, stigma relating to psychological illness is still very much entrenched and pervasive within OPP ranks. Misconceptions about mental illness often lead those experiencing a psychological injury to feel "weak, inferior, damaged and sometimes dangerous (p.80)." In a police culture where value is placed on strength and control, this perception can be greatly magnified. The overall membership appears to differentiate between those who are physically injured on the job requiring time off, verses those who develop chronic stress related illness. There appears to be more tolerance for acute stress reactions following major incidents, but far less tolerance for long term cumulative stress issues.

Martin identified that officers continue to work in a culture that messages "suck it up and tough it out." Aside from fear of being perceived as weak by colleagues, officers did not come forward for help when they were clearly struggling for fear of being transferred, having their service pistol taken away, or loosing promotional opportunities. The OPP Staff Psychologist did identify a perceivable shift in perception, noting there are more officers accessing help, and more responsiveness from management. In spite of these changes, however, he still finds there is considerable stigma relating to OSIs. Martin contends that overall change will occur only with a fundamental change in cultural perceptions pertaining to these psychological injuries.

Integration of the literature on help seeking. Consistent findings in the literature relating to men and help seeking primarily involve the detrimental impact of male gender role socialization. Many authors have identified that men adhering to a rigid view of masculinity tend to experience a number of harmful effects including higher mortality and illness rates, and increased incidence of psychological problems including depression, and anxiety (Addis et al., 2003; Cochran et al., 2003; O'Neil, 1995; Pleck, 1995).

Men are socialized in our culture to be strong, physically tough, self reliant, and emotionally controlled (Addis et al., 2003). Adhering to this masculine identity often prevents men from seeking help for fear of being perceived as weak (Courtenay, 2000; Cochran et al., 2003; Vogel et al., 2011; Wester, 2010). These factors can lead to the ideal conditions for men to develop depression. According to Cochran, due to male gender role socialization, and the requirement for men to appear in control and self reliant, many men suffering from depression remain unacknowledged and untreated because their symptom presentation is different than what is expected during an assessment and diagnosis of depression. Men may exhibit more conflict,

anger, agitation, sleep difficulties, alcohol and drug use, social isolation rather than express sadness, tearfulness, and melancholia as is expected in the symptom presentation of depression.

Self stigma was found to be a central predictor of help seeking (Vogel et al., 2011). Men internalizing the perception of weakness, and incompetence about those experiencing psychological difficulties, will be more likely to avoid identifying themselves as having problems, and less likely to seek help for their problems (Vogel et al.). Addis et al. (2003) developed a model of help seeking addressing what is known about the effects of gender role socialization. The model presented has implications for individuals, organizations and professionals providing psychological services to men.

The literatures on help seeking in police populations, albeit limited, were consistent with the general help seeking literature reviewed. The police culture was identified as one in which officers are expected to "suck it up" (Martin, 2012). The ever present theme of pushing through the pain, not showing weakness, remaining in control, and being self reliant, are reflective of police organizations and idealize masculine qualities. According to Martin (2012), in spite of a great deal of prevention and education within police organizations, stigma continues to be a major factor. Berg et al. (2006) found their sample of police officers to be in good health overall. Both males and females did access help, although females were more likely to seek help than males. Male officers accessed help far less often than males in the general public which is noteworthy as help seeking in male populations is already quite low. Officers expressing reluctance to seek help identified fear of being perceived as weak, being removed from operations, or overlooked for promotion, as the primary reasons for their reticence.

The research identifies a critical need to educate and empower men, to normalize the problems and reactions they may be experiencing, and to reframe the concept of help seeking so

that it may be perceived as a sign of strength and courage (Addis et al., 2003; Cochran et al., 2003; Wester et al., 2010).

Emerging Themes: Connecting the Culture of Policing, the Impact of Policing, and Help Seeking in the Context of Male Gender Socialization

According to the literature, strong influences within the culture of policing shape officers' ways of thinking, feeling and behaving (Conti, 2009; Evans et al., 2013; Karp et al., 2011; Loftus, 2010; Rees et al., 2008; Skolnick, 2008; Tuckey et al., 2012; Woody 2005). These influences provide strong cultural messages that can suppress conversations amongst colleagues, preventing the engagement of natural support systems.

Working in combination with powerful cultural influences, high levels of exposure to traumatic and organizational stressors within the police population, and ongoing, cumulative, exposure inherit in this work can have deleterious effects (Alkus et al., 1983; Burns et al., 2008; Jones et al., 2005; Karlsson et al., 2003; Koch, 2010; Sewell, 2001; Stearns et al., 1993; Stinchcomb, 2004).

Key factors existing within policing that may influence the decision to seek help include the use of emotional suppression and the perception that one must be strong and impervious to be a "good officer," fear of being weak, losing support from colleagues, being removed from operational duties and overlooked for promotional opportunities (Alkus et al., 1983; Burns et al., 2008; Evans et al., 2013; Jones et al., 2005; Karlsson, et al., 2003; Koch, 2010; Martin, 2012; Rees et al, 2008; Sewell, 2001).

An unsupportive work environment was found to exacerbate the impact of traumatic stress on individual officers (Bond et al., 2010; Brown et al., 1999; Huddleston et al., 2007;

Jones et al., 2005; Stephens et al., 1997; Tuckey et al., 2012), while supportive environments mitigated these effects (Burns et al., 2008; Huddleston et al., 2007; Sewell, 2001).

The research on male gender role socialization and help seeking clearly identifies the incongruence between strict adherence to a traditional masculine identity and psychological wellbeing (Addis et al., 2003; Cochran et al., 2003; O'Neil, 1995; Pleck, 1995). Many men avoid help for fear of being perceived as weak, threatening their masculine identity (Courtenay, 2000; Cochran et al., 2003; Vogel et al., 2011; Wester, 2010). Addis et al. (2003) proposes a model of help seeking that may be of particular relevance to this population given the similarities between characteristics consistent with the "ideal" male and the "ideal" officer.

There continues to be a gap in the police literature relating to help seeking. The literature reviewed identifies that stigma continues to act as a barrier to help seeking. There is no known qualitative research exploring factors that influence the decision to seek psychological support in a police population. This study explores the personal experiences of officers, and extends our understanding about factors that help and hinder their decision to access psychological services. This study further identifies barriers to help seeking, and offers information on how to minimize these barriers and better support officers.

Chapter III: Methodology

In this chapter, the history, nature and evolution of the Critical Incident Technique (CIT) will be described, along with participant recruitment, data collection and analysis, and reliability and validation procedures. Since the researcher is such an important ingredient in any qualitative study, this chapter also contains information to "situate" the researcher within the research processes and procedures.

Roots of the Critical Incident Technique:

The CIT appeared in the 1940's and 1950's at a time when behaviourism was the predominant influence in western culture. Great importance was placed on observing and categorizing human behaviour and it was within this context that James Flanagan developed what is now known as the CIT. His work with this method began the summer of 1941 during the Second World War, as an outgrowth of Aviation Psychology (Flanagan, 1954). In an effort to understand why some airmen were unable to learn to fly, Flanagan developed and used his technique to identify general and specific information that would provide a behaviourally based explanation for their failure. He achieved this through careful review of the records of airmen who had been dismissed from duty, seeking common factors that contributed to their failure. He also conducted a similar review with failed bombing missions.

At the end of the war, the American Institute for Research was developed by the Aviation Psychology program. It was here that Flanagan's method was more formally developed, and received the name Critical Incident Technique. In 1954, the *Psychological Bulletin* published Flanagan's seminal work on the CIT. Flanagan and later researchers used the CIT to perform job and task analysis in an effort to gather information on critical requirements for job functions. It was also used to identify performance indicators for work as an officer in the US Air Force, in

combat leadership, and on commercial airlines. Flanagan's method became recognized as a reliable and valid method of collecting and analyzing data on specific behaviours and constructs, and has provided a foundation for decades of research that continues today (Andersson & Nilsson, 1964; Butterfield, Borgen, Amundson & Maglio, 2005; Butterfield, Borgen, Maglio & Amundson, 2009; Wong, 2000; Woolsey, 1986).

Flanagan's Method

The CIT can be described as a flexible set of principles that must be adapted to meet the specific situation at hand (Flanagan, 1954). Flanagan's original method was intended to collect only direct, observable behaviour that met specific criteria. In order for an observable behaviour to meet the specific criteria for data collection, the action had to be complete enough to allow an observer to make predictions about the person (criteria for "incident"); and the actual purpose and act had to be clear enough to understand the outcome (criteria for "critical").

As provided in Flanagan (1954), there are five main steps in the CIT:

1. *General Aim:* Prior to conducting any research, it is imperative the researcher develop a functional description of the general aim of the study. This description serves as a guide to the researcher to help determine the specific information that is sought, collected and analyzed. Often captured in the form of a brief statement, this functional description is useful in ensuring consistent information is conveyed to all participants.
2. *Plans and Specifications*: Flanagan recommends the development of clear classification criteria for critical incidents, with specific knowledge of the groups and behaviours to be studied. This clarity helps to ensure that all involved understand

exactly what is being studied, the threshold for inclusion of critical incidents, and that incidents identified are all specific to the general aim.

The following must be identified prior to data collection:

a. *The situations observed:* Including people, place, and specific behaviours.
b. *Relevance to general aim:* Ensure behaviours and actions are related to the general aim.
c. *Extent of effect on the general aim:* Determine the criteria for the inclusion of a critical incident for data collection. The behaviour or activity must make a positive or negative contribution to the general aim.
d. *Persons to make observations*. It is important to ensure individuals have familiarity with the activity being studied and if there is more than one observer, that they all receive the same training to ensure accuracy and consistency.

3. *Collecting the data*. Once the general aim has been clearly identified and plans and specifications have been developed, the data collection process will be greatly simplified (Flanagan, 1954). Data can be collected through four means. The most useful and effective data collection method is by direct interview. According to Flanagan, it is helpful to provide participants with an overview of the type of information, including the level of detail that is required in their responses. A second data collection method involves group interviews. These are conducted in a similar fashion; however participants write incidents out on cards rather than describe them verbally. Data can also be gathered through the use of questionnaires mailed out to each participant, and finally, through a review of records. With each method of data

collection, the researcher(s) and participants must always use the general aim, plans, and specifications as a guide.

4. *Analyzing the data.* A three step process is used to analyze the large amount of information that will have been collected. According to Flanagan, the researcher must summarize and organize the information into a useable format, "increasing the usefulness while sacrificing as little of the comprehensiveness, specificity and validity of the information" (p.344). The three steps include:
    a. *Frame of reference:* Using the general aim and specifications developed as a guide, all incidents are reviewed and those that meet the criteria for a critical incident are included in the results.
    b. *Category Formation:* This is an inductive process. Often starting with the first three interviews, the researcher sorts through the identified incidents, and places them into tentative categories. A general description of each category is written out. Subsequent incidents are then placed into these tentative categories. Categories may need to be redefined and new categories developed as the process evolves. Once all of the incidents have been placed, larger categories may be subdivided into subcategories.
    c. *General behaviour:* Relating to the general aim and intended use of the data, the level of generality and specificity in reporting the data is determined.
5. *Interpreting and reporting the data.* This is the stage in which errors are more likely to occur, as the process is subjective and relies upon the judgement of the researcher (Flanagan, 1954). Flanagan cautions those using his method to ensure clarity and carefully review the process used to collect, analyze, and categorize the data.

Reliability and Validity of the CIT

Flanagan's general procedures described above have been utilized in a number of areas, most specifically in relation to job analysis, performance assessment, attitude and aptitude selection tests (Flanagan, 1954). In the 1960's, Andersson and Nilsson researched the CIT, to determine the reliability and validity of the method. They specifically focused on the comprehensiveness of data collected, to determine if all of the behavioural units related to the job would be covered with the interview and data collection procedures. In addition, the inductive and subjective process used during the categorization of incidents was tested for reliability using groups of psychology students.

To assess the method, Andersson et al. (1964) selected a large grocery chain in Sweden with a number of employees to examine job and training requirements for store managers. The general aim of the study was "to determine the job and training requirements of store managers" (Andersson et. al, 1964, p. 398). Critical incidents pertaining to the behaviour of store managers were obtained from four groups – supervisors, store managers, assistants and customers. A total of 1,847 incidents were collected and classified into 17 categories and 86 subcategories. To test the comprehensiveness of data collection, the authors classified the last 215 incidents separately, and found they were able to classify all remaining incidents into the previously established categories. To determine the effectiveness of the categorization system, Andersson et al. took two groups of 100 incidents at random and asked pairs of psychology students to place these 100 incidents into corresponding categories. They found that while the students had slightly more difficulty placing the incidents into subcategories, there was strong tendency to place the same incident into the same category. Following a number of quantitative methodological checks, the authors concluded that the material collected was comprehensive, it captured the behaviours of

store managers fully, the categories and subcategories were stable, and that the information collected by the CIT was both reliable and valid (Andersson et al., 1964).

Use of the CIT

Initially utilized to conduct job analysis and identify tools to measure job performance (Flanagan, 1954), this method was later used to explore subjective constructs such as quality of life, and satisfaction with service from the medical professional and patient perspective (Cox, Bergen & Norman, 1993; Dean, 2000; Keatinge, 2002).

Cox et al. (1993) conducted a study that sought to evaluate the strength and weakness of nursing in a palliative care environment from a service user perspective. Twenty respondents were interviewed using a variation of CIT. The authors, working with a vulnerable population, found the CIT to offer a most respectful and sensitive approach.

Dean (2000) studied the effectiveness of the CIT as a vehicle for the voice of 20 physicians from 14 States across the United States of America. In this study, the reality of present day medicine and experiences of physicians were explored. Participants expressed the greatest threat to providing care was the managed care companies, and found the most helpful aspect was their ability to advocate for their patients within the managed care environment. During the semi-structured interviews, the physician-participants shared numerous stories of horrific decisions leading to the harmful treatment of the patient and successes when these same physicians felt they were able to advocate for their patients. The authors found the CIT to be an effective method to capture the rich voices and experiences of these physicians.

Keatinge (2002), commenting on the versatility and flexibility of the CIT, utilized a variation of Flanagan's (1954) method to explore nursing practices. In three separate but related studies, Keatinge a) directly observed the nurse-participant's behaviours in a neonatal unit, b)

collected data from a focus group and cards containing critical incidents written by palliative care nurse-participants, and c) explored nursing care for demented elderly patients utilizing a participatory-action approach and aspects of CIT. The author found the CIT to be a relevant and useful tool that, through the participatory nature of the method, allowed nurse-participants to reflect on, describe their practice and the meaning they attributed to it.

Urquhart, Light, Thomas, Barker, Yeoman et al. (2003) used questionnaires and interviews based on Flanagan's CIT method to understand the information seeking behaviour of a group of medical professionals using an online medical program. They found the CIT, and more specifically the interview process, to be useful in encouraging participants to tell their storey. Given the method's requirement for participants to provide detailed information on critical incidents, the authors found they were able to identify not just what services were being used, but how they were being used and if they had impact on clinical decision making.

Kemppainen (2000) conducted a meta-analysis of studies that used Flanagan's method in a review of the CIT in nursing care quality research. The author reviewed the original definition and emphasized the importance of identifying critical incidents with a satisfactory level of detail. He also provided examples of critical incident reports that were both useful and not useful. Based on the review, Kemppainen highlighted three advantages to using the CIT in nursing research. He proposed that the CIT is effective in a) identifying patients' experiences in health care settings; b) exploring nurse-patient interactions; c) identifying patient responses to illness and health care treatment. Although acknowledging the flexibility of this method, and the ability to adapt the method to meet the requirements of individual studies, Kemppainen's definition of the CIT, follows Flanagan's procedures closely. He remains committed to the use of critical

incidents as the basic unit of measure, emphasizing that the accuracy of the technique depends of the level of description and detail in describing each critical incident.

Gremler (2004) synthesized 141 CIT studies in the area of service research to determine the strengths and weaknesses of the method. The author concluded that the CIT was an effective tool to collect both information and context from the perspective of the patient. They found the data was reflective of the way the participants thought and offered control to the participants as they determined the level of importance and type of information that was provided during their interview. The author also found the CIT was well suited to assessing perceptions of customers from different cultures as the customers were invited to share their own perceptions of an issue, rather than being asked to respond to researcher initiated questions, thereby making this a culturally neutral method.

The CIT was also utilized in research exploring phenomenon in the field of Dentistry (FitzGerald, Seale, Kerins, and McElvaney, 2008), the field of Occupational Health in Germany (Koch, Strobel, Kici, and Westhoff, 2009); and in the field of Education for capturing the voice of the student (Douglas, McClelland, Davies and Sudbury, 2009), and the voice of educators in the Netherlands (Koning and De Jong, 2004).

Kain (2004), author of a comprehensive review of the method, found that the CIT has gained wider acceptance and is now used to explore characteristics, traits and perspectives. He notes the technique has evolved to incorporate unique experiences of individuals through the exploration of meaning. In response to concerns raised regarding faulty recall errors, Kain cites the multiple sources of information required to form a category as a safeguard to minimize that effect. Although a rigorous method, he encourages a tentative posture when reporting results,

advocating for authors not to report they have found universal principles, but instead to present results as tentative.

The CIT and Counselling Psychology

Over several decades the CIT evolved from a positivist to post-positivist and even post-modern ontology, utilized successfully for studying objective behaviour, individual experiences, perspectives, and meaning. Given the flexible and adaptable nature of the method, it has evolved into an effective tool for use in field of Counselling Psychology.

An important contribution to the evolution of the CIT and to the field of Counselling Psychology was an article published in 1986 in the *Canadian Journal of Counselling and Psychotherapy* written by a Counselling Psychology faculty member at The University of British Columbia (UBC), named Lorette Woolsey. In her article, Woolsey identified Flanagan's procedures and principles as relevant and compatible to the field of Counselling Psychology. She cited the primary purpose of a CIT study to be complete coverage of a content domain. When identifying the level of generalizability and specificity of this content domain, Woolsey (1986) recommended placing the focus on maximizing the richness and distinctiveness of each category and subcategory. Woolsey found the CIT to be highly flexible, used to study a wide range of phenomenon including factual happenings, qualities, and attributes. She discovered it to be an appropriate method for criterion development in industrial psychology, counselling process, and career development research. In addition to lending value to content domains within Counselling Psychology, Woolsey also identified the method as consistent with the skills, values and experiences of Counselling Psychology practitioners.

In a second significant adaptation in the evolution of the CIT to the field of Counselling Psychology, Wong (2000) explored concepts relating to cross cultural supervision for her

doctoral dissertation in Counselling Psychology at UBC utilizing the CIT. She incorporated subjective meanings in her interviews with participants, expanding the definition of a critical incident to include psychological states. According to Wong, a critical incident is:

> . . . an event, which has significant positive or negative impact on the individual. This critical incident may involve three components, which are (a) antecedent conditions, (b) the event, and (c) the consequence. Each of these components may include thoughts, feelings, behaviours and relationships . . . . Content analysis and classification need to take place at a more molecular level of meaningful statements or "meaning units" that describe the rich complexity involved in each critical incident. (p. 56)

A third significant contribution was made by Butterfield et al. (2005) as they summed up the fifty year history of the CIT. In their review, the authors identified four main departures since Flanagan's article and incorporated additional credibility and trustworthiness checks into the method. The authors identified (a) a shift from exploring behaviours to examining psychological constructs; (b) a shift from an emphasis on direct observations to retrospective self report and experiences. They also identified (c) an inconsistency within which category formation occurred; and (d) inconsistencies in establishing the credibility and trustworthiness of the data. The authors noted the CIT was utilized in 19 masters' theses and doctoral dissertations at UBC during the period of 1991 to 2003. They found the CIT a flexible and effective method, made more rigorous by adding nine credibility and trustworthiness checks. By incorporating these additional checks, the authors believed they could blend the need for "scientific practice" with a requirement to explore constructs that are less tangible. The nine checks are described in the validation section of this chapter. To improve the method, the authors advocate for consistency in both method and terminology; and incorporating the nine credibility and trustworthiness checks.

Butterfield et al. (2009) developed a fourth adaptation, incorporating two new additions and calling their modified version the *Enhanced Critical Incident Technique*. The first addition was the incorporation of contextual questions at the beginning of each interview. These questions are intended to provide background to the CIT questions. The second was asking participants for wish list items during the interview. Coming from a Counselling Psychology paradigm, the authors recognize participants are experts in their lived experience, and a valuable source of information about what would have been beneficial, desirable, or made a difference in the specific circumstances being explored, called *wish list* items. The authors also encourage the careful development and use of an interview guide to assist in tracking the emergence of new incidents and categories. This article serves as an extremely useful guide that should assist researchers in maintaining consistency with the method.

A recent novel adaptation to the CIT in the area of Counselling Psychology was found in a research study conducted by Butterfield, Borgen, Amundson, and Erlebach (2010). The authors explored the experience of workers managing change. This study utilized ECIT and integrates a positive psychology paradigm by obtaining data from participants who self identify as being successful at managing change. This is an innovative approach to the use of the CIT, one that more intentionally builds on the strengths and capacities of participants and their ability to offer great insight.

The CIT and Police Populations

Although employed quite routinely in many fields, I was unable to locate research using the CIT on a police population outside of British Columbia with the exception of the following. In a study from the United Kingdom, Smith and Flanagan (2000) conducted research to identify the skills, abilities and personal characteristics required to investigate serious crime effectively.

The authors integrated three separate methods: (a) standard job analysis technique to identify skills required, (b) a Repertory Grid Technique to identify constructs that distinguished between individuals, and (c) the CIT to develop a comprehensive definition of role requirements. For the CIT component, 30 officers were selected according to duties, and level of experience, to ensure full coverage of roles. Participants were asked to identify three or four critical skills required by the most effective officers. Data analysis identified 89 incidents with 38 less effective practices and 51 examples of good practice. Key findings highlighted the importance of attending to the welfare of the team, especially in investigations of long durations and combining this with skill and experience. Given the complexity of the role of special investigation officer, the authors found the CIT to be a useful aid in identifying role requirements.

With consistent findings spanning more than five decades that maintain the CIT to be a strong, reliable, and valid, method effective when conducting comprehensive and accurate job analysis, I believe the CIT could have been sufficiently versatile to capture the information being sought without having to resort to three separate methods.

The remaining four studies reviewed originated from the Counselling Psychology department at UBC, or were influenced by connections with UBC. It is important to note that one researcher in each of the four studies were either police officers themselves, or intimately familiar with the policing culture having worked within the environment for several years.

Logan (2001) selected the CIT to explore what hinders and facilitates successful crisis negotiation in his unpublished doctoral dissertation from UBC. His study explored law enforcement response to barricaded and suicidal persons, seeking to learn more about how police build bridges during the negotiation process, and ultimately, what leads to success. Logan selected the CIT, finding it a good fit with the law enforcement culture which is more pragmatic,

tangible and realist (2001). The CIT was also selected for its structure and rigorous validation process. Logan interviewed 22 law enforcement officers from Canada and the United States with current or recent experience on hostage negotiation units. Each interview lasted one to one and a half hours. Data analysis resulted in 717 critical incidents that were sorted into 14 categories and 42 subcategories. The five validation procedures included an independent rater, participant cross checks, tracking incidents until the point of exhaustiveness, participant rate for category formation, and use of an expert rater. Results highlighted key areas for successful negotiations including the importance of communication, relationship building, teamwork, and synchronizing the efforts of those responding. Contributions that emerged from this pragmatic method have implications to theory, training, negotiation, and counselling practice.

Morley (2003) conducted a study exploring workplace engagement with 25 RCMP officers of varying levels of service and experience. His intention was to study the lived experiences of the officers, capturing their subjective felt sense of engagement with their work. As the author was interested in learning more about this little known construct, the CIT was selected as it had been found to be an effective exploratory method. It was also selected for its pragmatic nature, offering clear, specific findings that would make it possible for the RCMP to act upon if they so desired. Morley also selected this method as he found it allowed participants the opportunity to reflect on the meaning of each incident, resulting in richer detail. The author adapted Woolsey's (1986) expanded CIT method, including psychological states, feelings and attitudes, placing a greater emphasis on meaning. Following participant interviews and data analysis, 370 incidents were identified, including 197 helping and 173 hindering incidents sorted into 19 categories. The results highlighted the critical importance of supervisors, timely psychological support, and role of social functions as key elements influencing engagement.

Issues relating to power inherent within the rank structure, and power in relation to gender and culture were also identified. Morley found the CIT to be an effective method for use with this population and with this topic.

Burns et al. (2008) utilized the CIT to explore the experience of internet child exploitation team members and identify factors that might help or hinder coping with the work. Participants were RCMP, Municipal police officers, and civilian employees actively working full time in an integrated Internet Child Exploitation Unit. From the 14 interviews, a total of 795 incidents were sorted into 446 helping incidents with 12 categories and 40 subcategories, and 349 hindering incidents that were sorted into 12 hindering categories and 35 subcategories. Rationale for selecting the CIT was that it offered a sound, well established approach to explorative data collection. The authors utilized Butterfield et al.'s (2005) nine credibility checks to ensure the greatest degree of credibility and trustworthiness of the data. In addition to its rigorous nature and structure, the authors found the CIT to offer a high degree of safety to participants as by the nature of the interview process, participants were able to control the information shared and determine the level of importance. In addition, a parallel was drawn between the CIT focus on examining what was helpful and hindering with operational debriefings regularly experienced by police officers after any major or unusual incident. The authors of this study found the method to be particularly well-suited to the police population.

Conn (2011), utilized Butterfield et al.'s (2009) ECIT method to explore secondary traumatic stress in a general duty police population in British Columbia. The intention of the study was to complement existing research, offer a voice to participants, and to inform organizational policy and counselling practice. The five part ECIT method based on Flanagan's procedures was followed. The author also incorporated the nine credibility checks (Butterfield et

al., 2005), and the additional ECIT procedures (Butterfield et al., 2009). Ten general duty officers from policing agencies in the Vancouver area were interviewed, resulting in 156 critical incidents, which were sorted into 74 helping, 62 hindering, and 20 wish list items. Wish list results were categorized into two main areas, mental health resources and work environment. Conn obtained both helpful and hindering factors, however, approached the data from a positive psychology perspective, emphasizing factors that were primarily helpful to participants. During the credibility and trustworthy checks, participants indicated they found the categories reflective of their experience, and the findings were consistent with the theoretical data in the field. Conn, a former police officer, also found the ECIT to be an effective tool for use within the police culture.

Suitability of the ECIT for this Research Topic

The evolution and adaptation of the E/CIT for use with psychological constructs, feelings, attitudes, and personal meaning made this method particularly well suited for this research. It was imperative that the method was empowering to participants and provided a vehicle for their voice. Research on the E/CIT provides strong support for the empowering nature of this method (Burns et al., 2008; Butterfield et al., 2005; Butterfield et al., 2009; Conn, 2011; Cox et al., 1993; Dean, 2000; Douglas et al., 2009; Gremler, 2004; Keatinge, 2002; Koning et al., 2004; Morley, 2003). As police populations have their own unique and often exclusive culture, it was critical the interview approach was one that was safe, and one in which participants felt they were respected and their experience valued.

Given the nature of the topic explored, the use of this qualitative method resulted in rich and detailed descriptions of the police culture, and delineated meaningful incidents that contributed to or detracted from, participants' willingness to seek help. ECIT was selected

because: (a) ECIT is one of the most widely used qualitative research methods, recognized as a particularly effective tool for exploration of under-researched phenomena; (b) the interviewing style and technique of ECIT is similar to that used during police Operational Debriefings. Using a familiar interview style increased participants' comfort, and had a direct and positive effect on the depth of the information shared; (c) E/CIT has been utilized successfully in research with police populations; (d) the desired outcomes of this study included contribution to the scholarly literature and development of pragmatic recommendations for police organizations. This method is known to be highly effective in accomplishing these outcomes.

A review of the studies using the E/CIT with police supported the use of this method as highly appropriate for this population[1]. Given the pragmatic nature of the ECIT, results have been written up in such a way as to inform policy, counselling practice, individuals and supervisors within the policing culture, and potentially other related fields. The rigorous nature of this method with its nine credibility and trustworthiness checks increases the confidence in the results and ensures the findings accurately represents the participants' lived experience.

Methodological Procedures for this Study

The research question for this study was: What helps and hinders the decision to access psychological services in a police population? In addition to the ECIT method, secondary analysis was conducted to identify any differences across participants (Amundson, personal communication, November 2, 2012).

Description of the sample. Twenty actively serving RCMP officers, 12 male and eight female, were selected to participate in this study. All participants selected met the inclusion

[1] It is important to note that research using ECIT with police populations has been conducted in British Columbia, Canada, with the exception of Smith et al. (2000) who explored experiences of officers from a police force in the United Kingdom. However this method has been utilized successfully in other sectors (nursing, occupational health, physicians, dentistry, education, and in a variety of international contexts including Canada, Netherlands, Sweden, United Kingdom, and United States).

criteria, with the exception that this sample was entirely Caucasian and therefore did not reflect the cultural diversity of the RCMP. It is unknown why the recruitment process did not attract cultural minorities, this is discussed as a limitation of the study and recommendations have been made for future research to seek out a more representative sample of the RCMP population.

Inclusion criteria:

- Current serving members of the RCMP in the Lower Mainland District in British Columbia: All participants were actively posted in a detachment or specialized unit in the Lower Mainland District.
- Had accessed or considered accessing psychological support from a trained professional: All participants described events across their service in which they considered accessing psychological services.
- Were willing to talk about factors that influenced the decision to access (or not) psychological services from a trained professional across their service: All participants appeared fully engaged during the interviews and were extremely open and willing to share their experiences and perceptions.

Additional factors:

- Every effort was made to recruit numbers of male and female participants that were reflective of the gender of serving members currently working in the RCMP: The target sample population was 70% male and 30% female. This number was amended to include greater representation of female experience, resulting in a gender composition of 60% (12) male and 40% (8) female.
- RCMP officers from diverse cultural backgrounds: As mentioned, this diversity criterion was not met. Participants responding during the recruitment phase were Caucasian.

- Individuals with varied experience and service to capture as broad a range of experiences and perspectives as possible: Participants represented rank levels from constable through to staff sergeant (see Figure 1, 2, and Table 1 for demographic information).

Exclusion criteria:

- Former clients from my counselling practice were excluded from participating in this study to prevent dual relationships and any potential influence or power differential.
- RCMP officers who were designated as off duty sick were similarly excluded from participating. While likely able to provide extremely relevant insight, these individuals were viewed as more vulnerable given their status. To minimize risk of harm, the decision was made to interview only actively serving members.

Table 1

Summary of Demographic Information

	Range	Mean
Age (years)	27 - 58	43.6
Age (male)	27 – 58	44.2
Age (female)	33 - 54	42.8
Years of Service	4-36	17.7

Figure 1

Participants by Rank

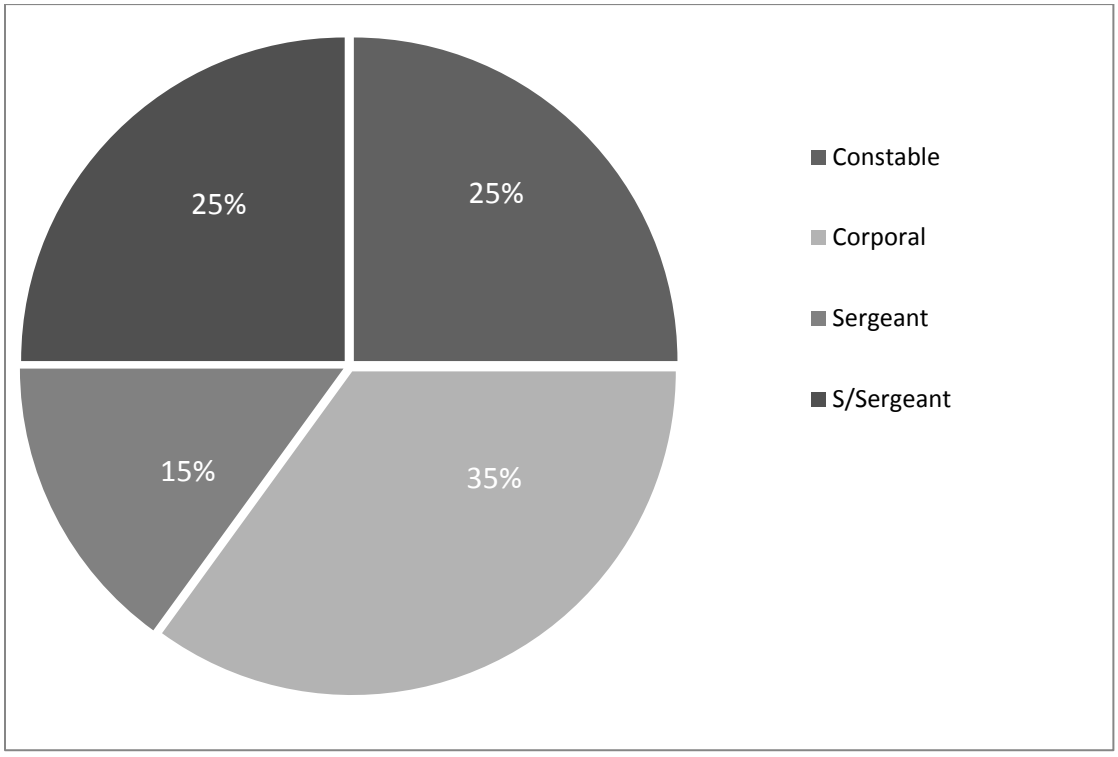
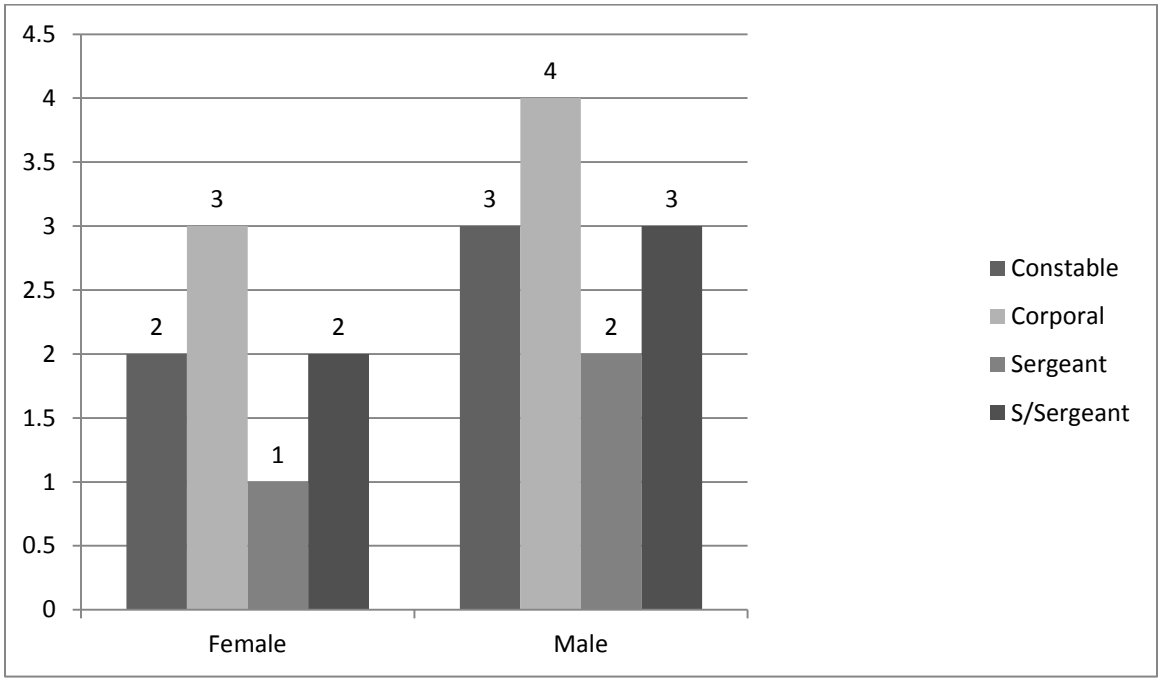


Figure 2

Participants by Rank and Gender



Participant recruitment. Under the guidance and direction of a senior Lower Mainland District Officer, a recruitment poster was disseminated (see Appendix A) as an attachment through the RCMP internal e mail system to all members working in the Lower Mainland District.

Given the sensitivity of the research topic and the barriers identified in the empirical literature, care was taken with the wording of the poster to also encourage participation from members' not comfortable accessing psychological support. The response to the recruitment poster was immediate; with several respondents expressing their support and desire to participate in what they believed was an import topic.

The majority responded electronically, four used their cell or work phones. Preliminary communication occurred via the same method utilized by interested candidates, and those selected for participation were contacted directly by telephone to discuss their involvement. Participants were included and excluded based upon the selection criteria outlined earlier. Of the four who were excluded, one was for geographical reasons as she worked outside of the lower mainland, one was on long term sick leave, another was a former client, and the final one was a municipal police officer.

Prior to meeting with participants to conduct the interviews, interested candidates were contacted and provided with an overview and general information about the types of experiences they would be asked to recall and discuss. Once their questions and concerns were addressed, all the potential participants expressed an interest in moving forward and an interview was scheduled at a minimum of three days from the initial telephone conversation. This process was established to provide time for the participants to reflect on their experiences, identify incidents they felt were important and meaningful to the research topic, and mentally prepare for

participation in the interview. Confidentiality and privacy concerns were discussed at length during the recruitment stage, interview process, and participant checks to ensure complete transparency and ensure participants were fully informed.

Once participant spots were filled, a waiting list was compiled and these individuals were advised they would be contacted at a future date. The list was created in the event any participants withdrew from the study, or a decision made by the research committee to increase the number of participants. The study proceeded with the initial 20 participants identified, all of whom remained committed and fully engaged throughout the process. Participants consisted of 12 male and 8 female RCMP officers, on current active duty, with a minimum four years policing experience.

Procedures for data collection. Care was taken to ensure each participant was comfortable with the interview location and that it was private and quiet. Most participants preferred to have the interview conducted in a private room or office at their workplace. Four participants attended my private counselling office in Langley, and one interview was conducted at a kitchen table in a participant's residence.

The interviews ranging from 57 – 142 minutes (mean of 85 minutes) were digitally audio recorded and augmented with field notes written during and immediately following. As the process of ECIT allows participants to determine the importance of incidents, interview questions were utilized to assist with focus and recall of individual incidents and expansion of detail related to the incidents to assist the participants access the meaning (see Interview Guide in Appendix D). These questions were piloted on two RCMP officers who were uninvolved in the study.

Consistent with ECIT, at the beginning of the interview, participants were provided with an overview of the study and asked a number of contextual questions to supply background to the questions. The opening questions were:

- *Think back across your service to a time (work related or not) when you considered accessing psychological services.* [Participant described incident].
- *Did you access any psychological assistance?*

If the participant accessed psychological assistance.

- *What influenced your decision to access psychological support?*
    - *(a) What specific factors helped you make this decision?*
    - *(b) What specific factors hindered this decision?*

If the participant did not seek psychological assistance.

- *What influenced your decision not to access psychological support?*
    - *(a) What specific factors helped you make this decision?*
    - *(b) What specific factors hindered this decision?*

Further open ended questions were utilized to assist participants describe the incident in detail:

- Exactly what happened that you found helpful or hindering?
- How did you know?
- What went on before/after?
- How did it turn out?
- Can you tell me more about that?

In addition to exploring incidents that were helpful or hindering to accessing psychological services, participants were asked to identify anything they wished could have been

there for them that may have made a difference. This additional question, referred to as a *Wish List* item (Butterfield et al., 2009) is incorporated into the enhanced CIT procedure to explore people, processes, or services that participants believe would have helped in the situation.

This process was repeated until the participants were unable to recall any further significant incidents.

A new procedure of ECIT involves the paraphrasing of key points back to participants following their recall of all helpful, hindering and wish list items (Amundson, personal communication, November 2, 2012). This is intended to cue the participants' memory to other factors they might wish to add. This process also serves as an additional participant check; ensuring key factors are correctly understood. Paraphrasing of key helpful, hindering and wish list items occurred near the end of the interview, when all incidents had been recalled and participants had nothing further to contribute.

This process was found to be extremely useful to both the participant and me, the researcher, as it consolidated the information, allowing the participant the opportunity to listen to what they had provided and add additional detail, or reinforce some of the points they had made. It was also useful as I was able to ensure I accurately understood what participants related. In some cases the participants clarified a point, or added additional detail thought to be relevant. This final step was an effective means of summarizing and added richness and detail.

At the conclusion of the interview, all participants were provided with contact information for psychologists in the lower mainland taken from the RCMP Provider List and encouraged to seek assistance from a psychologist to assist with anything that may have surfaced during the interview process.

Procedures for data analysis. Fourteen of the 20 digitally recorded interviews were transcribed verbatim, and targeted transcription was utilized for the remaining six. Incorporating the process of targeted transcription allowed additional interviews to be conducted beyond the saturation point, adding to the richness of the data and increasing confidence in the results (Amundson, personal communication, November 2, 2012). As such a small percentage of our communication is contained in the spoken word, the recordings were simultaneously reviewed and compared with the transcripts to ensure accuracy and augment the transcript with additional notations capturing nonverbal components such as voice - loud, soft, quick, long pause, tears etc . . . .

Three steps to data analysis as outlined in ECIT were followed.

1. All incidents were extracted and placed one per card, using the participants' exact words.
2. The cards were then grouped into clusters of thematically similar constructs using inductive reasoning. Each cluster of cards was then reviewed until distinct categories developed.
3. The categories underwent a series of reliability and validity checks.

Reliability and validity (credibility and trustworthiness) checks. According to Buttterfield et al. (2005), the ECIT identifies nine credibility and trustworthiness checks, all of which were completed for this research.

1. *Independent extraction of the incidents.* To ensure incidents were identified correctly, two individuals with training and experience using the ECIT method independently extracted 25% of incidents from transcripts. This resulted in the identification five new incidents and the transfer of 8 incidents into different categories. This occurred after discussion and 100% agreement between the researcher and the independent ECIT examiners.

2. *Participant cross checking* (interpretive validity). Critical incidents extracted from participant interviews were reviewed by participants to ensure their information had been correctly understood. A document for every participant was created containing all incidents extracted from their transcript, organized into helpful, hindering and wish list items. Respective documents were sent to 10 participants voluntarily agreeing to participate in this validity check along with the tentative categories their incidents had been placed in. A second document containing category definitions was also provided. Participants were asked to review both documents and provide feedback. During this process participants had the opportunity to add, change or delete any incidents and comment on their impressions of the categories. Each participant involved in this process indicated they felt the incident extraction sheets were accurate and advised they did not have any additions, deletions or changes to make. In addition, each participant indicated they found the categories made sense and either had personal experience with each category, or found the category to be plausible based on their knowledge and experience with the RCMP. This 100% agreement rate lends significant credibility to the strength and composition of the categories.
3. *Two independent judges* trained in ECIT randomly placed 25% of incidents into tentatively formed categories (reliability checks). This process adds an additional check to ensure the category formation is as accurate as possible. This process resulted in a 98% agreement rate.
4. *The point of exhaustiveness* (redundancy) at which new categories no longer emerge from the data was tracked (reliability and validity check). Redundancy in this study was reached by the 14th interview. While the additional six interviews added richness and depth, they did not result in any new category formation.

5. *Two experts in the area of study* reviewed the categories to ensure they were logical and in keeping with what is currently understood about the phenomenon (face validity). Dr. Jeff Morely and Dr. Mark Davies, two Registered Psychologists with extensive experience working with trauma, workplace engagement, and organizational stress within the RCMP reviewed the categories. Both Dr. Morley and Dr. Davies advised they found the research to be highly relevant and important, and that the categories were congruent with their knowledge and experience.
6. To develop a category, a minimum 25% participation rate is required. With ECIT, any information falling below that threshold will be carefully considered and may be included in the results if they appear to have relevance to the phenomenon being explored. Although one helping category, *Understanding about Mental Health and the Psychological Response to Police Work* had only a 20% participant rate, it was included as it offered valuable information regarding the importance of educating members and provided juxtaposition to the associated hindering category *Lack of Understanding about Mental Health and the Psychological Response to Police Work,* and wish list category *Education on Mental Health and the Psychological Response to Police Work.*
7. These results have been examined in light of the *existing relevant scholarly literature*. The findings of this study are well supported by the empirical literature, as detailed in the discussion chapter.
8. *Accuracy of account*. To ensure the incidents were captured and categorized accurately, the exact words of participants were used, and participant cross-checks conducted.
9. An individual *trained and experienced in using the ECIT methodology* reviewed interviews numbered 1, 5, 10, 13, and 16 to ensure compliance with ECIT method (interview fidelity).

These reviews were conducted on an ongoing basis, shortly after each interview to allow incorporation of any suggestions to improve interview style. Initial comments pertaining to the clarity of my research question was offered after the first interview, allowing me to become and remain more focused. Feedback on subsequent interviews was extremely positive.

Representation of Research Findings

It is of utmost importance that the findings of this study be an accurate reflection of participants' experiences as they are the experts in the area that was explored. The ECIT incorporates participants' descriptions of incidents in their own words to support category formation. Categories then form the basis for the recommendations that flow from this research.

Given the sensitivity of this topic and the use of direct quotations extracted from participant interviews, extreme care was taken to ensure the confidentiality of all participants. The RCMP community is quite small and there are many individual experiences known to the larger community. All quotes selected for inclusion in the results chapter were chosen ensuring priority was placed on preserving participant confidentiality.

Researcher Subjectivity

It is not possible for a researcher to be objective when exploring phenomenon experienced by participants, as we view the world through our own framework and apply our own meaning and perspective when interpreting and representing data. The intention of this project, however, was to understand the lived experiences and rich meaning participants have construed relating to their decision to access psychological services. It was important to ensure the participants' voices were reflected in the research and results.

To situate myself, I have 24 years experience working directly with police, fire-rescue, and paramedics experiencing trauma and secondary trauma, 19 of those working "in house" with the RCMP. As I carry a certain level of knowledge of the police culture, I recognized this experience had the potential to influence my perceptions and lead to assumptions about some of the information I was exposed to. I am aware of the internal structures and formal systems of support available to officers, and of some of the external processes that are in place to provide psychological services to members. I believe this knowledge was beneficial as it helped guide some follow up questions during participant interviews and may have increased the comfort level of participants leading to greater disclosure. Given my close connection with the culture, it was imperative to engage in reflexivity throughout this research process, remaining as aware as possible of my own assumptions, reactions and biases. I spoke with my supervisor and colleagues regularly to ensure I remained focused and clear during this process.

In the following chapter, the participants' experiences are described. To be as true to their voices as possible, I relied upon their direct quotations and utilized participant checks to ensure validity and accuracy of the information. I also consulted with participants as I wrote up these results.

Chapter IV: Results

From the 20 interviews, a total of 676 incidents were identified. Of these incidents, 264 were identified by participants as factors that were helpful to their decision to seek psychological services, 258 were identified as hindering, and 154 wish list items were identified. The 676 incidents were sorted into 33 categories: 14 that were helpful, 13 that were hindering, and 5 wish list. The categories were labelled so as to capture the essence of the information as provided by the participants. Each category, beginning with helpful, will now be discussed.

Categories that Describe Factors that Help the Decision to Access Psychological Services

The 14 categories identified by participants as helpful to their decision to access psychological services are described in descending order of frequency of incidents as defined by the number participant responses relating to each category.

The following table lists the 14 helping categories including the category name, incident numbers, and participant frequencies. The table frequencies are also provided as percentages (see Table 2).

Table 2

Incidents that Helped the Decision to Access Psychological Services

Category of incident	Number of incidents (percentage of total) *264 Helping Incidents*	Number of participants (percentage of total) *N = 20*
1. Influential Third Party	39 (15%)	18 (90%)
2. Ability to Talk About Life Circumstances, Self Awareness, and Desire to Change	36 (14%)	17 (85%)
3. Psychologist	30 (11%)	16 (80%)
4. Threshold for Accessing Psychological Services	25 (9%)	15 (75%)
5. Ease of Access to Psychologist	24 (9%)	13 (65%)
6. Supportive Unit and Supervisor	24 (9%)	10 (50%)
7. Greater Awareness/Acceptance of Mental Health issues, Changing Culture	16 (6%)	10 (50%)
8. Organizational Processes	13 (5%)	10 (50%)
9. Critical Incident Stress Debriefing (Personal Experience)	13 (5%)	7 (35%)
10. Previous Experience with Counselling	10 (4%)	7 (35%)
11. Knowledge of Resources	8 (3%)	7 (35%)
12. Mandatory Psychological Interventions	12 (3%)	6 (30%)
13. Member / Employee Assistance Program (Personal Experience)	8 (3%)	5 (25%)
14. Understanding Mental Health and the Psychological Response to Police Work	4 (2%)	4 (20%)

Category 1: Influential third party (39 incidents, 18 participants, 90% participant rate).

Participants in this category recognized their decision to seek psychological services was strongly influenced by a trusted and respected third party, and without this influence ranging from gentle support, suggestion, encouragement, to blunt insistence, they may not have sought assistance on their own. Without exception, every third party identified in this category was an individual trusted and respected by participants, highlighting the importance of relationship to acceptance and follow through on the suggestion to seek out psychological services.

The influence of a spouse assisted some participants in making the decision to access psychological services. For some, their spouse offered emotional support and validation, *"I talked to my husband about it, he was a member too, we met in Depot, so we had the same level of service. His support was important."* For others they provided practical support, *"My wife hooked it all up . . . she said "this isn't right…you know we're going to carry this stuff for a while…let's see what we can do about it."* And some readily agreed to participate in the appointments:

> I had gone and found this person that we saw prior, made sure I thought he was okay for (spouse) and I booked. I told him I think we should go see this person and thankfully I had at the time a husband that was willing and able… "yeah absolutely, let's go."

Given the frequency of contact and exposure to each other, family members, and in particular spouses, appear to be ideally situated to notice changes in behaviours and mood, even when participants were themselves unaware. Some were also able to assist participants in recognizing these changes.

> When my spouse told me *"you're obviously not the same person you were when I first met you . . . "* the fact that it had gotten to the point where I was no longer that happy go lucky, easy going, nothing really ever bothered me kind of guy to what I turned into, I had trouble seeing that in myself….

Trusted friends were identified as helpful to the decision to access psychological services. Given the pre-existing relationship, friends were often able to notice when behaviours changed, *"I spoke to a friend or two and they had noticed like yeah you know since you finished up training you've been slightly different…."* Or friends who were present and available during a time of need, generated a conversation about accessing psychological services:

> At no point did I think *"oh I should go and see a psychologist"* until I talked to my girlfriend and I just couldn't keep it together anymore. I was crying at work and just a basket case. Not until I was really desperately in need of help and support other than from my family or friends. It was only because my girlfriend said you know you should go see this guy that I went.

The influence of friends, particularly work friends, was described in detail by a number of participants. Factors relating to respect *"I respect him, so when he speaks I give him attention,"* and trust, *"and I did go and speak to him because this was a trusted, known person to me,"* and shared experience:

> After I started doing that kind of work my friend, who dealt with similar things was like well you know I've had some problems as well and I can't even talk to my family about it here's a number if you need it.

Having a colleague with similar service, involved in the same incident, and willing to access psychological services was viewed as very helpful:

> My partner and I were the same age, the same level of service; I think we were both hit pretty hard by it. And his response, if he had of gone "absolutely not, that's crazy" I don't know what my reaction would have been, it probably would have changed my perspective. But the fact that we both thought, you know, maybe that's not such a bad idea . . . . made us go.

Participants reluctant to access services for themselves became more receptive to taking action when made aware that they could assist others by attending.

> The decision was kind of made for me because my wife was going through some difficulties so as part of helping her it made sense to work on the marriage because that's part of what she was going through. And I was willing to do that in order to help the marriage.

Another participant described having a friend talk to him about the fact that his behaviour was adversely impacting his family. *"The one thing he said to me that kicked it off was he said "it's not just affecting you it's affecting your family."* This blunt presentation by a respected friend was effective in helping him recognize the detrimental impact his behaviour was having on those closest to him.

In addition to family and friends, influential third parties in this category also included trusted professionals such as medical doctors, psychologists, and counsellors. These professionals were there to talk to and direct participants to psychological services during a time of distress.

Family doctors discussed participant's concerns and subsequently referred them to specific psychologists, *"I recognized I was not doing well so I spoke with my family doctor who provided a name and contact number for a psychologist."* Family doctors diagnosed

psychological issues, *"I ended up doing some follow up with my family doctor and was diagnosed with depression."* And family doctors knowledgeable in therapeutic modalities were able to provide information that influenced the participants' decision to access psychological services:

> My GP spoke with me about going to see a counsellor and we had a discussion about how there's different techniques, different things that can be used to help work through how you're feeling so that helped me.

Participants were also assisted in making the decision to seek psychological services with the help of counsellors and psychologists they had a previous relationship with, "*My original psychologist recommended a child psychologist, which really helped with co-parenting issues."* And "*all of a sudden I am in the middle of being involved with a counsellor anyway, and he said you know what, you probably want to talk to me about your issues too."*

Several participants expressed relief that someone had recognized they were in need of help as they were unable to recognize or acknowledge the need themselves. *"It was nice that somebody was able to take control of me I suppose and recognize that I needed some help because I was beyond that point."*

Category 2: Ability to talk about life circumstances, self awareness, and desire to change (36 incidents, 17 participants, 85% participant rate).

Possessing self awareness and personal wisdom were attributes identified by participants as extremely helpful in making the decision to access psychological support. In contrast to the previous category in which participants relied upon an influential third party to bring their level of distress to their attention, this category highlights the participants' ability to recognize the problem on their own, a strong desire to make a change, and for some, follow through by

accessing psychological services. To capture the various nuances within this category, it has been divided into six distinct albeit related areas that include: (a) *upbringing/ personal experience*, (b) *knowledge of personal limitations*, (c) *recognition of circumstances and desire to change*, (d) *Strength and motivation to take action to seek psychological services*, (e) *Maturity and wisdom through life experience;* and finally, (f) *Organizational seniority*. Each of these areas will now be described.

(a) Upbringing/ personal experience. Participants identified a number of inherent personal factors that really helped them make the decision to seek psychological services when they felt the need. For some, being able to talk about themselves was a benefit as it removed another barrier. Quotes such as *"I'm a fairly open person so I never had a sense that I'd feel uncomfortable talking in front of people, that's my personality so I think that's very helpful for me.,"* and *"I have no problems talking about my scenario or my situation"* exemplify the freedom and comfort some participants had talking to others about personal issues. Some participants regarded this ability as a personality trait, while others credited their upbringing, "*My upbringing certainly influenced me because my parents taught me that it's always important to talk, always if you have a problem you should talk."* It appears that participants perception of being open, comfortable talking about self, and having an upbringing where talking through problems was modelled and encouraged greatly facilitated their decision to seek out psychological services when necessary.

(b) Knowledge of personal limitations. For these participants, entering into police work with an awareness of their own limitations was deemed to be extremely helpful as this awareness guides their actions and allows them to recognize their limitations. This awareness may come from being mentally prepared for the exposure inherent in police work, ``*When I joined I was*

mentally prepared. I expected to see even worse than I have seen. I wanted to be involved. I know what I can handle``. Another credits the techniques used in RCMP Training Depot for teaching personal limitations:

> People say it was bad, the pressure that was put on us and the name calling and treating us terrible but I think it was beneficial because it prepares you for what you're going get out in the real world. I'm not offended when someone calls me a name. It pushes you so you know your breaking point and when you know your own breaking point, you know your limitations. That's what I got out of Depot.

Having an awareness of personal limitations was found to assist some of the participants self monitor and consequently know within themselves when it might be time to access psychological services.

(c) ***Recognition of circumstances and desire to change.*** Participants described experiencing a moment in time when they recognized they had to make a change to improve their lives. Participants used descriptions such as *"I just made the conscious decision that I didn't want to be this person anymore, I wanted to get back to the way I was," "I recognized how much this file has taken away from me as a person and how it has impacted my family, I'm tired of it."* One participant described developing awareness that their behaviour was preventing them from being the type of parent they wanted to be:

> I was just depressed and I was just not a nice person so it impacted my family and I think that obviously is a big push too besides the fact that I needed it, I couldn't be that person anymore. I felt that it was wrong for me to be crying that way in front of my kids. So obviously I needed to find a way to stop that.

(d) ***Strength and motivation to take action to seek psychological services.*** In addition to becoming aware of the fact that there was a problem they wanted to change, some participants described having the ability to take action, recognizing that if they wanted things to change, they would require help. *"I recognized it wouldn't go away on its own, so I called a friend for the number to a psychologist," "I just recognized the stressors. And I thought, you know what, I need to go. And I went."* And, *"I wasn't necessarily feeling like I was in the right place so I sought some help at that time." "I said right from the outset, I am going to go, I don't want to be on medication forever, I need some skills and a total different mindset."* These participants viewed accessing psychological services as instrumental in their bid to realize a positive change and took steps to access it.

(e) Maturity and wisdom through life experience. "*I'm older and more mature now. I think that there is definitely recognition in the years and going through these experiences."* Participants described personal changes in their priorities and perspective that came from acquiring and accumulating life experience. Some spoke of no longer caring as much about the opinions of others, *"as you mature and get more life experience, your confidence increases"* and:

> As I get older I'm getting a little bit wiser. As a young guy I'd go in with bronchitis literally. As I'm getting older, not so much . . . I know that I'll be sick for that much longer if I just don't get some rest.

With maturity came the recognition of the importance of caring for themselves, positively influencing the decision to access psychological services when required:

> I'm comfortable enough with myself to know okay I need to go see somebody…if somebody underneath me was in the same situation I'd say "hey go see somebody." I can

> do that myself now. I don't need that kind of guidance, so it's my own maturity. In the absence of being told to go I know to go.

And finally, greater life experience brought increased exposure to others living with the consequences of not accessing psychological services.

> Experiences, life experience, seeing too many people not deal with it, not deal with their issues and seeing what the consequences are. Causing that self-reflection to go, "I don't ever want to get there; I don't ever want to be one of those so how do I avoid it?"

***(f) Organizational seniority*.** In addition to wisdom with age and life experience, participants discussed the change in their perception that comes from having more service and higher rank. Resulting in less worry about the perception of others:

> I wouldn't care as much if someone knew. I think that it's (psychologist) an important thing to have access to. It changes as you get more service, I think because I would know more members with more service who have accessed it. But when you go over to junior members it's probably pretty limited.

Reduced interest in achieving promotion also helped some participants feel greater comfort in accessing psychological services as the concern about possible impact vis a vis career advancement was no longer regarded as an obstacle. According to one participant, *"It would be completely different if I were looking at promotional opportunities."* And another, speaking to the change in perspective:

> I said okay enough's enough, the soldiering on isn't working. I knew it wasn't working and frankly I'm at a point in my career where even if it does, if that belief that it's going to hurt me, it's not going to hurt me and I'm probably maxed out, I don't anticipate trying for another promotion…

Overall, participants with greater seniority described that an increase in service and rank changed their attitude and focus. They experienced greater confidence, less need to worry about reputation or to prove themselves as they were already established, *"not trying so hard to please everyone and make a name for yourself,"* and more self assurance as their service increased, *"you can do that (voice your own opinion) as long as you are professional and respectful - that awareness, I understood it more with service and rank and responsibility I took on.*"

Factors in this category relate to the influence of self awareness, perspective, personality, personal upbringing, wisdom, and life perspective in facilitating the decision to seek psychological services. For many participants contributing to this category, these factors were specifically helpful to their decision to seek psychological services when deemed necessary.

Category 3: Psychologist (30 incidents, 16 participants, 80% participant rate).

Participants described personal characteristics and capabilities of specific psychologists that positively influenced their decision to seek and continue to access psychological services as a resource. Several key factors were identified as particularly helpful including *(a) individual psychologist characteristics, (b) understanding of police culture,* and *(c) relationship*. These will be discussed separately.

(a) Individual psychologist characteristics. Participants described individual characteristics of psychologists that resulted in their decision to engage in therapy.

Some participants highlighted the importance of that initial contact and the relief felt when the session went well. The first few minutes of a session were critical to participants' decisions to engage with a particular psychologist. For some, it was a momentous decision to seek psychological services, and they entered their first session with much apprehension.

Learning about limits to confidentiality and reporting requirements was an important first conversation and went a long way to alleviating some of their concerns:

> The thing that helped me first, in making it okay, was knowing that that the amount of information that was being provided to the Mounted Police from your psychologist was extremely limited. I think that was one of my first one or two questions "are they going to find out why I'm here," because I don't want to lose my job, I don't want to lose my gun, I don't want to lose my ability to continue in my career.

Some participants experiencing considerable uncertainty and fear of the unknown prior to attending their first session felt a sense of relief afterwards.

> I called and made the appointment and the receptionist was great and the guy was just very down to earth and you wouldn't even know that he was a psychologist really except for the things on his wall. It was just like having a chat… really comfortable surroundings, it didn't look very, clinical… you didn't have that how you see people laying on the chair "oh tell me about your mother" …

Another participant described the relief felt after the first session:

> After we went and saw that psychologist neither one of us actually kept it quiet, we actually felt comfortable with it. Prior to that I'd never talked to a psychologist… so you go there, you do your thing and, and you know it wasn't the "oh my God you know you're really screwed up" session but I had no idea what to expect…It wasn't anything bad.

For several, finding the professional to be down to earth, easy to talk to and someone they could trust, allowed them to feel more comfort and able to open up in their session. *"I trust her; I know she will give me the straight goods. And I know that it's confidential."* Participants

identified how important it was to them that the psychologist came across as genuine and human *"by being human, by listening," "just by talking to him it took the stigma away,"* and *"he is a great guy, easy to talk to, down to earth, sort of a plain language type of person."*

(b) Understanding police culture: Knowing the psychologist had an understanding of police culture provided a certain level of comfort and reassurance for many of the participants, particularly if they were accessing psychological services for a work-related issue. For some, this eliminated the need to expend considerable time and effort explaining the system or the paperwork involved.

> Having providers that understand red tape of a government is very helpful. Just even having the appropriate forms in place, and understanding the billing process reduces anxiety. From moment I walk in door they (psychologist on RCMP provider list) know where I am coming from. It sets a good tone right from the start. I don't have to explain it.

As the work is so specialized participants recognized the value in having psychologists who understand the work they do and even the language they use.

> If it had to do with a specific file or investigation that I was doing that was very much specific to duties and things that we see as police officers, you almost need to talk to someone who has a level of understanding of what we do and even how we talk. Even though I would feel comfortable going in and seeing her, I think it would be a very draining process to have to explain a lot to her so she has a level of understanding of why things are the way they are.…

Many officers have learned to be cautious about the level of investigative detail they share with others; they understand that what is relatively routine to them can be quite difficult to

hear for those not accustomed to the work. Knowing psychologists have been exposed and are familiar with their work helps them feel more at ease when discussing work-related experiences: *"It gives me comfort knowing these psychologists (on the provider list) would have heard similar circumstances from other clients because they work with members."*

For those with a good connection to a psychologist, they viewed that individual as a valuable resource, or *"a tool in my toolbox,"* and indicated that having a strong relationship made it more likely they would access psychological services when required. According to one participant, *"Having a relationship with a psychologist becomes a tool to call upon. He has a good grasp on police life, police culture,"* and another, *"I have gone back twice for check-ups if I am not doing okay. She understands the career perspective, and also the emotion - she can work with the whole picture."* Not all psychologists/counsellors are equally effective at working with officers. And those who have found a psychologist they regard as "good," will often refer their colleagues to that person. *"I've referred so many members to him (psychologist) since*," and:

> I had a vanilla experience with a counsellor, didn't benefit hugely. Time off was probably more helpful than what happened in the counselling session. This one (current psychologist) is an actual true resource, a tool in my tool box. And so I provide her information to other people because she is so effective at what she does.

(c) Relationship: The quality of relationship was identified as another important factor when considering whether to return to seek psychological services in the future. Of those indicating they would go back to see the same psychologist, participants frequently mentioned the importance of feeling understood.

> If I got to the stage of saying "yeah I should go talk to someone"… he would be the first person I'd call. Only because I had such a great talk with him last time. And I left feeling good. I felt that you know okay it's not me; I'm not like a mental health case.

For those who went and had a positive experience, they derived great benefit from it. *"Best thing that I did was talk to somebody. I have been seeing this guy (psychologist) for over a year. I feel like I am talking to someone who understands. I will continue to go."*

Having previous contact resulted in a sense of familiarity. "*I saw a clinical counsellor who had already been approved to see our daughter so she knew me and knew the family… so there was history there, we knew each other."* And:

> Once he looks at his file he'll (psychologist) know who I am. You won't have to start cold every time. And I think over time too you build a relationship with that person just as much as you do with your dentist or your doctor or something like that.

"*To this point I've accessed the same Health Care Professional, the one I've had since I've come down here. There's a rapport there, she's got my history, and it's no different if I went to see a doctor during this."*

Participants contributing to this category identified the importance of having psychologists they could trust, who were easy to talk to, and whom they felt understood by. Finding a good psychologist and developing a relationship with them resulted in beneficial sessions with that psychologist. Once a positive relationship had been established, they became an ongoing resource, often likened to having a family doctor or dentist. For most participants, having a psychologist who was knowledgeable about police culture and policing was a particularly important factor.

Category 4: Threshold for accessing psychological services (25 incidents, 15 participants, 75% participant rate). Three distinct thresholds in the level of emotion required to trigger access to psychological services emerged in those participants who made their own decision to seek assistance. They either encountered a situation or moment in time in which they were *(a) experiencing an emotional breakdown that required professional intervention, (b) involved in a critical life circumstances they recognized as beyond their coping ability,* or *(c) experiencing a life event that prompted proactive (preventative) access to psychological services.*

(a) Emotional breakdown requiring professional intervention. A key factor influencing participants' decisions to access psychological services was the experience of being so overwhelmed by circumstances that they felt they had no option but to seek help. The intensity of emotion experienced by participants in this category cannot be overemphasized. Participants described experiencing overwhelming critical life circumstances, beyond their ability to cope. They were in essence, driven to a psychologist out of pure desperation, *"I knew at the state that our marriage was in we were desperate for something to help it, so desperation is probably a big one."* Participants described feeling a loss of control, "*I didn't know what else to do, I thought I was losing my mind."* And like they had hit a wall, "*I felt like I had very much hit a wall and that if I didn't talk to somebody and get some help… personally I don't think I'd be able to function in the role that I should have been."*

Several participants described valiant, often sustained efforts to project an appearance of competence, fulfilling their roles at work and home, pretending that everything was fine and in the meantime experiencing a progressively intensifying emotional build up until they just could not maintain the facade.

> I went home and I started crying uncontrollably in front of my husband and my kid and I couldn't stop myself and I was shaken up for the entire weekend and just didn't feel like I could go back to work anymore and couldn't walk into the building even at that point. Waiting until there was absolutely no other option…
>
> I was at that point, the bursting point and it's only when I reached that point did I decide to call. I wouldn't have done it before. It's when I was at my wits end; it's the sort of the last grasping straw that is left available.

Some participants waited many years to reach out, their exhaustion finally driving them to seek help, "*I kept thinking about it for years. I tried not to think about it or talk about it. I ended up isolating myself and drinking too much. I burned out from trying to handle it on my own."*

For these participants, a critical emotional state was reached before they sought psychological assistance. During the interviews I asked each participant if there had been a time earlier in this build up process when they considered getting help. Most stated they were so deeply in crisis the thought of seeking help never entered their mind *"which really surprises me"* acknowledged one.

(b) ***Recognized circumstance beyond coping capability.*** These participants were not yet in a state of desperation, but were still experiencing strong emotion at the time they made the decision to access psychological services. They were, however, able to recognize their personal circumstances were beyond their ability to deal with on their own resulting in their decision to reach out for help. *"It was kind of out of control and it was clear in my mind that I wasn't handling it well," "I couldn't do it on my own…I couldn't help myself, so I knew I needed to reach out and seek someone else to help me*." *"I knew I needed to get help… because if I didn't I wouldn't be able to function." "I knew what was at stake; I knew that I couldn't deal with it*

alone," and *"it's not working, I need to seek some additional help and try to see what can go on from here."* These participants were very cognizant things were not going well and that there was a sense of crisis. All had made efforts to address the circumstance on their own, but made the conscious decision to obtain help before becoming completely overwhelmed.

(c) *Proactive (preventative) access to psychological services.* These participants described making a proactive decision to access psychological support before there was an element of crisis. Of note, these individuals had previous positive experiences with a psychologist and considered them a resource available to them. This proactive undertaking occurred at times when the participants were struggling emotionally and believed a psychologist could assist them. The reason for choosing to access psychological services included: *"to obtain an impartial perspective,"* "*to go and get it off my chest - I just got to vent a little bit,"* and after experiencing the deaths of several colleagues, one participant attended because: *"I just didn't feel right."*

Participants in this category made the decision to access psychological services in response to some personal crisis. The threshold at which the decision was made ranged from a moment in time when participants believed they were experiencing a complete mental and emotional breakdown, to awareness that circumstance were beyond their control, to accessing psychologists proactively as a means to mitigate and prevent their emotional state from declining.

Category 5: Ease of access to psychologist (24 incidents, 13 participants, 65% participant rate).

Most incidents in this category speak to the importance of relative ease when engaging with the process. The wait time for an appointment, the travel time and distance, the availability

and accessibility of information on psychologists were factors considered by participants when making a decision to access psychological services.

In terms of scheduling, participants described the timeliness of getting in to see the psychologist as important, *"I called a psychologist and met with him within a week. It was quick and easy."* Knowing there would not be a lengthy wait was a positive factor.

> There was no wait to go in and see that counsellor. I knew that if I phoned, I'd maybe be looking at making an appointment one or two weeks down the line. I picked up the phone, we're an existing family client, I'd like to come in - that also might have very much helped my decision to just go in and do it.

Because many members juggle work and home commitments, and may work irregular hours, having psychologists that offered flexibility in scheduling was incredibly important. Concerns of privacy and that others would learn the individual was seeing a psychologist also affected the decision to access counselling. One participant described the importance of having a psychologist able to accommodate his schedule and maintain his privacy by allowing him to attend appointments without encroaching on his work or family time:

> Sometimes five thirty in the morning I would be sitting with my psychologist talking to them. So again bless that person for being there and understanding the pressures of it. But I would still show up at work at seven o'clock in the morning the way I was supposed to.

In addition to timeliness and flexibility in scheduling appointments, participants often selected psychologists who were in close proximity to either their home or workplace to minimize travel time and disruption to their already busy lives. Convenient location was a factor in the decision to seek psychological support, *"we picked a name that was close by and phoned him."*

The general ease at which they were able to engage in the process was also a factor, *"I just picked up the phone and talked to Health Services they just said "yeah here's a guy." Being able to contact them easily helped."* And another participant described the process, *"I literally called that person (psychologist) up, and I went."*

Having the RCMP assume the financial responsibility for counselling was also identified as extremely beneficial, *"and it's paid for. Oh I would say that would be a huge factor," "the RCMP paying for it,"* and:

> The fact that it was paid for and I could pick anybody I wanted was certainly beneficial. I'm very fortunate that with our Force we're covered, if you have a problem you can go to anyone you want at any time you want.

One participant found flexibility in the number of approved sessions very helpful:

> I understand it's five (counselling sessions) before they have to send a report in but I never had them kick one back out saying "well you know, you're not ill enough." I've had to go over. Yeah, there's been no problem with that.

For participants with no prior attachment to a psychologist, having access to the RCMP provider list helped them select a psychologist. *"Well it was easy because he was on the list."*

For those who had this experience, being medically booked off work was identified (after the fact) as being extremely helpful to the decision to access psychological services. According to these participants, finding time to see a psychologist created a challenge, one that could be insurmountable until the need was so great they were forced into taking time off work. Police officers are trained, conditioned and expected, as part of their role, to often set aside their own needs to help others. Compelled by either a doctor or supervisor to take time off work freed up members to attend sessions and thus receive the assistance they required. *"Because I was off*

work at the time, scheduling wasn't a problem she was really the only scheduling I had to worry about." Another participant described:

> If I wasn't off I don't think I would have been able to get as much assistance as quickly because I was probably going once a week for the first six weeks. I had an open schedule to go whenever, so I kind of got this big infusion of assistance right from the beginning. And that wouldn't have happened if I wasn't off work.

One participant described her experience of working full time on a unit with little flexibility, living far from her family and support system, and raising a child as a single mother. Regardless of her emotional state, taking time to see a psychologist had just not been a priority until she was no longer able to function at work and was ordered to take time off to get help. *"Being off work, forced off time, was helpful as before seeing a psychologist had just not been a priority."*

Being off work also offered greater privacy and confidentiality to some of the participants and allowed them to access psychological services without the concern of having to speak to their supervisor each time they attended an appointment, *"I was lucky… I could go to these appointments and not have to worry about leaving work, telling a supervisor what I was going to do."* It also created distance from the work environment, decreasing fear of judgement from co-workers, *"I was away from the atmosphere where I felt like anyone would ever judge me or that I might have to tell anyone what I'm doing."*

Participants identified factors related to ease of access that positively influenced their decision to access psychological services. They included having information readily available to help them select a psychologist, flexible scheduling, sessions funded by the RCMP, office location close to home or work, and having the time to go, including, in some cases, enforced time off.

Category 6: Supportive unit and supervisor (24 incidents, 10 participants, 50% participant rate). Participants identified that having a supportive supervisor played a key role in their decision to access psychological support. Supervisors were found to be strongly influential in setting the tone, providing support, encouragement, and role modeling healthy strategies. Receiving an immediate positive response from a supervisor regarding accessing psychological services helped participants feel supported and assisted their decision.

Important qualities of a supervisor include genuineness and caring, particularly when it relates to mental health. Several participants indicated that having a supportive supervisor had a ripple effect with a profound positive impact on the unit as a whole. *"Our office has a low sick day count…our supervisor is genuine, helps morale, keeps people feeling supported and wanting to come to work."*

And how were they supportive? Participants described supervisors who responded with immediate concern when contacted *". . . . (my boss), well letting me go, and saying take all of the time you need."* And "*…driving to work, I felt anxious and called my supervisor. He was supportive. I was able to take some time to go and see the psychologist."* Receiving these responses eased the pressure and assisted participants get the help they needed.

> My superior officers were very supportive and when I explained to my Staff Sergeant look this is what's going on, I've got another day or so left in this block of shifts, with your permission I'd like to take the time off and I'm going to go talk to someone because this needs to be addressed right away. They said "done" there was no hesitation it's just - you know what, "done," no problem.

Participants described feeling further supported by supervisors who took the time to follow up with them after they had gone through a difficult experience *"my direct Corporal at*

the time asked "hey so how did that work out?"I appreciated (him) asking." And receiving support with a decision to return to work, *"I took 12 days off due to a psychological issue and when I wanted to come back, there was absolutely no issue."*

In addition to supervisor support, co-worker support was also meaningful. Given their reliance on one another for back up and assistance, co-workers' perception is very important. Receiving co-worker support and observing senior members engage openly in CISD process provided a level of comfort and additional role modelling for more junior members. "*That was huge for me as a junior member to see the senior members at the table receptive to this process. Strength in numbers."*

For a junior member who met with a psychologist after a major incident, returning to work and feeling accepted increased the likelihood she would consider accessing psychological services in the future:

> Neither one of us had any issues talking about it (from team) when we came back (from speaking to psychologist). All was good; there was no push back from that that I felt. I would have had no inhibitions about doing it if I needed it.

It mattered to participants that they were working for supervisors that cared about their mental well being. They felt empowered and encouraged to look after themselves as needed without concern there would be negative repercussions. *"I don't know if it was just who I was working for at the time or where I was working but the situation was really good and supportive of me going to see the psychologist whenever I needed to."*

In addition to supervisors who were supportive and receptive when individuals approached them for assistance, participants also identified numerous occasions when their

supervisors responded proactively in the moment, noticing the struggles they were having, talking to them about it and encouraging them to seek psychological assistance.

> What was interesting, my supervisor put a hand on either side of my face and looked me square in the eye and all he said is "go get help." That's all I remember him saying. And I realized oh my God, I am loosing it. And that's when it hit me that I'm crazy, I…I've lost it and… I'm not coping well. I didn't know then, until that point that I wasn't coping.

To highlight the critical importance of having supervisors that are caring, engaged and supportive of members coping with the sometimes horrific nature of the work, one participant described returning to the office after trying unsuccessfully to revive a woman he had witnessed falling from a great height. He described the actions of his supervisor and how that conversation helped to normalize his reactions:

> He was a good supervisor, a "member's member." I didn't worry about, I trusted him. I was aware of the potential risk to my career, but I trusted him. He talked to me and told me that he didn't know half a dozen people who have had that experience. I never worried he saw me as deficient. Afterward he did regular check ins with me in a thoughtful manner. We had good discussions because of who he was. The night it happened he defused the team well. He took his role quite seriously.

Another participant described the actions of her supervisor after returning to the office as a junior member.

> First one was a pretty horrific MVA (motor vehicle accident), a fatal, and myself and my partner were the first responders and after we dealt with the initial scene we had to go do the Next of Kin Notification and that was pretty nasty as well. It was the first NOK that either one of us had done, we were both pretty junior in service. And after we dealt with

> that our Watch Commander, who I have an incredible amount of respect for, actually called us both in and said "you will go talk to somebody, this is who I recommend you go talk to, she's been good to me in the past." And at the time it was pretty horrific. Would I have sought it out on my own? Probably not.

In addition to the direction to speak with a particular psychologist, the supervisor acknowledged how horrific the file had been and normalized their reaction

> It wasn't that "okay you're crazy and you need to go see someone." But "you're not so crazy, you're okay, you both just dealt with something very crappy and you both need to deal with it, so you go home and sleep at night."

This participant found the timing of the conversation, shortly after the incident, prevented any delay in seeking assistance. It was also helpful that the conversation occurred with both members involved at the same time and that it was done privately:

> It was kept quiet. She didn't do it in front of anybody else, we both got called in to her office at the same time and told you know this is what you will do and it wasn't announced in front of the whole team, like these two are going to see somebody, it was just a respect for your privacy.

Participants found that having these experiences, particularly early in their career, set the framework for how they would deal with difficult events in the future. It helped them to realize that some of the work would be impacting, that it was a normal reaction given what they were exposed to, and that it was their responsibility to look after their mental well being.

They also described having supervisors who set up interventions following major events as being helpful. Having an awareness and appreciation for the types of incidents their members

were responding to and proactively setting up psychological interventions. *"My Staff Sergeant identified the need for a CISD following a double fatal, set it up and notified everyone."*

Participants described instrumental moments in their career when they came across a particularly effective supervisor. Often, the actions of these supervisors had such a profound and lasting effect that they became role models for participants.

> When he did that, he cared enough to do it . . . he recognized it and if you care and recognize and speak about it, although at that moment those were the only words I heard, …he had great influence over me. Like my supervisor was to me, I want to be that supervisor to them.

Another participant recounted the influential actions of her supervisor while investigating a very disturbing file as a new member on a specialized unit.

> And my supervisor sat down with us when we had a team briefing and said were going to have a critical incident stress debriefing (CISD) and explained to us what it was, because me being new, I had never sat through one. He never gave us an option; it was no big deal, just part of what we do in this unit. He made it sound a common place thing for a situation like this and expected everybody to attend this. There was no stigma attached to that at all. This experience set the stage for the future.

Several identified that having what they would consider both good and bad supervisors had a direct influence on how they chose to be as supervisors themselves, *"I learned from this experience that I would be a more understanding supervisor," "based on my own experience, when I see someone struggling on the team I always make a point of checking in with them,"* and:

> I encourage it with the people that I supervise. Before I think there would be some old dinosaur managers that would sort of have a little notebook and write stuff in but I'm all for it, if you need somebody, if you need to go talk to somebody, go talk to somebody and just take whatever time you need.

Participants in this category described the critical importance of having supervisors who were engaged, responsive and supportive of their subordinates, who were proactive in implementing interventions and checking in with them after major incidents. They found supervisors were in a position to provide strong role modelling and establish the tone of how traumatic incidents were dealt with by the unit. Participants who were fortunate to have particularly effective supervisors as junior members described those experiences as formative, and influenced the type of supervisor they became.

Category 7: Greater awareness/ acceptance of mental health issues, changing culture (16 incidents, 10 participants, 50% participant rate). Participants contributing to this category identified a slow but noticeable shift in attitudes regarding mental health issues, helped by increased knowledge, awareness and public/media campaigns. *"As society evolves, we are seeing more issues brought to the forefront. We see increased awareness, more public awareness."* Some participants believed that increased awareness was in part a result of public awareness campaigns designed to end stigma:

> I think some of the bigger changes (to stigma) is you have these people that have decided to come forward . . . my understanding is more from the sports world but you have the Bell Let's Talk Day where you had Clara Hughes come out and say you know I'm depressed, using her position in society to be able to speak about that and get the support

> to go behind it, but that message is a lot bigger than it was even a few years ago. . . . as a society that is shifting a little bit.

Another participant shared a similar perspective, but also identified that increased awareness created by public campaigns and greater visibility is also resulting in accurate information and the education of society about the reality of mental illness:

> I think that over all socially mental health issues are being recognized more for what they actually are as opposed to what they are perceived to be. We see more campaigns through media about it. Slowly, very, very slowly the shroud is being lifted.

Also media attention focused on the wars in Iraq and Afghanistan, the number of war veterans returning from duty who are speaking out, and the publicity associated with PTSD in the military population is serving to demonstrate and raise the awareness that PTSD and other mental illness can occur in even a very tough and well trained population. Increased publicity and prominence given to issues of trauma and PTSD has changed the conversation and is playing a role in decreasing stigma. Psychological impact of police work is seen less as weakness and more as a reality of the job. According to participants, this is having an impact within the RCMP.

> Over time that has changed with the Military. There's guys going to Afghanistan and things like that, that's become pushed more into the forefront with the media and I think some RCMP Members are starting to come onboard with that as well and speaking out about their experiences.

Tangible changes within the organization were noted by several of the participants. While acknowledging there is a long way to go, the change is being noticed. *"I think within our organization now, I think we're doing a better job in being mindful of people's psyche and how they're feeling and I think it's not quite as taboo as it used to be."*According to another

participant, *"The RCMP recognizes mental health is important, and encourages people to look after their mental health."*

Some participants interviewed for this study viewed accessing a psychologist no differently than going to see a doctor or dentist. For one individual, he had learned that it was his responsibility to take care of his mental health to remain healthy on the job. He believes others who have a similar attitude are also helped by having this perspective:

> I know from some of the things that I've seen here that if people have, like it's just like going to your dentist or just like going to your doctor, go get a check-up, where they are going to see their person for routine maintenance for whatever they're dealing with…they come to work, they're productive at work. What we do as a job the regular general public usually don't get exposed to the stuff we do. But I think it falls under when you go get your teeth cleaned or medical check-ups - get your emotional check-up.

A desire for the stigma and negative attitude toward help seeking to change was expressed by several participants. They believe as junior members moved up into senior ranks the change will be greater and more entrenched.

> The mentality needs to go. That is slowly happening as junior members move up in rank. Not being seen as weak if in need of assistance. The more psychologists are used, the more that is seen as okay. The more members attend CISDs, talk and sharing their position, then we will be okay.

One senior member noted:

> The membership is not sucking it up anymore. They are not willing to put up with the things we did. And that is great. But that is tough for our older genre to get their heads wrapped around.

Participants were hopeful that the change would continue. In addition to slow but perceptible changes to the police culture, I also noted some differences in the way participants described their environment and the impact of their work, and not just among junior members. There was awareness by most of the participants of the importance of maintaining good mental health. One participant, who is also a supervisor, spent much of her career working in an environment where members did not talk about their feelings or reactions and remarked how imperative it is to change the culture:

> That's my driving force behind my conversations with people now. You have to talk about it. You have to talk to psychologists and feel okay about doing that. Because my whole service it wasn't, that's not what I was brought up with so to speak.

Several participants demonstrated knowledge about the potential impact of their work and the importance of self care. "*We have the inside view of the seediness and grotesque parts of life. We have to maintain our mental health."*And for one participant who was recovering from an injury on the job, *"I look at it (psychological care) as my overall rehab and if my mind isn't necessarily where it needs to be, my body isn't necessarily going to follow it as well."*

Participants contributing to this category identified a slow but perceptible shift in the knowledge and awareness around mental health issues and the impact of police work. This awareness is making its way into the RCMP organization with the help of media campaigns, information from the military, and through prominent spokespersons like Olympic athlete Clara Hughes, retired Lieutenant-General Romeo D'Allaire, and senior RCMP members who are sharing their own experience with mental illness in an effort to educate and decrease/eliminate stigma. There was a sense from participants contributing to this category that change is happening. *"We have moved from the acceptance phase and we are now in an action phase."*

Category 8: Organizational processes (13 incidents, 10 participants, 50% participant rate). Participants identified a number of programs, policies and systems in place within the RCMP that facilitated their decision to access psychological support.

The RCMP in British Columbia has compiled a list of approved psychologists for RCMP officers to access. All but one participant contributing to this category indicated they felt greater reassurance seeing psychologists from the list as they were aware some form of vetting process had occurred, and as these professionals routinely work with members, they have knowledge of policing. Several found the list to be helpful, *"and you could sort of choose from the list and make an appointment."*

Being aware that an updated list of names and contact numbers is available and all on the list have gone through a vetting process adds a sense of comfort. "*I trust in the fact that these professionals have been vetted by the RCMP, their credibility is validated, it not just like opening up a phone book. That helped me feel more comfortable."*

Another participant described the benefit to having access to the provider list:

> I was able to choose from anyone on that list. And on the list it actually says what they deal with so critical incident, law enforcement, that kind of thing, or maybe if they deal mostly with relationship issues . . . so it actually delved into the particular portion of psychology that they deal with which helped me narrow down my field of search. It was enormously helpful; instead of just going ennie mennie miney moe…I could actually make a semi-informed decision on which I could potentially go to.

Recognizing the specialized and unique nature of Internet Child Exploitation (ICE) investigations, the RCMP provides specific training to a select group of psychologists and has

maintained a list of these trained professionals for employees on the ICE unit to access for their six month psychological assessments.

> The psychologists that are on that list have had a training session on the material that the ICE Unit sees and have some sort of concept of the work they do. And that is what they're told in advance. Here's a list, its limited compared to the other list of psychologists and here's the reasons why, because they are more specialized in what you do.

One participant took an opposite view regarding the provider list emphasizing that it was important that members know they are not limited to psychologists on the RCMP approved list. Suggesting that going "outside" provided a greater sense of protection and freedom as the psychologist does not know anything about the RCMP:

> He wasn't on the RCMP list. The other two I had seen had been on the list, and then I think, how objective are they? That was kind of refreshing because it was so out of the culture of it, I didn't feel like he was in their back pocket. I didn't feel he was influenced by the Force, I thought he was very unbiased and way more objective.

Clearly both perspectives are important, although the majority of participants saw the value and benefit in accessing psychologists that are familiar with police culture.

Participants discussed processes that assist them to seek out and access the services they need, including having the time to do so, "*the organization has time built in to allow you to do that (seek psychological help) when you have to."* For some participants, they expressed satisfaction with the type of services they had received during their career, "*I think the organization is doing a pretty good job now. Not only identifying, but having the resources there. I haven't seen anybody or even myself not get something that I asked for."*And in reference to

psychological services specifically, there was a sense from some that their psychological needs were well taken care of:

> From my personal experience with other people that have accessed it they're pretty happy with the service given. The outfit doesn't try to stop it; they give the counsellor free rein to help them.

Some participants identified specific programs and interventions such as Critical Incident Stress Debriefing (CISD) programs, and the Member/Employee Assistance program (MEAP) as particularly influential in their decision to access psychological services. These two programs have been placed into their own category given the high participant rates in each and will be discussed in subsequent categories.

Two additional programs were found to be helpful to some of the participants. The Performance Assessment Review (PAR) is an automated system that tracks members' involvement in incidents that may expose them to greater levels of trauma or stress. The intention of the system is to ensure members do not fall through the cracks. If they have been involved in a number of particular calls or certain types of incidents, they will be flagged for follow up by a supervisor. According to one participant, if a genuinely caring supervisor is responsible for checking in with the member, then this process is positive and useful as it will ensure that every member receives follow up.

> One of the things they do now is they've got this automatic system and there's certain things that occur within your day to day life that are reported on. If an accumulative total is reached then it automatically triggers a review and then they say to the manager okay this person maybe needs to go see somebody or you need to pay attention to him. I think

> they call it Performance Assessment Review or something like that, PAR. But it depends on who it is that comes to talk to you.

Although still very much an unknown resource, some participants also mentioned the 1-800 number that had been implemented a few months earlier. Although no one participating in the interviews had ever used it, one member described this as an additional service, available 24 hours per day, that could help connect them to resources. "*The 1-800 number is a connection to local providers. It is a confidential, easily accessible, central place to call to get the referral. It offers faceless, anonymity, and privacy, and prevents us from having to go to a supervisor."*

Participants in this category identified a number of programs and policies that were developed and implemented by the organization they deemed to be helpful in assisting them with their decision to access psychological services. These included the RCMP provider list and provider lists for specialized units, time allocated to allow members to attend appointments with a psychologist, accessing sufficient counselling sessions, and programs such as CISD, MEAP, PAR and the 24 hour/day access to the "1-800" referral number.

Category 9: Critical incident stress debriefing (CISD) (personal experience) (13 incidents, 7 participants, 35% participant rate). As CISDs are facilitated by a psychologist, participants attending CISDs are accessing a form of psychological assistance. Individuals contributing to this category identified a number of factors they believed were beneficial about participating in CISDs including the interventions helped members talk about traumatic events and human tragedies they are involved in during the course of their duties.

> I think it was very much seen as a very positive thing, it's just part of the process, its part of our mental wellbeing and no one's being singled out, we're just going to talk and see how everyone felt…

Some participants described the efficiency with which CISDs were implemented, and that they were held when required without having to request one.

> I was a collision analyst for a while when I was in (detachment) so we had a week where we maybe had three or four fatals, and I remember they were teenagers and kids so we did a critical incident debrief on those just because it was so many at one time. The times where I thought that it would have been beneficial there seemed to naturally have been something put in place and it wouldn't have been from me requesting to have them done, maybe someone else requested or a supervisor recognized that, I just don't know I wasn't really that involved in the process.

As CISDs have been regularly implemented for several years in many detachments across the Lower Mainland, this intervention has become part of an accepted practice, generally seen as a routine procedure to implement following a particularly impacting event. *"I learned this was common place, something that should be done in situations like that. Necessary because it was horrific, just part of our processes. This was turning point for me, this experience. I try to pay it forward."*

Although the first experience with a CISD can be quite stressful:

> I was scared to death to go to one. Worried I would break down in front of people. I am not sure how you would reduce that anxiety, until you have gone through and really see what it is all about, you have to learn on your own. It was apparent to me that most of the people wanted to be at it.

As CISDs became more routine in many detachments, participants described a general acceptance by those participating in them, *". . . the attitude among my colleagues was that it was no big deal, everyone wanted to participate. There was no aversion to them."*

For some, a CISD is a powerful opportunity for members to let down their protective shield and talk about a tragic or traumatic incident with others who shared the same experience from a human perspective.

> (CISD) is hugely important. It adds so much of a human aspect to an otherwise robotic job that we have . . . the debriefs that we have are so important because it allows people to feel…in a closed environment . . . that's why our CISDs are closed and confidential and quiet. We all want to care, we all want to feel but it also makes us vulnerable. And we're not supposed to be vulnerable.

As routine as they have become in some detachments in the Lower Mainland, there was a time, not too long ago, when they were not available. One participant described speaking to more senior members:

> As I move forward in service, we've always had debriefings. What I always found interesting is most of the senior members will say *"oh my God I wish they had that when I was back in the day because we never debriefed anything ever."*

Participants contributing to this category described their experiences with CISDs as *"always good," "very helpful," "very beneficial,"* and *"assisted my career as I am able to talk about my experiences."*

The caveat to this, according to several participants, is that they are helpful only when facilitated by trained professionals and the right people are in the room. *"I think the debriefing always is good, I found them very helpful and I think most people would…what happened there, how did it go . . . as long as it's a controlled environment with someone who is trained…"*

> Just being comfortable with the people I work with and who are going to be in the room as well. I trusted the guys that I was working with and I probably wouldn't feel as comfortable if I was in a room with a bunch of people I didn't know.

Holding a CISD was also a way of offering some assistance to colleagues in a gentle, supportive way:

> I had a critical debrief that I initiated as a supervisor as a result of a fatal crash that one of my constables saw. That was initiated not because I felt I needed the assistance but I could see that he did and that it…it's just sort of a non-judgmental way of allowing people to open up a bit and decide if they need to access more assistance or not.

And a way of offering individuals the opportunity to check in with themselves to determine if they might benefit from some follow up:

> If somebody is involved in a critical incident I'll tell them *"you got to go"*… I don't have the authority to, but I'll make it sound like they have to. Even if they say *"no, I'm good, I'm good"* …yeah, no that doesn't matter you're going, and not necessarily because I think they're broken, I don't want to pry into anything, but if for no other reason than so they understand that it's an option so that if six months or six weeks from now the numbness wears off and they react to it that they can go back… they've got somebody that they can go to.

And seen as a chance to have some exposure to a mental health professional in an effort to bridge *"it would make it seem like it's a normal thing to do …you would already have access to see what that supportive person is like and have a little taste of whether or not you want to do that."*

Participants contributing to this category identified a number of factors that were helpful to the decision to access psychological services including implementing CISDs as part of an

integrated, routine practice after major incidents, having the opportunity to talk about the incident in a safe, non-judgemental way which also serves to help them assess their own reaction and determine if follow up is needed. CISDs were found to normalize the process of talking about difficult incidents, expose participants to health care providers, add a human aspect and allow participants to talk about some of the more difficult aspects of their work with others who shared the experience in an open, safe environment.

Category 10: Previous experience with counselling (10 incidents, 7 participants, 35% participant rate). Participants contributing to this category identified that having previous (positive) experiences with counselling assisted them with subsequent decisions to access psychological support. For some, the process of accessing a psychologist was completely unfamiliar to them. Having learned about the services available, and how to actually locate and access a psychologist made future sessions more straightforward. "*I knew that I could go to counselling because I'd been to counselling before so I knew I was entitled to some stuff, and I knew it was 12 hours."* And *"now I know what the process is I would definitely use one in the future and encourage others to do so."*

Participants described feeling a greater sense of comfort as they knew what to expect. *"I'd also been to see her often with my daughter… so there was a level of comfort there, I sort of knew what the sessions were going to be like, I knew what to expect."*

Several participants discussed the fact that attending the first session allayed a number of fears and concerns regarding confidentiality and helped them to appreciate the service was there to assist them.

> Once that ice was broken it was easier after that to talk to counsellors. It was clear that it was going to be confidential. It wasn't a member of the RCMP, it was a health

> professional and their objective was helping us, not getting us back to work, not doing anything but doing things that were in our best interests.

One participant described the impact of that positive first session, *"The fact that I'd had a positive experience helped to go again (to psychologist)."* Another described the progression from first session on and how they realized the value:

> And once I got in, even after the first session, that next time was that much easier and then you start to look forward to them because you're able to just get something out, or somebody may have insight because even though they may not have a shared experience they are trained and they have the experience of every other person they've spoken to.

Participants found that having positive experiences with counselling made them more likely to encourage others to access psychological services. Experiencing the benefit personally and knowing others who have also benefited from counselling increases conviction:

> I've had people that work for me or work with me that are struggling and I will say "why don't you go talk to somebody you know it's not taboo…" I think it's a lot more open but having gone through it and knowing that it helped me the first time . . . and more often than not the people that have gone, that I know of, have all come out of it feeling better about how they're going to deal with stuff.

Participants identified that having a positive experience with counselling had a strong influence on their subsequent use of psychologists and the advice they provide to others. Having previous experience allows them to understand the process, alleviates any question or uncertainty specifically regarding confidentiality and intention of the psychologist, and benefiting from sessions led to a more favourable and greater likelihood they would access psychological assistance in future.

Category 11: Knowledge of resources (8 incidents, 7 participants, 35% participant rate). Individuals contributing to this category felt that being aware of the services available played a key role in their decision to access psychological services, *"I was conscious that services were available," "I knew that there were services available," "the fact that I knew that the resources were available."*

There was a sense from some of the participants that the information on services and psychologists was quite accessible. Knowing about the list of Force psychologists and how to access it allowed participants to simply check the list without having to expend time and energy searching for information or inquiring about resources. "*Through work I would have just looked. I would have got out a list of Force Psychologists. The information is out there."*

Having more detailed understanding of the services available allowed participants to pursue what they required, even when their first attempt was not successful. For one participant, her first psychologist was an individual she was not comfortable with. Also a MEAP referral agent, this individual knew that not every psychologist would be a good fit and that it was important to persevere. *"I saw one psychologist, it didn't work. Selected because it was close by. But I knew there were more options. The next one was further away, but a good fit."*

Participants contributing to this category indicated having knowledge about the services they were entitled to, the providers they could access, including the opportunity to select the right psychologist assisted their decision to access psychological services.

Category 12: Mandatory psychological interventions (personal experience) (12 incidents, 6 participants, 30% participant rate). Participants contributing to this category described mandatory psychological interventions, including CISDs and annual psychological

assessments as beneficial as they reduce stigma, alleviate responsibility to admit to others and/or self that you "need help," and facilitate access to a psychologist.

Some participants described mandatory CISDs, indicating that it was expected that everyone would attend, *"we assumed it was just part of our duties."* And if everyone is expected to attend, participants felt it allowed individuals to receive some psychological assistance and removes the stigma.

> Whenever we are involved in high stress we have a CISD. I have been involved in several. Those are suggested to you. I remember when they first became prevalent – they became almost not optional. We were expected to be there. That removes the option. No negative connotation that comes with you. You are receiving some sort of counselling, but no stigma comes from it because you are mandated to do it, you don't really have an option, and it gives everyone an opportunity to hear how people are feeling.

In regards to individual interventions, participants found having to attend a mandatory intervention after a major incident is one way to ensure that everyone involved has the opportunity to talk it through. As they may not be aware they will benefit from assistance:

> When we went there he asked me *"how do you feel?"* I said *"I'm good, I'm really good, I don't need this"…* and then he just said *"well let's just work through some stuff"* and then when we worked through it… all I remember specifically is "*your emotions were normal, what you were experiencing and what you're going through…,"* probably proactive to what you're going to experience and one of the things he…it's like being on a course or structuring your thoughts and I think that got the Detachment back on track faster. Because I truly believed before I went in there I was fine. There was no way I was going. (But afterward) . . . really good, it was absolutely, yeah it was exceptional.

In addition to finding the intervention "exceptional," this participant admitted that making the intervention mandatory allowed him to "safe face" and relieved him of the cultural pressure to tell everyone he was "fine": *"I thought okay fine, if everyone's going. You weren't pointed out basically I had to go, yeah everyone had to go."* And, "*I told him I didn't need, I didn't want to go because I think we all probably said that because maybe you're supposed to but… I believed I didn't need to go."*

Other participants shared their support for mandatory attendance in some type of individual psychological intervention for individuals involved in major incidents as it removes the stigma, *"with the requirement for people personally involved in traumatic incidents to see a psychologist, a psychiatrist, it's probably the best thing that's happened for members. It takes any stigma out of it if everybody has to do it."*

A number of specialized units have developed policy requiring mandatory annual or bi-annual assessments with a psychologist. Participants contributing to this category were emphatic in their belief that mandatory assessments were extremely important, and that without them, many members in need of help just would not access it. *"Well my decision to go was the sole reason that our policy is "you must go" there's no other reason why I would have gone."* And, "u*ntil I hit sort of mandated "hey look you need to go talk to somebody" I had never gone to see a psychologist."* According to one participant, the mandatory policy resulted in his appointment with a psychologist. After he went he saw the value and realized he should have gone to see a psychologist much earlier:

> I think it's really, really good that they were forward thinking in that they've made it mandatory now to go see a psychologist. It was probably too late for some people… but

> it probably allowed me to know that I'm okay…when I saw the psychologist, I probably should have seen him a couple years prior.

Participants spoke strongly about how helpful it was to have mandatory psychological interventions in the form of CISDs, individual sessions and annual or bi-annual assessments and that for many, having a requirement to attend allowed them to do so without the fear of stigma, or being singled out as in need of assistance. In addition, some participants discovered how beneficial the intervention was, and expressed surprise that they had been completely unaware of their need prior to attending.

Category 13: Member/employee assistance program (personal experience) (8 incidents, 5 participants, 25% participant rate). Those who contributed to this category spoke about the importance of having an in-house program with peers dedicated to mental wellbeing and their disappointment that the program was being eliminated. Specific factors participants found to be helpful included their MEAP training and their ability to make referrals to psychologists *"They were a MEAP member so they have dealt with these sort of situations; they were able to provide me with a recommendation for a psychologist."* The program was well advertised and promoted and designed to readily offer assistance to members:

> We have a MAP or MEAP, depending on which acronym you want to use, but employee assistance. And they can refer you or you can go direct if you want to a psychologist. That's all very well advertised, very well promoted in major events.

The dedication and flexibility of the MEAP referral agents sometimes involved a trip to a distraught member's home:

> This woman came to my home; I wasn't working, sat down and actually talked to me. The person who came to my home I happen to know, I trusted that person. They are

> significantly older than me, they were a member at one point, they were female, they were a mother, and so all those factors…she asked me "do you need to speak to somebody?" I thought absolutely …

According to this participant, the approach used with her and the trust she had in this specific MEAP member were critical factors that helped her to access psychological services. Being provided with the name of a psychologist was also important:

> This person helped me by telling me "yes you have these services . . . would you like to use them" absolutely I do…perfect I have just the person I would recommend for you… and it was that person that I chose to go and see.

Descriptors such as *"trusted," "respected," "helpful," "efficient," "confidential"* were used by participants to describe the MEAP program and its referral agents.

> They are able to email me resources right off the bat. In this case a list of all the psychologists that I can be referred to from the Force. It was all right there in a list. I could have a look at it and know who is closest to where I live. Maybe they've dealt with a particular psychologist that seems to work very well…

Most of the MEAP referral agents are current or former members. Having knowledge and experience with the work and the lifestyle was critically important to the participants as they could really understand.

> I do think it's a good program, I know the RCMP was trying to phase it out to go for more global sort of Government related thing, but I think nobody really knows what you're going through other than another RCMP Member.

And, *"I know many of the members that have done that job (MEAP) and they helped a lot of people because you're a peer and they'll trust you on it."*

Participants in this category described how MEAP assisted them in their decision to access psychological services. Being a trusted source of referrals, understanding the work, being respected, efficient, helpful and experienced added to their credibility and enhanced the trust. When a trusted MEAP referral agent provided information on services available or the name of a specific psychologist, participants most often acted upon it. Their contact and the information they provided helped connect participants to psychologists during difficult times.

Category 14: Understanding mental health and the psychological response to police work (4 incidents, 4 participants, 20% participant rate). The small number of participants contributing this information, was insufficient to meet the criterion for an official category. However, given that many of the participants resonated with this during participant checks, and the relative importance of this topic, it is being discussed in this section.

Participants indicated that having knowledge and understanding of traumatic stress and the impact of police work allowed them to understand why they might be experiencing symptoms and know what to do about it. Having this knowledge helped them to understand the importance of addressing it when they were affected in some way:

> I guess to get past it being a sign of weakness as opposed to doing what's best for everybody involved. And that was kind of another moment of clarity is the fact that by you not dealing with it or not being cognizant of it is that you could potentially put other people at risk.

In addition, learning more about mental health assisted participants realize there were steps they could take to assist themselves when in need, including accessing a psychologist.

> I left the office and I went home and I just started researching a lot of stuff and I thought "oh my God, who knew that my legs aching means that I'm depressed or I'm not

sleeping" just all these things that I had no idea, I was very naive to it. And I think because I educated myself I was more like *"okay there are steps that I can take to help deal with this and I'm going to take the steps because I want to make the situation better"*

Participants accessed psychological services because they had an awareness and understanding about what was happening to them, *"I didn't feel right and knew the signs."* And had the awareness and understanding to know what was normal: *"I remember dreaming about it once but you know after something like that, especially an incident that you haven't been exposed to before, I'd say that's quite normal."*

Although not a significantly large category, participants identified how critical it was to learn about traumatic stress, the signs and symptoms, and that awareness served as an important guide in their decision to access psychological services.

Categories that Describe Factors that Hinder the Decision to Access Psychological Services

The 13 categories identified by participants as hindering to their decision to access psychological services are described in descending order of frequency of incidents as defined by the number participant responses relating to each category.

The following table lists the 13 hindering categories including the category name, incident numbers, and participant frequencies. The table frequencies are also provided as percentages (see Table 3).

Table 3

Factors that Hinder the Decision to Access Psychological Services

Category of incident	Number of incidents (percentage of total) 258 Hindering	Number of participants (percentage of total) N = 20
1. Police Culture	43 (17%)	15 (75%)
2. Lack of Understanding about Mental Health and the Psychological Response to Police Work	26 (10%)	13 (65%)
3. Unsupportive Supervisors/ Coworkers	24 (9%)	12 (60%)
4. Stigma re: Help Seeking	26 (10%)	11 (55%)
5. Lack of knowledge of services available/entitled to	22 (9%)	11 (55%)
6. Fear of Repercussion	19 (7%)	10 (50%)
7. Critical Incident Stress Debriefing (Personal Experience)	15 (6%)	10 (50%)
8. Member/employee Assistance Program (Personal Experience)	12 (5%)	9 (45%)
9. Perceived Lack of Support or Care for Mental Wellbeing	17 (7%)	8 (40%)
10.Organizational Processes	15 (6%)	8 (40%)
11. Psychologist	7 (3%)	6 (30%)
12. Upbringing: Family Messages, Personal Characteristics	9 (3%)	5 (25%)
13. 1-800# (personal experience/opinion)	5 (2%)	5 (25%)

Category 1: Police culture (43 incidents, 15 participants, 75% participant rate).

This category relates to factors existing in the police culture that participants found hindered their decision to seek psychological support. These include a requisite need to continually appear mentally and physically competent and in control, pressure to conform, the potential life threatening nature of the work, and emphasis on demonstrating dependability and resilience. The use of dark humour as a coping mechanism and keeping emotions in check, concern about being unfavourably judged by co workers and supervisors, and the inherent belief that the harder and longer you work the better you will be perceived.

(a) Characteristics of an RCMP officer. Participants contributing to this category discussed the culture of the RCMP and that the qualities that make many so effective during investigations, creates a dilemma when considering accessing psychological services. There is an expectation within the culture, and within society, that police officers are strong yet kind, tough yet compassionate, and must be counted on to respond appropriately to every emergency, withstanding any pressure or challenge they are faced with. Given the duties they are called upon to perform, members adopt a certain mindset and rely upon their training, and when required, their colleagues to survive:

> We're all "A" type personalities, that is a suitability for the job that we're in. We have to be competitive, we have to fight through the pain, and we have to fight through the mental stress. Even for the simple fact of, it may never come through our career, but there could be that time, that's what's going to get you home… that time. That's the thing that's going to get you home to what you love.

The ideal officer is stereotypically invincible. According to some participants, this expectation is reinforced by the rank and file and prevents some from talking about the personal impact of the work.

> It's a very masculine environment that we work in and it's one of those things where you don't want to be lesser than anybody else, you want to be an equal, you want to be that sort of macho type personality where *"hey look, I'm okay, I can go and do all of this work and…."* Especially on (names unit), where a lot of Type "A" personalities are. You go and do the work and you can't really think that it's not affecting anybody with some of the stuff that we see in the unit. It's not talked about.

According to one participant, there is also an expectation that a "good" officer is one who dedicates his or her entire life to the job. This can add a great deal of pressure, "*The harder and longer you work, the better you will be perceived. The further up the ranks you will go. And that takes a toll on a person."*

Some participants talked about the fact that it was not acceptable to show any weakness. From a personal survival standpoint, given the emergency calls they respond to, and their reliance on colleagues to provide back up, it is considered essential that members remain competent and capable. *"It's not like you're installing tiles…some days it's life or death and you depend on other people for that life line."* It was also imperative their team members would know they could count on them to be there for them, *"You want people to feel that they can rely on you and if they can't, you're really a useless part of that team."*

One participant described the rationale for this expectation, particularly from the more senior members and how it is hindering to accessing or even talking about getting help:

> The culture back then, especially with the twenty five, thirty year guys is not the same as it is now, and I wouldn't have gone asking for help…it would have been uncomfortable for me and I just wouldn't have wanted people to know *"hey she's thinking about doing this"* 'cause like I say people's opinions are important to me only because today I may be dealing with this, but tomorrow might be your back up and do you want me there?

The training and expectation of competence is deeply ingrained and extends even into their personal lives. It was difficult for some participants to shed the role of officer, even when off duty. This participant discussed the pressure of being present during the traumatic death of a parent and the subsequent response to the tragedy:

> How would it look if here I am the big strong police officer and I'm on the stairs breaking down and not taking care of everything else that needs to be taken care of . . . I think it's a lot of pressure.

A need to prove competence and proficiency was a common theme for many of the participants. For some female participants, they not only had to prove themselves as any male member would, but felt they had a greater obstacle to overcome because of their gender:

> Number one they allowed us to come in (women) to the Force, number two dear God if you have a woman who's weak and crying and seeing a psychologist it's even worse. Why did you allow them to come into this Force? So I think there's a huge difference in the sexes based on that. For me to be a woman number one, I am not as physically strong and if I ever overtly said I was going to see a psychologist it would make it even worse, because they'd say why did they ever allow us in? I have heard those comments many times over my service. So that probably has some bearing. I have to be strong because I have to show - I may be a woman, but I can still cut the mustard!

Another female participant described her experience:

> I've always had a sense, it's a work ethic for me. I've always felt like I've needed to prove myself, and prove that I can do my job and all the rest of that. I think when I first got to the Watch even, I was one of two female members on my Watch, and one of them left, so I was the only one. I don't feel like it was an all boys club, but I really felt like in order for them to see me as their equal I needed to show them that I was.

Regardless of gender, some participants felt that because of the environment and cultural expectations, they were conditioned not to seek help. This was clearly identified as detrimental to help seeking and that accessing psychological services was not an option:

> I just think I'd been so conditioned not to do it. When I first started out I told another guy he should do it and he did, and here I'm advising him and then later on in my life I'm absolutely conditioned right out of even thinking that way…

(b) Emotional suppression/use of dark humour. Related to the cultural expectation of strength, control, and competence is emotional detachment regardless of circumstance. This strategy is often learned and developed through repeated exposure to difficult events. One participant described his conditioning process, beginning with his first confrontation with death following a fatal motor vehicle crash as a junior member:

> I remember looking at that and I go "oh my God, like their life was out of them," it was just really surreal and everyone was joking and it just seemed to bother nobody except me. And so you start learning quickly you have to take care of business and you cannot show that emotion because that's weak… Because you're supposed to be strong, you're supposed to take care of everything and our job's not to be weak.

This participant described the incongruence he experienced between his own, natural human response, and his colleagues who remained detached, and disconnected, using dark humour to deal with what they were exposed to. He describes looking around, trying to figure out the proper way to react under these circumstances:

> The double fatal one came next, and I always remember how everyone was so calm and cool and collected and the dark humor, it didn't bother anyone so you try to fit in. No one talked, all he said to me was, and I mean he was a grizzled guy saying "have you ever seen dead people up close before?" "No." "Well you're going to see them now." That was the end of our conversation. We never talked about anything after that. So I just kept quiet, I didn't say anything.

It was very important to the participant that as a young member learning the job he appeared capable until finally:

> When I went to the plane crash I felt that I had gone through the sequence… that I had arrived, believe it or not, that I was now numb. That I could go through this horrific call and just get the job done. And I was proud of that, where before I was feeling these emotions about people…seeing these dead people you felt bad.

Participants described fellow officers' use of dark humour in response to viewing tragedy and death, and the impact these responses had on them. One participant described spending many hours investigating a workplace accident in which one of the workers had been badly mangled and killed. On returning to the office this participant noticed a number of colleagues commenting about gory photographs of the scene:

> With regard to the members themselves looking at the pictures, it was their need or their desire to go *"holy shit, that's cool why didn't you get better pictures so we could see*

> *more gore"*… and here I am, on the verge of puking for six hours out there dealing with that because it was so nasty and I just barely made it through and you want more, so I'm thinking *"oh shit, am I just not cut out for this…?"*

The use of dark humour and/or emotional detachment becomes a norm in the police culture. For those who are emotionally affected by an event, working in an environment where emotional expression is frowned upon becomes extremely difficult. One participant talked about the work environment after a colleague had completed suicide:

> One time I really felt that I could have talked to someone was when a co-worker committed suicide, but I didn't. Even at the time when it all happened, I was at work that day, and I worked with a bunch of guys and they were very blasé about it and I didn't feel comfortable to show any emotion so you know I just kind of stayed in the back room and kept doing my job.

Several participants described learning from others and feeling pressure to conceal their emotions and carry on as though they were not affected. *"The environment I was in at work was very much of a suck it up attitude," "suck it up buttercup attitude – we are supposed to have thick skin,"* and a participant who described having an emotional melt down after working long hours on an exceptionally tragic incident:

> I was crying, yelling and cursing at him (supervisor) on the phone and blaming him, and then I came to work the next day because that was my shift, it was my job… that's what I do. You suck it up and you come to work.

Not observing colleagues express emotion, and not sharing reactions, particularly after difficult and grievous situations led some participants to feel that they were perhaps unusual when they were affected. *"I think that it's just you watch around you and see what other people*

are doing and if they're not doing it then maybe you feel like it's not a common thing that is normal."

And for those who did experience strong emotions, given the cultural norm of emotional suppression, great effort was required to hide their feelings:

> I was really angry at him at the time. I knew that what he said wasn't right… and I really felt like actually a real cop probably would be bothered by this but I think deep down I still kind of wondered whether other people thought that of me. . . . I think for at least for a temporary time… I felt like I had to put on a big face every time I did it.

Participants contributing to this category discussed factors concerning the culture of the RCMP that is hindering to their decision to seek psychological services. The necessity to always appear competent, capable, and unperturbed regardless of what they are exposed to, and the inveterate practice of emotional suppression and use of dark humour, had a strong silencing effect on several of the participants.

Category 2: Lack of understanding about mental health and the psychological response to police work (26 incidents, 13 participants, 65% participant rate).

Participants identified that not having adequate knowledge and understanding about the potential impact of police work (traumatic stress, organizational stress, cumulative stress) made it harder to recognize when they were having difficulties or know when and/or if they should seek psychological support. Some participants described not understanding the reactions they were experiencing and never considering psychological support as an option.

Working in an environment in which strong emphasis is placed on being perceived as competent and steadfastly reliable conflicts with the notion of help seeking. Participants described that not having adequate knowledge about mental health and related issues meant they

were not aware of the importance of getting professional help:

> Because it wasn't normal and big things happened when I was on the Watch, I never asked for help because I didn't really think of it as an option or think that it was necessary at the time. No one threw it out there to me so… I think it wasn't something I even considered.

One participant described being a new member and experiencing symptoms without knowing what to do about it:

> I guess I was so new I didn't know. I'd never seen something like that before. I had no clue of what I was supposed to do. I just knew I couldn't sleep. No one spoke to me. It was just simply business.

The delay in receiving psychological assistance was exacerbated by the lack of knowledge. For one participant who experienced increasing intensity of trauma symptoms including nightmares and flashbacks, reaching out for assistance was not a priority because she was not aware of the importance at the time:

> A friend of mine who was in a similar section in another Detachment, had given me a name of somebody quite some time before that. But I always ended up putting it off because I don't really know if I fully understood the importance of seeing someone at that time and my life was full. I did not have time to go and do that.

Participants repeatedly described not accessing psychological services because they did not know they should, or did not recognize the symptoms. *"I had been in a fairly bad stretch for such a long time that it almost felt normal." "Even though I was experiencing very strong emotions, I never thought about it. I probably should have sought psychological help, but I never thought of it, which surprises me now."*

> I didn't consider it. I do remember being conscious that I was now uncomfortable dealing with large groups of people, particularly at night time which this was a night time thing. It (counselling) probably would have been constructive. I mean obviously if I still think about it, it was an impact to me.

Participants also described uncertainty over when they should access psychological services. This resulted in considerable delay or no access at all. One participant was involved in an extremely traumatic event and had been experiencing intrusive images an average of three times per week for the past several months. When asked if he had considered accessing psychological services he replied, *"it is not really affecting other people, so I don't know, is this as big as this issue . . . because it is really only affecting me."*

Not having a benchmark or guide to help him decide what to look for and when to consider going created enough confusion that the participant was still holding off.

> It still stops me because the thing right now, is it a big enough issue that I need to see somebody or will this go away in the next few months…? I don't know, but then when do you get to the point of saying, maybe I should?

Some participants also identified the negative long term effect of not addressing psychological issues as they developed throughout their service.

> I just think it's a build up over years and even my psychologist had told me when I finally went to see her then I'd explained things that had happened on the Watch with me, like you should have seen someone then, you should have seen someone then and all these things just kind of built up to boom the kind of cumulative effect …

Another also spoke about the potential for cumulative exposure on the job and the impact it can have on an individual:

> I don't think anyone is prepared for police work. What you experience on a normal basis, uniform work, child exploitation. I think a good thing to mention is that it is not just that you see one or two dead people or have to go to the morgue and stuff like that, it's how often you do it. . . . I can rationalize in my mind what people do to each other, people do awful things to each other. But what became increasingly difficult in some cases . . . I don't want to see that anytime soon and then you have to again and again and again . . . it speeds up the burnout.

Without the knowledge and awareness concerning mental health issues and response to police work, participants contributing to this category either delayed accessing psychological assistance or did not seek assistance when they felt they might have benefited from it. Some did not regard it as an option. Some participants described having a difficult time identifying a decision point, while others expressed the lack of understanding and knowledge about how to help themselves prevented them from accessing psychological services at all.

Category 3: Unsupportive supervisors/co-workers (24 incidents, 12 participants, 60% participant rate).

Supervisors were identified by participants as wielding considerable power and influence over their subordinates. In addition to being in a role in which they are responsible for the wellbeing of their members, they also serve as a role model and set the tone for how mental health concerns will be addressed on their watch or unit. Several participants found their experience with unsupportive supervisors had a negative impact on their decision to access psychological services.

Participants described supervisors who appeared to completely disregard the emotional health of their members *"the management back then, they just didn't… it was business,*

everything was business for us," and "*the Watch Commander never broached that subject at all."* Participants described working for what they saw as "old school" supervisors who appeared unaware of the struggle they were having, *"My supervisor did not recognize that I was struggling or offer support." "My supervisor did not know what was going on with me, although it was obvious something was up."* And working for supervisors who did not believe in psychological care, instead offered advice that promoted the use of alcohol and emotional repression to cope with traumatic events:

> I had an old school supervisor. He told me to have a drink. He meant well, but didn't have the right knowledge of how to deal with this stuff. *"Have a drink, put in back of your mind and get over it."* Maybe that worked for him. That was his caring advice. He didn't know any better.

Although his behaviour was obvious and noticed at work, a supervisor told another participant just to deal with it, *"my old school Staff Sergeant . . . this is your job, you signed up to do bad things, deal with it."*

Some participants worked for supervisors who were deliberately condescending and provocative. Participants described supervisors who made *"constant negative comments about people who were gay, which kept me in the closet."* And another who was openly critical of the members, ensuring his silence when considering talking to a counsellor:

> Not just the information, the fact that I'm going there at all. One of the officers will criticize people for being off with the flu… so to you know for him to find out that anybody's going to see a counsellor, I'd never disclose that to him.

Participants were silenced by supervisors who were unsupportive of members taking time away from work:

> But going to a (psychologist) is a big step in itself. You know if we're going to start taking time off and stuff especially with this pending transfer . . . I know my Boss would not be happy. He gets bent if I take a day off.

And by supervisors breaching confidentiality, speaking to others about a participant *"my supervisor spoke to people about what was going on with me."* And *"a second supervisor pulled my file and made the decision about whether or not it was something someone should be affected by and then made selections (staffing) based on his opinion."*

Participants with unsupportive/obstructive supervisors described the extraordinary lengths they went to, to prevent their boss from finding out that they were seeing a psychologist. *"It was a huge decision that I kept extremely, extremely private. God bless the psychologist that I was seeing because I would see this person at six in the morning for privacy purposes, so that my boss would never know."*

And some who appeared unaware or unwilling to acknowledge the potential impact of some incidents on their subordinates. One participant described an experience in which a supervisor failed to ensure policy adherence regarding mandatory psychological assessments:

> I know I had intentions of calling and I think I recognized in myself that I needed to see someone but it wasn't until the absolute snap that I actually decided to go and do it. I think that what failed there is that it wasn't a necessary thing, it was something that wasn't introduced to me by my Supervisor, it was something that I knew through a friend at another Detachment (that an annual assessment was mandatory).

Participants indicated that supervisors make decisions regarding whether to have a psychological intervention or not. In cases where participants felt an intervention was warranted but supervisors disagreed or discounted their usefulness, the entire unit did without, *"Supervisors are the*

gatekeepers . . . you become a victim of the ignorance of your boss which is exactly what happened to me. But I didn't have enough service to go "you're a goof.""

In addition to supervisor attitude and response, unsupportive co-workers could also negatively affect the decision to seek psychological services. A participant described experiencing an intense reaction to viewing extremely traumatic material and the subsequent comments made by a co-worker:

> I know he was sitting there talking and then it was just brought up and I wasn't ashamed of it at the time because like it was a shocking thing and it was something that's not normal and I don't think that it was something to be ashamed of but he all of a sudden said to me "oh well a real cop would have been able to handle that, it wouldn't have upset them" …

Participants discussed their concern of being judged by their peers. *"If people are on extended medical leave and it's not perceived to be legitimate and that is openly discussed."* One participant described not wanting to be the person colleagues talked about *"I know how people talk and I just never wanted to be that person that they talked about."*

There has been recent publicity about the number of officers who are "off duty mad" (ODM) and questions about the abuse of sick time. For several participants booking much needed time off causes considerable concern that they will be perceived as "using the system":

> It really makes it hard for people who genuinely need time because people get clumped into that category with others. It adds to the stigma or pressure. So good people don't want to be off because they fear they will be looked at as using the system. The solution is to deal with abusers of the system. I am glad management is addressing this and hope it will help overall in the long term.

Some participants described struggling to look after their mental wellbeing, particularly when working for unsupportive supervisors or with unsupportive co-workers. The perceived lack of care, lack of interventions, poor role modelling and concern about being negatively portrayed or labelled by others, created barriers and negatively influenced the decision to access psychological services.

Category 4: Stigma re: help seeking (26 incidents, 11 participants, 55% participant rate).

Participants contributing to this category identified the need to preserve and protect their professional reputations, and that seeking psychological help was suggestive to others of weakness or not having what it takes and thereby potentially damaging to reputation.

> You would never tell anyone you're going to see a psychologist. And I never even told anybody at work. My private life is my private life and my work is my work. It's the connotation that comes with it is one of the biggest barriers, someone knowing you're seeing a psychologist, because you don't want people to think you're nuts. Well that's what I would perceive them as thinking.

Participants described not engaging with psychological care because of the fear of stigma, *"I would have been too embarrassed. That was, as far as I could read, not part of the culture."*

Police officers often see people at their worst, and are called upon to assist with individuals suffering from a range of mental illness issues. Being exposed to extremes in behaviour can influence their perception of mental illness and possibly exacerbate the stigma associated with those suffering.

> I think we deal with psychological people and we deal with crazy psychological people. So whenever you say "oh yeah I am suffering from depression" and we're like "oh yeah

> frig we were just at so and so's house and she suffers from depression and she's a nut case."

One participant spoke of a time in his past when he was having difficulties but did not consider counselling an option, believing that only someone seriously disturbed would go to counselling and they were likely compelled to attend:

> At the time it just wouldn't have crossed my mind because it was so inaccessible . . . that would be something if you were crazy you would go to, you'd be forced to go there so it was never even an option. The sort of broad understanding and acceptance of accessing counselling wasn't there then.

Believing that co-workers would likely share this perception reinforced the decision not to seek counselling:

> A week after being at the autopsy, but the thing is it still plays in your mind like you're at work and then you're at home and you're at work and you just keep thinking of that file . . . . Part of me didn't want to take the time away from work to go and see one, but I didn't want to be one of those guys like I'd just been in (unit) for just over a year …I didn't want to, "oh you know we just got this new guy in (unit)" and then I was off seeing a Psychiatrist…

Several participants identified feeling humiliated and concerned they may be considered as weak, *"I was concerned I would be perceived as weak if I went to see a psychologist,"* "*I didn't want to be seen as weak," "I didn't want to do it, it's so embarrassing actually, I hated that to this day. It was degrading . . . absolutely weak I don't know why I felt humiliated. I just felt humiliated, I just did."* And:

> I've never heard anybody joke, tease, make fun, put in an negative light, whatever word you want to attach to it, to anybody that saw a counsellor in the police world. I've never heard of it. . . . it's just a feeling that if you can't stand on your own two feet then how can they rely on you to take on bigger and more significant tasks. Weak – and maybe a word to go along with it, I don't know if it replaces it but embarrassment. That you're not a rock, that's underlying all the way along.

The negative perception held of members who would access a psychologist was reiterated by another participant:

> There was never in my time as a cadet and all the way up . . . the mere mention of a psychologist or a shrink had a negative connotation to it. It meant that you weren't strong enough, that you weren't strong enough to do the job; that the pressures of the job were causing you to cripple and that you couldn't do it on your own. That showed a sign of weakness that perhaps this job is too much for you.

According to one participant, stigma related to seeing a psychologist is one of the biggest problems in the RCMP:

> The biggest problem that we have in our organization is the stigma surrounding accessing psychological support. I think that the new members coming up are much better with this than the older members with lots of service, but we're our worst enemies when we talk about, oh they're having to go see a counsellor because they're weak, they can't handle it, they don't have the ability to, to deal with things. I think we're our worst enemy because we create that, we've definitely created that environment and that culture and there are some very well functioning people out there and the reason why they are well functioning is because they do utilize support services when they need to.

One participant acknowledged that in spite of the continued presence of stigma within the organization, he encourages members to seek psychological help following traumatic or difficult events:

> I would refer a member to a counsellor as readily for being in a traumatic situation or being in a difficult situation at home as I would if I saw them break their wrist on duty, or off duty. It's like "well why aren't you going to a doctor?" …but that's not the way that is perceived by everyone. So that stigma is still there.

Stigma can move from concern about what others think, to an internalized questioning of one's own abilities. Some participants described questioning the degree of their own sanity:

> Is it me? I don't want to feel like there's a problem with me. Do I have any type of a mental illness, which I don't think I do, but if I am seeing people on a regular basis, is there an issue? I put those barriers on myself…

Some participants described not having an issue with others accessing psychological services, and on occasions encouraged it, but declined to do so for themselves. *"No, even to this day it's not a tool I would pull out of my box if I was upset. And yet I encourage it strongly and support it a hundred percent with all of my people under me."* And:

> I don't see other people as being weak for doing it. I have been in charge of various units over the years, I'm in charge of a unit now and I'm very active about saying "go talk to somebody, here's a number" and I don't see those people as weak, in fact I hope that they do that I, I believe in the process but I don't take part in the process if that makes sense.

A comparison between psychological and physical injury was made by some. For them, there is a sense that an individual can become physically injured and heal completely, but psychological injuries have some permanence. The individual always seen as broken:

> There is a difference in attitude between physical and psychological problems. If you break your leg, it is perceived that it will get better with good medical intervention, surgery, diet, exercise, and physio. With a psychological issue, we are looked at as "broken"; fixable to a certain level, but not totally, if that's possible.

One participant, using a recent workplace example compared the reception of someone who had been off with a physical illness to someone who was off with a psychological illness:

> He had cancer and was off on medical leave for two years. When he returned everyone gave him high fives. Another member was on "stress leave" and took two years off. When he returned there were no high fives. Abuse of ODS (sick time) tarnishes everyone else. Mental fitness is not seen as part (either have it or you do not – black and white).

Participants contributing to this category described factors relating to negative perception of self or perceptions of others when experiencing any psychological difficulty or considering psychological assistance. Examples include a belief they are damaged, unreliable, fail to measure up, or fear they will be looked upon as broken or weak if it is learned that they have a psychological issue.

Category 5: Lack of knowledge of services available (22 incidents, 11 participants, 55% participant rate).

Participants in this category indicated that not knowing what services were available to them was extremely hindering to their decision to seek psychological assistance. Several participants described being new to a unit, or new to a particular detachment and not knowing what services they were able to access. *"I was new on the unit, and didn't know the resources available."* And it was not only new members who were uninformed, *"At three years service I did not know the services available to help. I did not know about MEAP."* And described how

not having the information delayed their access:

> Not knowing it was there, just never considering it as being an avenue. If I knew then what I know now, I would have been into the system a lot sooner, like a couple of years sooner.

Participants spoke about not understanding what they were entitled to, *"I didn't know what I was entitled to or how often I could go, or those sort of things. . . . Yeah what hindered me would be the lack of knowledge as to what was out there for my situation."*

For those aware of the services, several found the information was not readily available, *"The information wasn't readily available, it wasn't seen or it wasn't portrayed as a normal practice that other people do. You'd think people would talk about it if it was*," or accessible:

> The hardest part is when you decide to do it, I don't find the information is readily available. And even when I went to access service within the Force, I just happened by chance to look on, click on the Info Web because they were updating the list of approved psychologists…

Several participants were aware of the services available to them, but did not know how to access them, *"I knew that there were services available, how to get them I didn't know. I don't even remember now how I ended up finding this . . . ," "the way in which I accessed psychological services . . . I didn't know how to access them."*

In the midst of a crisis, this becomes more challenging, *"I wouldn't have even known where to call (for psychologist) or anything. I wouldn't have known where to go. I just thought I just have to deal with this."*

Participants spoke of not being familiar with the local MEAP program:

> I didn't know there was somebody in the detachment like a MEAP member. I didn't really know much about that program so I didn't, I mean it kind of worked out that I stumbled across this person who put me in touch with that person but if they hadn't of I don't know if I would have gone, I wouldn't have gone to anybody in my job…

And of not having access to the RCMP approved psychological provider list:

> I don't think that the list was readily available to me, and if it was it wasn't something that anyone ever came to me and said or maybe it was just informally at the beginning of my career if you ever need someone here's the list.

Others did not seek out this information from the provider list or MEAP referral agent, but instead did so on their own, *"I didn't know I could go directly to a psychologist, I thought I needed a referral. I didn't know who to go to, which is why I went to my family doctor."* And:

> What was disappointing I suppose is when you're seeking out someone to speak to its open the phone book and read a bio, because at that time there wasn't a lot of internet but that's all you do, it's by guess and by golly and hope that you pick the right person. It's not a comforting feeling.

Some participants were not aware what they could access a psychologist for, *"I didn't recognize I should have sought counselling because it was out of the norm of what we generally seek counselling for (not trauma related)."* And not being sure what services they would receive once they accessed a psychologist, which added to the confusion and uncertainty during an already difficult time:

> I remember it being very difficult because I had to admit there's a problem, and then I had to track down the help, and then going to something I maybe necessarily didn't, I wouldn't say believe in but I didn't understand.

Participant also found that not being familiar with the process increased concerns regarding confidentiality:

> Every time I would sign that medical form for billing purposes and you'd write down that collator number I thought "is she (supervisor) knowing?" "Are they knowing where this is going?"… or "does this go directly to Health Services, or where does this go?" " Is there a way that my Supervisor knows that I'm doing this?" Because as private as you think it may be, reality is somebody's paying the bill.

For participants who had no concept of what seeing a psychologist was like, going to a first session was difficult. One participant advised that after experiencing what it was like, he would have gone sooner:

> . . . what the process is, that it's not what the movies or the TV depicts it as, it's more of an informal, just sit down and have a chat type of thing. It maybe depend on what the person's issue is but had I known it was going to be like that I likely would have seen him before.

Participants contributing to this category identified that not having information on services available to them, an understanding of what they were entitled to, or how to access hindered their decision to seek psychological services. This included not knowing who to approach for assistance, finding it difficult to locate the appropriate information and what referral/documentation is required.

Category 6: Fear of repercussion (19 incidents, 10 participants, 50% participant rate).

Participants contributing to this category identified as a concern the detrimental impact to their career should it be learned they accessed a psychologist. *"It is a career stopper, I wouldn't*

go and talk to someone," "I was concerned it might impact my career advancement," "So even now I understand there is no stigma, but I am still asking okay, well, what goes back? I recognize it could be detrimental to your career."

To one participant, it was his belief fostered through others that accessing psychological services could impact career:

> Because of a conversation I had with other people who likely thought they need to be secretive about accessing psychological services. They told me that when you write down you are off duty sick, you don't want to talk about why you are away because of a concern about how that might impact your career.

Having one's career affected included the possible loss of transfer:

> And even though I've decided to go see a psychologist it's still in the back of my mind if this gets out will that transfer disappear. Not that rock, you got to be a count on guy that's going to show up every day and if you're going to be booking off on stress leave then that puts everybody in a bind.

Fear of being blacklisted, *"and how that would be looked at because I didn't want to be black listed,"* or that it may affect decisions about which members were sent on training courses, *"He's the one that decides a lot of the roles or the courses and all this other stuff and of course you don't want to look any different in their eyes because it just adversely affects your work life."* Or being relegated to less challenging roles during important investigations ,"*I had another three years literally to go there and I didn't want to be just dragged along, without being put in roles that I knew that I could do."*

And some participants expressed grave concern about being deemed unfit for duty:

> . . . who is going to know, are they going to find out, how is this going to affect my job, am I going to come in to work one day and my supervisor is going to say "I got a phone call from, from Health Services saying that you're no longer fit for duty . . ."

One participant very poignantly described his reality:

> . . . it's a vicious circle . . . you don't want to go to a doctor because you're afraid of the stigma and the clash with the culture . . . problems get so bad that you decide to take that gamble and make that leap and ask for help, but at the same token looking over your shoulder the entire time wondering if somebody is watching what's going on.
>
> You balance what you believe are your abilities or capabilities versus the risk factor and when you get to a point where you don't think that you're able to function then it's worth the gamble. It becomes worth the gamble to reach out.

Participants described a real or perceived fear of repercussion should it be discovered that they were accessing psychological support. As a result, issues related to confidentiality were of the utmost concern. These fears relate to possible loss of transfer, damage to reputation, risk to promotion, career decisions altered due to medical status, being black listed, denied training opportunities, and receiving inferior task assignments because of a perception they would be seen as damaged or mentally less fit by supervisors.

Category 7: Critical incident stress debriefing (CISD) (personal experience) (15 incidents, 10 participants, 50% participant rate).

Participants contributing to this category identified that having a negative experience with a CISD or issues related to implementation hindered their decision to attend, or seek future psychological assistance.

Some participants indicated they had been uncomfortable due to issues surrounding trust

and confidentiality in a CISD, *"I did go to the Critical Incident Debriefing but I didn't feel that was very helpful because I felt I was being judged on what I said, it just didn't feel like a really open and safe environment."* Some did not feel comfortable with who was present in the room. One participant described making the decision about how open and vulnerable they would be based on the attitude of fellow members present:

> It really depends on who's in the room, the personalities, because if you've got two or three guys that are like "huh" you know "no big deal bring it on," then for somebody like me, I'm not going to sit there and go "yeah you know that was really nasty and that was ugly" I'm going to go "yeah you're right bring it on"…

Having faith that what was said in the room would remain confidential was viewed as essential in a CISD.

> I hear that people aren't as trustworthy of the process of "this doesn't leave the room and what you say . . . " that is the sense that I get from people in why they hesitate to go to them. Like I said that's just from what I hear. There was some criticism for senior management on a particular note and that criticism got back to senior management and some people were very unhappy about that and they didn't feel that it was a debrief of processes or how business was done it was just a debrief of how people were feeling you know… and then they felt like they really got done in.

Participants identified that involving inappropriate personnel in CISDs, whether due to attitude, rank, level of involvement or relationship with subordinates could have a negative effect on participation and decreased potential benefits from the intervention. The composition of the group is critical to the feeling of safety. One participant described attending a CISD following an

extremely traumatic incident involving a multiple homicide, and the impact of having the Officer in Charge (OIC) present.

> We had a debrief shortly after and the psychologist said "anything that you'd like to add?" "Nope" … "Really?" . . . "Nothing" … and I was the dude inside. Goes to my partner, "you like to say anything?" "Nope"… Because the OIC was sitting there. So, based on that experience there was no way I was going to talk to anybody.

In addition to creating an environment of trust and safety, participants identified having the right psychologist facilitating the intervention as key. For some, attending a CISD provided them with exposure to a mental health professional. Attending a CISD and developing an aversion or dislike for the psychologist not only prevented them from participating in the CISD, but delayed or prevented them from accessing psychological services, *"I would have talked to someone sooner if I did not have the CISD, due to the "flaky" psychologist."* According to this participant, he assumed all psychologists would be similar:

> She made really inappropriate comments. I didn't relate to her, felt awkward. It was like she was talking to me like a five year old kid whose parents were divorcing. Made me feel those psychologists were all the same. She had no idea . . . how could she understand?

Participants also identified the timing, decision to hold one, and who to include as factors that would hinder their decision to access psychological services. In general there was a sense that CISDs were beneficial when conducted properly, by the right person, and with the right people in attendance. For some, being denied the opportunity to participate in the CISD was considered hindering, whether it was because they were overlooked, *"There was a debriefing without us,"* or *"I was a main member involved. I found out after the fact that I was not invited*

to the CISD. It made me feel resentful." Or they were not able to attend the scheduled CISD due to pressing operational requirements:

> The first time was after a very serious collision that I attended. I was the first person on scene and there were a couple of vehicles involved, the person had been ejected and the injuries that some of these people had suffered were actually pretty severe and for lack of a better term "grotesque." To see a person in that kind of shape you know was shocking because I'd never been exposed to anything quite like that before. After that situation I remember that there was some sort of psychological assistance that was offered… however I was called away on another file so I wasn't able to attend and by the time I got there, there was no one available anywhere.

For this participant, a junior member with on scene involvement in a multiple serious injury motor vehicle crash, a priority call took precedent, and no follow up was provided for him.

> And so I missed that meeting and there were supposedly people that were in the area, in the building that were supposed to say "hey look do you need to talk, what's going through your mind" but they had left even though people knew that I was running late and I couldn't make it . . . . And I thought okay well if they were here for the people involved in this particular incident why wouldn't someone wait or at least give me a phone call? It's not hard to get a hold of my cell phone number and give me a call and say "hey look can we schedule something for you, it's important that we do this."

Some participants indicated that the implementation of CISDs was rare and sporadic, *"there was no critical incident debriefing,"* or:

> I think really a big thing too when you think about what maybe hindered was just that it wasn't a common practice. Like I think about big files I went to on the Watch where

> maybe we should have had a debriefing afterwards with a psychologist as a group and that never happened once. So I think that kind of normal would have in turn encouraged other people to feel like they should do that as well and see the benefit in it as well.

Or the conducting of a CISD seemed unnecessary or inappropriate, *"when I may have needed it it's never been there and when I don't need it, it's been forced upon me."*

Participants described being excluded from or not being notified of CISDs or that one was not held after a significant incident when in their opinion would have been beneficial. Disclosure during a CISD was constrained or withheld due to personalities and/or inappropriate individuals (unpopular Officer) present, concerns regarding confidentiality, or psychological facilitators that lacked skill or credibility.

Category 8: Member/employee assistance program (personal experience) (12 incidents, 9 participants, 45% participant rate).

Participants contributing to this category identified that in their experience some MEAP referral agents (RA's) selected for the program, and the limited or ineffectual assistance they received were hindering factors in their decision to seek psychological services.

Several participants identified the MEAP program as a "*nice idea*" or "*positive program*," however some individuals selected and trained to be MEAP RA's would not be approached or referred to by participants:

> There's a lot of people that I've known for many, many years and I'm not dissing the MEAP program because I think it's a great program, but personality has a lot to do, there's lots of names on that list of MEAP members that I would never in a million years go and speak to. But there are a handful that I would because I know of their reputation

> and others I know of their reputation, I would never, and nor would I ever refer anybody to go and speak with them.

One participant described their contact with a MEAP RA following a traumatic event, as unhelpful and inappropriate:

> I guess my problem, some of our MEAP Reps are absolutely fantastic but some of them are not selected for the best… I don't know what the selection process is but some of the people, a lot of the people in that role, probably shouldn't be in it. Like I said there are some fantastic ones, but he was not one of them . . . he just didn't seem grounded in reality.

In addition to lack of trust or respect for specific MEAP referral agents (RAs), some participants believed another barrier was that RA's worked in the same detachment, and they may be required to work with them. *"I don't even know if it'd be somebody within my own Detachment only for the simple fact that if you see this person every day you'd you know they know what your problems are."*

Some participants expressed concern that MEAP RA's were "*gatekeepers to the psychological provider list,"* and believed to find contact information for a psychologist they had to approach a MEAP RA.

One participant subsequently questioned the usefulness of MEAP after a disappointing session with a psychologist referred by a MEAP RA, *". . . she is a MEAP member, and she recommended this guy… so I don't want a recommendation to a psychologist from some MEAP member, I'd rather get a recommendation from a friend that I know and trust."*

For this participant, MEAP was viewed only as a referral resource:

> God no, I'd never talk to a member. Unless they were my personal friend I don't think they'd be overly helpful. I just think if I'm going to talk to someone I'm just going to go to a psychologist. All they're going to do is refer me anyway what can they do to help me, really? I don't really trust the confidentiality thing.

Knowing, trusting, and having a positive relationship was paramount to participants. For those who did not have that trusting relationship, they were not open to talking to the MEAP RA, *"me personally, I would have to have a really good relationship with that MEAP member to want to go and talk to them,"* and *"no way I would call another officer, there is no confidentiality, judgement, I don't know where that information will go, I have to work with that person afterwards."*

Participants described factors relating to their personal experience with MEAP that hindered their decision to seek psychological support. Some identified issues with confidentiality, privacy, inappropriate agent selection, unsuitable referrals, gatekeepers of the provider list, and concern they may later work with these members who would possess personal knowledge about them.

Category 9: Perceived lack of support or care for mental wellbeing (17 incidents, 8 participants, 40% participant rate). Participants contributing to this category identified occasions when they experienced a systemic disregard for their mental well being, including being left on their own to deal with overwhelming reactions following their involvement in horrific incidents:

> It just seemed like there was a lack of interest. Which kind of put me off, not that I need someone to be led to me but it's nice to know that maybe someone is interested in my psychological well-being.

Some participants with many years of service had never attended a CISD or been part of any intervention:

> And I have never, at sixteen years service, never been to one post traumatic stress debriefing…and you look at all the stuff that you've been exposed to, you've seen, you've been involved with both at work and at home... maybe you should have seen somebody up until that point.

Several participants indicated this perceived lack of care and attention to their wellbeing hindered their decision to seek psychological services. They remarked on the absence of a process that could facilitate intervention and support from others. They described moments in which they believed their struggle was obvious to their co-workers and supervisors. *"I suspect nobody saw it for what it was, that it was a traumatic event. But in saying that you'd have to be blind not to."* And learning after the fact that colleagues had noticed the struggle but: *"no one told me to get help. No one thought to check on me."*

One participant described a time in which he was struggling at work, however as he was new to the detachment, his colleagues did not know him well enough to read signs of his own distress, *"I was in a new detachment, so no one had a baseline on what was "normal" behaviour for me. No one recognized my struggles. My family at home chalked it up to shift work and tiredness."*

Participants described responding to the most grievous and tragic events; motor vehicle fatalities, suicides, and multiple homicides involving the death of young children and receiving no assistance or support with their emotional reaction to the event. According to participants, no one appeared to take an interest in their mental wellbeing, or expressed any concern.

> I would have been aware that it was available but nobody said anything to me, no one suggested it, and I wasn't prepared to pursue it myself. And I didn't realize what an impact it had on me till later anyway. You know it was a big event at the time, I recognized that, I didn't know it was going to be a lasting event.

Some participants described working in specialized units where they were frequently exposed to significant trauma through their investigative work, without receiving advice or instruction on how to contact mental health professionals as the need arose:

> I don't think there was anything, especially in horrible situations, where anyone said *"here's a list of people"* or, *"you know what these are some people that are really close by to where you live and they're really great to see…"*

Another participant described having difficulty seeking out psychological support after a particularly distressing incident involving multiple fatalities. Unable to participate in the CISD due to an operational priority, he was unsuccessful connecting with the CISD facilitator and eventually gave up, *"At first I thought well I think I should talk to someone just because it seemed like the right thing to do. And I decided not to because I thought you know what, I did everything I could."*

One participant describes the interplay and impact of being personally involved as a junior member in a loss of life event and the immediate requirement to focus on completing paperwork and contemplate legalities. In this example, paperwork was the priority, and mental wellbeing took a backseat.

> . . . he died, and I watched him die and I think that was traumatic a little bit . . . at that point we tried to get him out and he rammed a police car and almost ran over my Corporal and so it wasn't anymore about how it might impact me at all emotionally, it

> was about, I was just hitting my six month service… it wasn't about that, it was about how I better write up a statement right away and I had to do that because I might have to get a lawyer involved and I think I was in shock from the kid dying…

Participants contributing to this category identified moments in their professional career in which they were experiencing strong emotional reactions, perhaps struggling, and felt that no one cared, noticed, or conducted follow up with them to ensure they were okay or determine if they were in need of some assistance. In cases where the impact was seemingly evident to others, participants wondered why no one had encouraged them to get help, adding to their perception of lack of support or care for their mental wellbeing.

Category 10: Organizational processes (15 incidents, 8 participants, 40% participant rate).

Participants contributing to this category identified a number of aspects central to the organizational process they found hindered their decision to access psychological services. Some participants spoke of the decision to phase out the MEAP program and implement a centralized 1-800 support number, *"I think they want to take the MEAP Program altogether out and give it a one eight hundred number which would be one of the worst things you could probably do." "I am disappointed in the MEAP program centralizing into a 1-800 number. I do not know what is happening with it. We still take care of what needs to be taken care of informally, on our own."* According to one participant, this change means lack of personal peer involvement and support and is a poor substitute for the MEAP program:

> The idea of phasing out the peer support is wrong, it's completely wrong because of the very aspects that I talked about: knowing your people, recognizing them and seeing

> changes. 1-800 doesn't see changes; 1-800 can not intervene, and cannot recognize a problem before it manifests itself into a major issue.

Several of the participants spoke about the fact that they had been apprised of the implementation of the centralized call number, but no information had been provided describing this service and what it offered. The lack of knowledge about the service, coupled with a lack of trust caused many participants to withhold their support or endorsement for this program which was seen as a factor that hindered their decision to access psychological services.

> Now there's a 1-800 help line that we can call 24/7. I haven't used it since that help line has come out but it's like great so I'm going to be talking to some person on the other end of the line that I have no idea who the hell they are… and it just seems like we've outsourced this really great thing to people who are going to be completely disconnected. It's been reduced to a help line. It's a huge unknown, it's not that I don't trust the thing itself but really I don't know them. I think I would be more hesitant.

Participants also expressed concern regarding the cap on counselling sessions, currently placed at 12 sessions per year. Some participants believed their issues and concerns would exceed 12 sessions per annum to properly address. So rather than begin counselling they chose not to proceed:

> Control over accessibility . . . the number of times we can see somebody. Right now, that's a hindrance. Do I really want to go and open up Pandora 's Box a little bit, or do I want to keep it just all closed up inside of me and deal with it in my own way, thank you very much with a six pack every night.

Another participant recounted her experience of unsuccessfully advocating for additional sessions the year before, leading to an assumption that the annual cap on counselling sessions

was inflexible. At the time of our interview she believed she was in dire need of psychological assistance, however aware that her personal circumstance would worsen in the upcoming months, she decided to postpone accessing a psychologist so as not to exhaust her session limit prematurely.

> With the ceiling of twelve (sessions) hanging over me I do think about that daily because I know I'm going to be a complete wreck. And I'm going to have to go back (crying) weekly to see this guy and I really struggle with thinking I'm going to have to argue with trying to get more time to deal with that. I can benefit now but I know I'm going to need it more then…

Another participant expressed frustration at the cap on counselling sessions, particularly given members` frequent exposure to the trauma and inherent stress in police work. He used the following analogy to illustrate his frustration:

> Can you imagine going through a process of let's say Cancer and there's a beginning and hopefully there's a positive end… but through that process there are drugs, there are doctor's appointments, there are surgeries da da da da da. Can you imagine going through that, getting through that process, and you have a set back today, you have an advancement tomorrow…there's a process where your Health Care provider says to you "hey you've reached the max sorry," it's the same thing. "No I need three more chemo treatments" "No, no, no you had enough…we feel that we as an organization has paid for enough you should have been better by now." Based on what?

Participants expressed frustration about the difficulty experienced when accessing the approved psychologist provider list, which is, according to many, buried in the intranet. Accessing the list was seen as problematic, requiring some instead to reach out to friends and/or co-workers for the

contact information. "*We got a co-worker that is splitting up and with his wife and it's bad, it's like do you have a contact? I said here's that list . . . they couldn't find it for the life of them."* Another participant described the break down in what should be a very simple process:

> I think when you're handed something and you've got a physical piece of paper that says *"this is what you can do and this is important for you to do, this is what other people do"* that all of a sudden it seems like a more acceptable practice. But when it's like okay this is available to you and it's way over here and you'll have to go through all these series of passwords on the Internet to go access them or whatever it is or try to find them on the mutual shared drive, maybe you can find it, maybe not but you might have to ask someone else where to find it. It's really not something at the top of a priority list. I would say the biggest one is just the breakdown.

Some participants mentioned the new Performance Assessment Review (PAR) process in which incidents members are involved in are tracked and a supervisor notified when certain criterion are met. As mentioned previously, this is regarded as an extremely beneficial tool designed to ensure follow up occurs for members involved multiple incidents. However, for some, this process can also be hindering as the system relies on the appropriateness of the supervisor:

> . . . in these cases they won't prevent you from accessing counselling, they may force you to go to counselling, but then they'll use it against you. So that's the problem with the system. The process is a good idea, it's the human element that is unpredictable and can make the process an adverse part of the member's life.

Participants described a number of organizational processes that for them make the decision to seek psychological support more difficult. These include the elimination of the

member/employee assistance program (MEAP), implementation of the centralized 1-800 number without providing sufficient information about it, limitations in the number of counselling sessions available, the Performance Assessment Review (PAR), and the design of the Info Web that serves to hamper users seeking to locate specific information.

Category 11: Psychologist (7 incidents, 6 participants, 30% participant rate).

Participants contributing to this category described negative experiences with psychologists that resulted in the termination of counselling, and prevented some from accessing psychological care:

> The person I don't think knew anything about police work… she didn't come across to me as empathetic or caring enough. There was a huge age difference, it was a much older woman, the office setting was cold, there was minimal eye contact, she wrote seven pages, I counted them as she flipped while I was talking. And said nothing reassuring, knew nothing about the work. I actually felt worse when I left than when I went and I thought, what did she write for seven pages about me? And I think when I left there unconsciously I thought I'll never see another psychologist again if that's what it's about. And I never went to another psychologist again.

One participant described a second negative experience with a psychologist:

> I was having a lot of difficulties to the point where I was ready to leave this guy and the last ditch effort was to go to counselling We go to see this guy who's on the RCMP list, who should get it right, the culture of the Force . . . It all went downhill. I mean obviously from there I got no help…and so anyway, I just stopped going . . . It was not even an option to go to counselling after that again.

Long waiting lists and psychologists who were difficult to contact resulted in barriers to the decision to access psychological services. According to one:

> I went through to try to get assistance, calling different people, asking how long it would be. Some of them you call and they say they will get back to you in 30 days to make an appointment - there was an answering machine that said that.

Participants described having a negative experience with a psychologist created a barrier that delayed or prevented future access to psychological services. Some negative observations pertaining to psychologists included unfamiliarity with the demands of policing and police culture, lack of empathy or genuine regard, and copious note taking with limited interpersonal interaction.

Category 12: Upbringing: Family messages, personal characteristics (9 incidents, 5 participants, 25% participant rate).

Participants contributing to this category identified certain inherent personal factors that hindered their decision to seek psychological services. It is often difficult to view actions objectively when in the midst of a crisis. For some, they recognized that their inability to admit they could be part of a problem delayed getting the help they needed:

> My own bull-headedness. Everybody else was wrong and I was right. Sometimes you just want to deny that you could be part of the problem. . . . I didn't do it right away, I probably should have done it earlier. I just didn't want to believe that I was part of the problem.

Some participants made a conscious effort not to think about their experiences, *"I made a personal decision not to think about it. I drank a lot instead."* Or busied themselves looking after

others instead of making time to address their own emotional issues *"as a mom I was putting everyone else before me."*

Some participants described growing up in environments in which emotional control was encouraged, later to be reinforced by the police culture, *"as a child I knew that it's not ours to share our grief, it's ours to help those with their grief. That in itself gives you strength, but you never have an outlet for yourself because we don't do that.*" And:

> I played very competitive hockey…we don't live on emotion, you have a job to do, you do it end of story. My father is very much that type of person. He does love me very much but we didn't sit around the household and share feelings, we didn't have feeling time. We just learned . . . life's tough you just got to deal with it.

Being exposed to messages valuing strength, giving, helping others and dealing with life challenges on our own runs contrary to help seeking and certainly hinders the decision to seek psychological assistance. The greatest problem lies in the fact that even the strongest individual can become exposed to circumstances that exceed their ability to cope - and to hold a belief that it is not okay, or it is weak to seek help prevented these participants from accessing the help they needed to maintain their emotional wellness. "*It's not appropriate; it's the vulnerableness of it that I don't like. My role is always to help the vulnerable not be the vulnerable person."*

> I think perhaps at the time I should have said "I'm not okay, let's sit and talk" but I wouldn't. You know we could have had a moment sitting in the car together… that probably would have composed me and perhaps that worker as well, but that's my wall right.

This attitude and belief pushed some of the participants to carry on in spite of the difficulties they were experiencing, until the pressure built to the point that it became overwhelming:

> Would I see a psychologist? I have. Since I've got this new position I don't anymore. I think it would be a pretty tragic thing for me to have to go and see someone. I'd have to have that melt down again to go and talk to someone.

Participants who were raised in an environment that reinforced emotional constraint and the message that "helpers do not seek help" expressed difficulty with the concept of accessing psychological services for themselves. This delayed or prevented access to psychological services.

Category 13: 1-800 support/referral number (personal experience/opinion) (5 incidents, 5 participants, 25% participant rate).

Participants contributing to this category identified the new 1-800 number to be hindering to their decision to access psychological services. Participants expressed concern over the new process, citing it as impersonal and stating they would not use this service nor would they suggest its use to a co-worker. For some, there was an apprehension associated with this service:

> I don't know of anybody that's ever used it, I can only speak for myself, I've never done it, and I would be apprehensive because I don't know what they're going to ask me "what's your Reg. number?," "what's your collator number?" I don't know if they're asking those questions or not, I have no idea. And so I feel more comfortable talking to you, an individual, about my issues than I do talking to an organization - and so I very much see that 1-800 number as the organization. So it's a catch twenty two although it's readily accessible twenty four hours a day, that's a good thing, but for me it would have to be pretty damn bad before I'd reach out to it.

And a belief that the service was too impersonal:

> I find that so impersonal. I wouldn't even… and especially just a Government Agency saying 'here's another 1-800 number to call' like no, I'm good thanks. I would rather go this alone than have to do that. It's just not something I would ever utilize.

Concern about lack of trust, "*There was some changes recommended recently where it's an outside agency, Cops aren't good with that… I'm not phoning up someone from Ottawa, I'm not doing that, I'm not going to do that. I think with us it's trust."* And a sense that the personal touch has been lost. *" It's a 1-800 number, I don't know how personal a 1-800 number is . . . it's just a horrible message we are giving."* According to one participant who was also a proactive MEAP RA, there is a complete lack of information about this new process:

> It seems we have lost the personal closeness of . . . we have lost our team, MEAP team. It is more impersonal. There's a loss of personal touch. It's an unknown process. I know it is a referral number to call and receive referrals. I am a very involved MEAP member and I don't know much about this new process.

Participants described factors that hinder the decision to access psychological support via the new 1-800 number for RCMP employees. This included the perception that it is impersonal and the services and processes is virtually unknown.

Categories that Describe Participant Wish List Items

Once participants had recounted all of the helping and/or hindering factors that influenced their decision to access psychological services, they were asked to describe anything they wished had been in place that could have made a difference to their decision. The responses, referred to as "wish list items", were compiled and placed into five categories. These categories are described in descending order of frequency of incidents as defined by the number of participant responses.

The following table lists the five wish list categories including the category name, incident numbers, and participant frequencies. The table frequencies are also provided as percentages (see Table 4.)

Table 4

Wish List Items

Category of incident	Number of items (percentage of total) *154 wish list*	Number of participants (percentage of total) N=20
1. Organizational Processes	39 (25%)	19 (95%)
2. Promoting Psycho-Social Care and Implementation of Critical Incident Stress Management (CISM) Procedures	38 (25%)	17 (85%)
3. Information on Services / Entitlements	26 (17%)	12 (60%)
4. Effective Supervisors	18 (12%)	12 (60%)
5. Education on Mental Health and the Psychological Response to Police Work	29 (19%)	10 (50%)

Category 1: Organizational processes (39 items, 19 participants, 95% participant rate).

Three key wish list items stand out in the category of Organizational processes. They include (a) the development of policy to ensure proactive psychological care, (b) reinstitution of the MEAP program, and (c) ensuring sufficient access to psychological care with no session limits.

(a) Proactive psychological care. Several participants interviewed for this study advised they did not access any psychological services until they were required to as part of their duties. Many recognized situations over their service when they would have benefited, however either did not recognize the need or importance of doing so. Not addressing psychological issues at the time, for some, lead to detrimental personal and professional consequences. As a result, implementing regular mandatory psychological reviews was viewed as a vitally important and positive tool that could assist members in maintaining their mental health and wellbeing. Ensuring contact with a psychologist supports the expectation of proactive mental health care, and exposes members to care providers:

> I am a firm believer that anybody who works in policing, in any role, should go see a psychologist once a year. It needs to be in policy, "you will see somebody of your choosing once a year" and that goes to Health Services, because it's important and I think a lot of members who probably need to go don't go… some of those members end up just going on long term ODS or some members become really unproductive at work and it's only for fear that they show up for work because they don't want to be black listed. But over the course of policing career you see a lot of stuff and people need to have an outlet of talking to somebody about it.

One participant pointed out that while mental wellbeing is vital to being an effective officer, little attention appears to be placed on looking after it.

> I have to make sure that my eyes are good, my ears are good, my heart's good, my lungs are clear, my prostate is good, all of those things have to be done before they say you can go to work. Nobody ever bothers to check your head. It's not part of our overall health assessment and that's wrong.

Participants described the need to implement mandatory psychological intervention early in a member's career, especially to assist with the transition from civilian to police world.

> There should have been some sort, even maybe after the six months of training, some sort of check in, because we've just exposed you to the most horrific things you could see in your life, you went from being a normal civilian to seeing this and maybe check in and go *"how's it going?"* What would be wrong with that saying down the road here, how, how are things right? *"yeah I saw some stuff" yeah you know what you're going to move forward"* whatever and see maybe you'd be okay with that. The only way you would ever do something like that it would have to be mandatory because people would never, they will never, ever go.

Implementing mandatory psychological reviews was believed to normalize the process:

> I think accessibility, taking stigma away, again going back to being proactive, . . . that should occur with everybody and they should probably get a psychological interview in the Recruiting process and then a psychological interview at the end of training, at the end of Depot so they know that this is a normal part of being a member and that if you need that access it's no big deal it's part of being a member. And by doing that, before and after training, they realize that it's no different than going to the dentist.

Assisting with the transition to policing, and reinforcing the message that mental health is a priority, participants indicated that regular attendance may result in a positive relationship with a psychological care provider:

> If you get posted to your first posting and you had to see a psychologist once a year whether you have trauma or not I think throughout your service at one point, if you see the same person… when you have that repetitive person you gain a trust, they gain insight, and I think somewhere down the line in your service you will be better off ….

And this might open the door to accept help if needed:

> If it was made mandatory that you have to see a psychologist. Now in saying that I recognize that you can lead a horse to water and a lot of people would say *"no I don't want to"*… in fact I'm one of those people, I've said *"no I don't want to"*... but if I was told to sit in that room, maybe I would chose to, maybe I'd still say no I don't want to, but . . . it would be an opportunity in a private setting, okay now we're sitting here so maybe you would open up.

Several participants mentioned they wished there had been mandatory policy in place for them earlier in their career, *"I wish they had done the mandatory thing sooner,"* said one participant who attended his first session with a psychologist as a result of a new policy implemented in his unit.

Mandatory attendance for those serving on specialized units removes potential for stigma or judgement:

> It should be mandated in every detachment that people in any kind of major crime, sex crime situation should be required to go and see someone. Because I think if it was listed as a requirement, it would be easier for people to justify going.

Some suggested extending the mandatory requirement to include General Duty members as they too are faced with numerous challenges and must maintain emotional control as they attend call after call, some routine, some urgent, and some involving extreme levels of risk to personal safety. Compulsory psychological reviews offer an opportunity to pause and evaluate how they are doing, talk about any concerns, be reminded or taught effective coping strategies, which might mitigate the impact of cumulative exposure:

> A General Duty police officer or a patrol officer, within their twelve hour period they will deal with family violence, they will deal with motor vehicle infractions, they will deal with social issues, they will deal with mental health issues, they will deal with criminal code issues, they will deal with in-house issues. And expect to right themselves or center themselves at the end of every one of those calls for service to ensure that they're ready to deal with the next thing that comes along. We can't create a machine to do that, how do we expect a human to be able to do that with this little thing called emotions and feelings attached to it? To be able to function on an extended period of time of three, five, ten, twenty years without somebody, somewhere saying "stop the pause" this cumulative effect is really causing issues.

Participants were not always aware when they were in need of psychological assistance. One individual, serving with a specialized section that has compulsory annual assessment requirements stated, *"I go faithfully every year, it's my little check up . . . it helps to keep a gauge on myself. I may not think I need it, but may be surprised at what comes out."* Another participant described his shock and utter confusion when a colleague of many years, regarded as highly ethical and principled, exhibited behaviour totally out of character which culminated in legal difficulties and resignation from the RCMP. Prevention is critical. He recommended

mandatory psychological reviews on a yearly basis as one way to help officers before it was too late:

> I know these things affect people. It is a huge concern when good members go sideways. I wonder at what point and how did this happen? And could it have been prevented? Years of exemplary performance completely disgraced. We need to be consistent in how we deal with everyone.

In addition to policy requiring members to see a professional at least once annually, participants also identified the need for a mandatory psychological intervention policy when a member is involved in a traumatic situation:

> I think at that time if it was a requirement and everybody did it when we're involved in a traumatic situation, I would have gone right away, I wouldn't have had to wait whatever it was, a year and a bit.

Implementing such a process would assist in ensuring mental health care is integrated and part of a routine practice following traumatic events:

> I think if it's something that's mandatory it's going to be a normal thing for them to do. They're not going to look at you and say "oh she looks like she needs it" if all of a sudden it became a normal thing in certain files or whatever, or something that could be traumatic. It would be a very non-judgemental thing . . .

(b) Reinstitution of the member/employee assistance (MEAP) program. Participants who valued the MEAP program expressed dismay at the loss of the program. They recognized some of the inherent challenges that exist, however highlighted the value and benefit of this program designed to provide in-house peer-support, assisting members in need, facilitating their access to services, and arranging for and providing follow up after scheduled psychological

interventions. Some felt the MEAP program was not as successful as it could be due to its part time, add on nature with referral agents (RAs) employed in full time positions, taking on MEAP commitments in addition to their regular duties. *"I think the program even today could be very, very successful and more beneficial to a whole lot of members if it wasn't run off the side of member's desks."*

Participants believed the loss of MEAP was connected to the introduction of the 1-800 centralized support number and regarded the 24 hour confidential telephone number as a poor, inadequate substitute for the MEAP program, *"I wish that they would keep the MEAP Program the way it was and you talk to an actual officer who might be at the Detachment level, instead you're calling this help line which I'm leary about."*

(c) Ensuring sufficient access to the psychological care with no session limits.

Participants felt strongly that there should not be a ceiling on the number of visits to a psychologist. *"I wish that the RCMP, I wish I knew that there was no ceiling on services."*

Given their routine exposure to trauma and tragedy, participants believed the organization should support and encourage access to psychological services as required:

> I think they should keep it unlimited because maybe the culture is changing somewhat that people are taking advantage of that benefit and now it's costing them more money, but you know what, if people are taking advantage of that benefit and going to see a psychologist then could it be they need to go and you shouldn't be limiting it?

Participants also wished the organization would trust the psychologist to determine the need for ongoing sessions as they are in the best position to make such a determination:

> Less restriction from the organization. If you're on the list of preferred or trusted doctors then trust them, don't trust them partly, so if my doctor says (client) needs to see me

> some more, then trust that he knows what he's talking about and don't have to make that doctor justify their diagnosis and at the same token have that person have to deal with the fact that they know now that Health Services, you're on their list of people that are accessing mental health too much.

In addition, participants wished there was someone they could notify when they had a negative experience with psychological care. *"I wish there was some sort of person I could turn to. There is no one asking me as a member "how did your psychological services go?"* They indicated it would be beneficial to have an advocate for members in crisis who have been denied ongoing psychological care. One participant described making tearful pleas, unsuccessfully, for additional sessions with the psychologist. *"I wish there was something in place where I didn't have to do my own, where I didn't have to get into an argument as per say with a psychologist over the phone about increasing my benefits."*

Additional wish list items in this category included training more psychologists about policing and the work of specialized units across the province:

> It's very, very helpful that we have a list of people in place but we need more people in more areas because . . . RCMP officers in BC are exposed to child pornography on a daily basis in Sex Crimes Units and they have no help, no psychologist help, there are no policies in place.

And policy developed to ensure members receive follow up after psychological interventions, *"It'd be nice if there was a process that we'd know the facilitator will reach out to people . . . just so we can rest assured that the well being of our people will get looked after.*"

Wish list items in this category related to processes developed and implemented by the police organization related to accessing psychological services. These include having: clear

critical incident stress management policy, retention of the MEAP program, an advocate for members in crisis, a grievance process for decisions affecting access to counselling services, mandated psychological interventions, no cap on counselling sessions, greater confidence in the psychologist to determine client need, regular psychological check ins for all members, and training for psychologists across the province on police culture and the work of specialized units.

Category 2: Promoting psychosocial care and implementation of critical incident stress management (CISM) procedures (38 incidents, 17 participants, 85% participant rate).

Participants contributing wish list items in this category identified a number of wish list items that would have assisted them in their decision to access psychological services. While the previous category identifies the need for policy and procedures, this category highlights the importance of proactive psycho-social caring and effective and consistent implementation of critical incident stress management procedures.

These wish list items have been divided into three areas: *(a) promote efforts by all to notice and assist those who may be struggling, (b) Critical Incident Stress Debriefings,* and *(c) Psychologists.*

***(a) Promote efforts by all to notice and assist those who are struggling*.** Participants contributing to this category spoke of the need for members to become more aware and supportive of co-workers who may be experiencing emotional difficulties. As detailed earlier, several participants accessed psychological assistance due in large part to the intervention of a third party. Those who did not seek psychological assistance but wish they had indicated they would have been receptive had someone approached and encouraged them to seek help. Participants described the need for co-workers to develop an awareness of each others'

psychological state as a matter of practice. As junior members, some participants wished there had been a senior member to help better prepare them for the realities of police work, and to check in with them after major incidents:

> . . . he could have maybe prepared me by saying *"you're going to go there, maybe you're going to see this could be a horrific scene, you might experience some emotions, if you have any concerns talk to me"* just to open the door. There was no open door there and I don't blame him, it's probably just the way he was trained because that's the way we were all trained. I try to do it with my recruits saying *"you know what; hey you didn't like that, that's totally normal man."*

The importance of talking to a trusted person cannot be overstated. Participants indicated that they wished someone would have checked in with them, especially in the early stages of their careers, and that such conversations may have resulted in their decision to access psychological assistance:

> If you had a set of ears to bounce something off perhaps, or someone early in the stages that you could start talking to that would suggest maybe you should see or get some help or some advice. Because that advice from that one person, is a trusted person. And when a trusted person tells you to go and see somebody, a specific person, it eliminates several hurdles immediately because number one you trust that person, they're giving you a known name that you automatically trust and they've done the dirty work for you with trying to find somebody and eliminated that barrier.

Creating a climate in which co-workers were encouraged to check in with each other, to step up and approach individuals who may be in need of support was frequently mentioned, *"When they see a change in a member, someone who cares."* Several participants stated that

they did not proactively seek assistance but others noticed, *"When someone is identified as struggling or having a difficulty… it's kind of important to maybe be proactive and reach out to that person."* Some wished there had been *"someone to knock me on the shoulder and tell me to go see someone,"* or:

> Someone to ring my door, or phone me, or make contact . . . *"here's what you may be up against, you may not, but don't be surprised if this happens and if it does here's what you need to do."* It's still going to be my decision at the end of the day… but maybe you have to slap me.

It is not just enough to have information about services available; some participants suggested the information has to be proactively provided to struggling members. *"I think somebody could have come and talked to us," "it would have been advantageous for the RCMP at the time, given my situation, to provide me with information on services available,"* and in absence of family intervention:

> I really wish that my husband had recognized that…but I think he also was dealing with his own stuff at the same time… but the people who were that one step removed, which I would say the work people, we have so many resources available to us in our organization and I just wish it had been offered.

For those alone and in crisis, reviewing and choosing a psychologist from a list was disconcerting. One participant who had a negative experience with a psychologist identified a need for MEAP RA's to assist members in crisis with the selection process:

> It never crossed my mind to read a bit about the person, find out about them, because I was so numb. In hindsight it probably would have been better if someone had gone through the list with me and we picked one together. Because I knew the person, the

> MEAP member I spoke to very well… and what would have helped was a process done together, rather than go and do it on your own.

On apprising the MEAP RA about this experience, this participant recognized it would have been more helpful to receive guidance and assistance in finding another psychologist:

> When I came back and told that MEAP person what a horrible experience it was and that person should be struck from the list, I think they should have worked with me to find another person and encourage me to go again to a better person. I totally got the empathy about the badness but the encouragement to see someone . . . you just can't go to a person once and hate it and never go again.

Participants highlighted the importance of following up with individuals after major incidents even when a CISD was conducted. They recommended implementing a process to check in with those who may have had a more significant role in the incident, or have given some indication they might be struggling more than usual. To prevent members from falling through the cracks, one participant suggested that if the event was serious enough to hold a CISD, there should also be *"follow up with everybody at the debrief individually after the fact."* And for those who were unable to attend the CISD (or did not wish to), there should be some type of follow up with them as well:

> What I would wish is that if you have a list of officers that are going to be attending or scheduled to attend that particular meeting and if one or two or several people aren't able to make it for one reason or another, usually because of a file that's come in and they have to respond accordingly, then have contact information (psychologist) left for those people so that when they're done they have that available and they say *"okay you know what, you remembered me"* (sense of caring by the organization), that's a plus because to

> be honest when I went there and no one really seemed to know or care that I was late or I couldn't make it it's like *"wow I feel wanted."*

In addition to senior officers preparing junior members for the emotional impact of the work, it is important for all members to proactively check in with each other after difficult incidents or when a colleague's behaviour appears out of the norm, encouraging access to a psychological provider as required and following up with them to ensure they are connected. Participants also identified the need for consistent implementation of CISDs.

(b) Critical incident stress debriefings (CISDs). Participants spoke about the value and role of CISDs and expressed a desire for them to be implemented routinely after specific incidents, offered in a timely fashion, ensuring all involved are included.

Participants discussed the fact that CISDs were not always utilized properly, conducted in a timely manner, or offered when they should have been. *"I wish they'd use it properly, I mean everyone's going to have a different circumstance it's just l know sometimes we're not, we're just not made aware enough."*A participant described a situation in which a CISD was held after a shooting; however those members injured in the incident were not provided with the opportunity to participate. *"A debriefing. It would have helped. Critical incident debriefing. In fact the detachment held a debriefing without the major players.*

Participants identified that implementation of CISDs is reliant on supervisors to recognize the need, support their use, and encourage members to attend:

> With a lot of the files that we deal with we've never had one of those post traumatic stress debriefings… where I know other Police Departments have them mandated. Those have to be mandated to a certain degree but I think people need to have the support from their managers. The biggest thing that it's okay because it gives you a sense of relief that it's

> not just you it's other people and it doesn't make you feel different than the next person when it's encouraged …

The importance of including everyone involved was repeatedly stated by a number of participants. Several described being involved in major incidents only to learn later that a CISD had occurred without their knowledge. Participants believed it was important to ensure everyone was notified so that they could attend. *"Whoever makes arrangements for a CISD needs to make sure everyone is identified and included."* This participant acknowledged the highly evolving dynamic situations that occur during major events, however stressed the need to delegate the task of tracking those involved and subsequent accountability. *"Unless I sought out a CISD - I don't plan on saying anything until I hear other people say they need it."* And stated somewhat ironically, *"I was not notified of the CISD after the fatal, although they didn't forget me at the Coroner's inquest"* suggesting his involvement was well known - he was just overlooked or forgotten in the planning and arranging of the debriefing.

Participants recommended CISDs be held as a matter of policy without asking members if they want one *"The policy is there. When appropriate, have one. Don't ask if people want one, we have to be consistently applying it."* Participants spoke of the importance of the timing "*have them in a timely fashion; this one was two days later."* And the fact that they wished they would have been encouraged to attend as the exposure to the psychologist may have influenced their decision to seek psychological assistance:

> But I think if somebody had offered that to me and showed me even in a group setting in things where lots of people were involved then maybe it would have been easier for me to think "okay well I now know somebody that I think is probably kind of cool, I can call them up."

Participants highlighted the importance of implementing CISDs as routine practice after major events *"If we have CISDs with serious files it becomes part of the normal practice, "standard practice."*

(c) Psychologists. Participants described a number of wish list items pertaining to psychologists they believe would facilitate members' decisions to seek psychological services. Trust and faith were two factors that figured prominently in participants' decisions to engage with a psychologist. Knowing the individuals they have access to can make a big difference. "*The MEAP Member doesn't know who's on the list either and who's good and who's not good. That's where it would be beneficial to have …we've got to know who these people are, they're virtual strangers with degrees."* Access to psychologists knowledgeable about policing was seen as beneficial:

> But that person has to know about the Force and what we're exposed to and how we react. You can't see somebody who doesn't know what you're exposed to. I mean you could have all the degrees in the world, I think but unless you've walked a mile in my shoes it's pretty tough for you to say something.

To assist psychologists develop greater understanding about policing, one participant suggested, *"Why can't they walk around, why can't they ride along a day with this unit or ride along a day with that unit if you want to gain the trust, knowledge of your people why not?"*

Participants wished they had accessed good psychologists. *"A psychologist who'd give better advice, I think if at that time I'd gone to my current counsellor I don't think I'd have been in my relationship longer and suffered through the next five years."* And:

> . . . if I had seen a different psychologist, someone not so "flaky." That completely turned me off. If I had seen a different one, I may have been willing to talk to a

> psychologist, reacted more positively. That experience made my supervisor's suggestion that I should just drink and forget, all the more real.

The difference having a good fit with a psychologist made for this participant, *"I feel lucky to have someone like (names psychologist). She understands the culture. I know it is just part of the maintenance you do as part of the work. Other groups need to spend time with someone like her."*

Some participants mentioned wishing the psychologist they had seen had taken a different approach, normalizing and just talking about what they had just been through, *"hey there it's a big event. Why don't you grab a coffee and we can sit down and talk about it."* Also, psychologists who were willing to discuss note taking and confidentiality with members, as that can be a significant barrier. *"The counsellor needs to talk about the reality and what is and what isn't in their notes. And possibly consider being collaborative about writing up their notes."*

Participants in this category also spoke of the importance of being consistent with the policies and procedures to ensure members are being taken care of:

> Need to be better at being consistent with the P and P already in place to make sure members are taken care of. Mental health is important. We have CISDs in place, but if a name gets left off the list, the whole system falls apart. If that happens to the wrong person, you can have a big mess on your hands. I have seen members and ex-members who have killed their spouse or become gang members. How does that happen? It is almost incomprehensible to me. To become the exact opposite of everything they stood for all their life. There has to be identifiers that can be picked up along the road that they are headed in that direction.

And from another about supporting access to psychological care:

> But again if we made counselling part of… okay go get your dental work done, your eyes tested, see the psychologist. And then tell people as part of the miscellaneous classes… *"if any one of you assholes ever bug somebody else about accessing counselling your ass is going to be handed to you."* I think that would be a good thing.

Items in this category relate to the implementation of CISM policy and procedure by detachments, units, supervisors, and members. They include: triaging, identifying, implementing protocol for psychological interventions and follow up, inclusion of all involved members/employees at CISDs, CISDs conducted in a timely manner, ensuring consistent follow up with individuals involved in significant incidents, using senior members as role models to promote and normalize help seeking and decrease stigma, ensure policies are followed, have knowledgeable and skilled psychologists on the provider list who understand police culture, MEAP to follow up to ensure good connection with psychologist, prepare junior members for experience on scene, help members develop healthy and effective coping strategies.

Category 3: Information on services/entitlements (26 items, 12 participants, 60% participant rate).

Participants contributing wish list items in this category identified the importance of making details about the services and entitlements they have access to highly visible and readily accessible. They also provided ideas on how to publicize the information more effectively.

Several participants recalled a personal crisis or life event in which they recognized the need for psychological assistance, but were either unaware of the services they were entitled to or how to access them. Having this information beforehand and knowing how to effectively access services would have been extremely helpful at the time they were under stress.

When asked what might have made a difference, participants frequently stated,

"information on services available," and *"information and awareness about what is available to members, how to, where to go."* One participant described feeling very uncomfortable asking colleagues about psychologists as she was so new on the job. She felt this could have dissuaded her from seeking help at a time she was very much in need.

> It would have been nice to know what the options were back then. Know it yourself without having to be told. Being so new on the job I don't know that I would have talked to other people about "have you ever seen a psychologist." I don't know that I would have been comfortable doing that. Had she (friend) not pushed it I wouldn't have gone because I wouldn't have gone to ask how I find out how you get access to those services.

Participants believed this information should be better communicated. According to one, while they may have been provided with this training early in their career, they did not recall the information and found it extremely difficult to locate, "b*etter messaging by the RCMP about what is out there. I didn't know where to go for help. I may have learned at depot but I don't recall because so much was going on."*

Another participant expressed frustration at the difficulties he experienced trying to access information on psychologists through the RCMP Info Web, finding his stress level increased trying to locate contact information when he was already in need of help:

> Access to information on psychological support - how to access what you are looking for. Sometimes going to info web can be a maze of clicking and clicking and clicking and you end up where you started without any information. We have a central help desk for computers. Should we have a central help desk to point people in the right direction? Quick and easy. And have it on info web if easy to get to. Going to the search engine you get 1,500 - 15,000 hits depending on what words you type in to it. It is usually an off

> shoot of an off shoot of an off shoot. I become more frustrated and aggravated, and then off to work you go.

Some felt the information provided at Depot was very limited due to provincial differences in services so junior members in their first posting were uninformed:

> Members are not aware of the occupational benefits that are in place for them. And even some of their other benefits, it's never been explained to anybody. It's not one thing they do in Depot because it's a Provincial thing. . . . but the same thing is like how those are necessarily, potentially delivered aren't the same across the board. How they are paid for is the same (Federally) but every Division's websites are a little bit different.

According to several participants, having information on psychologists would be the most useful. Although the RCMP has a list of approved psychological providers across the Division, some participants were not aware of its existence *"well they could have a list for me to say "approved people I could just go pick from" . . . ."* Others were aware of the list but had not seen it *"I would love to see a list of providers."* One participant shared an earlier experience in her career when information was not available; and indicated that having a list would have made accessing assistance easier:

> If at that time it was a well versed topic, and it was well spoken of, certainly we speak of it more now than we ever did before, but back then if it was here's a list of really great people you can talk to if you have relationship problems and they're trusted, because trust is a big thing and they know what it's like to be in a relationship and be a member, and if it was more overt… I honestly think that it would have been easier to want to access it at that time if it [information] was more acceptable and readily available.

Some participants stressed the importance of educating members to be aware they are not confined to the providers on the list, *"make sure they know they do not have to see the psychologists on the list, they can see anybody,"* and *"people should understand that they can go to other people, not just the ones on the list."* And that it is just important for them to have someone they trust that they could go to:

> If people had their own, not just necessarily the "RCMP" approved psychologist. If they said look "please go see a psychologist" it doesn't have to be one of the RCMP approved people …because people need to be comfortable with the person they chose to go and see.

Participants described the information they wished would have been available to them including names and contact information for specific psychologists, expertise, services provided, the number of sessions they are entitled to, and details about coverage. Two participants suggested links to self care websites would also be beneficial:

> It would be nice for the information package to have resources on self-care websites, just resources for people to be able to look at when they're in the mindset that they need to look at it or and even just information on the RCMP process like you know here's how things work and here's what to expect and here are your contacts…

One participant mentioned that new members are often provided with recruit packages that contain helpful information on local resources; however he has never seen anything offered to members who lateral in from another detachment or Division. And that would be helpful:

> At the Detachment level if there would have been a handout . . . these are the Health Care Providers within the Detachment area, we tailor things to the new member because

> they are new…but knowing the background of a lateral member . . . for me I've been to Vancouver area once before in my life I would have benefited hugely from that.

This information should be made available to members at all times, and offered proactively at times in a members' career that have been identified as more stressful. For example, if a member is injured at work, or off duty for a period of time, or involved in a complaint, or workplace harassment issue:

> I think when there is recognition that a situation at work is so bad that we are paying tens of thousands of dollars to a mediator to try and mediate a situation …that it almost would be good if they had like a self-care thing for the employees saying have you ever considered . . . a recognition that not everyone will be able to continue to be okay in their everyday life while still dealing with this situation . . . even if they have a package of information to give out to people with a recognition of when there's workplace conflicts sometimes this can be a bi-product of it and it doesn't just keep itself at work and there's all these other things that could happen and if they do here are some options . . .

And finally, participants had several suggestions about how to make this information more easily available and accessible, including posting the provider list in conspicuous locations:

> If that list was posted more overtly I mean, even now, there's no psychologist list, you walk around this building, and do you ever see a list of psychologists? If it's there every single day and everybody sees it, it's not the hidden… and the computer system that you have to go and find the list. Because when you're mentally struggling you don't want to go and search for anything.

Putting up a poster on the wall for all to see, *"I think greater education of what services are available to you and not. A poster on the wall saying if you need help this is what's*

available." Suggestions were made for detachments to have a pamphlet, resource board, and resource binder. *"Realistically there needs to be a pamphlet or a Resource Board and a Resource Binder for how things run. Names, phone numbers, heads of HSO . . . Having information you can just go pull up and call yourself."*

Placing the 1-800 centralized number on paycheques and screen savers, so the number is always readily accessible, and redesigning the Info web site so that it is more user friendly:

> This information needs to be readily available to us and accessible. And not like "oh I put a poster up" or "you should go talk to so and so" …and they're not phoning a 1-800 number. Give me the choice, but it needs to be front and center. Because we all have access to it and if it's all together it's not like "*oh I need to find the Mental Health portion of it"*…it would be just so easy to go in, Medical click, oh what are you looking for if it's Medical Doctors, Health Care Professionals . . . something that needs to be either accessed in emergency or short notice fashion needs to be front and center.

Participants also discussed taking the opportunity to provide regular reminders to members on the services that are available to them. Some suggested taking the opportunity during Block Training or during courses at Pacific Region Training Center (PRTC) would be effective, if taken seriously by the trainer:

> It needs to come out in some format that members know what's out there and what their options are. In B.C. anyway we all have to go through that Block Training every three (3) years, where you re-qualify and you do the scenario's, it's a weeklong thing out at PRTC and everybody has to go, it's mandatory. So take a half an hour in there in the Health and Wellness or the Lifestyle and Fitness thing or something and explain these are your benefits. And don't get somebody doing it going *"oh these are your benefits if you ever*

> *need you know you don't have enough booze at home"* … but somebody who can speak to… these are the various services and just is short and sweet because if it goes on forever nobody listens… an environment where everybody has to go and listen, and we have to attend that training.

Participants described a need for more effective messaging and communication on information about the services and entitlements available from the start of their career and at regular intervals throughout their service. Suggestions about the type of information that would be useful included: services available and how to access, names and contact information for psychologists (on/ not on list), send the RCMP Provider List to every employee, place 1-800# in visible locations such as on computer screens or paycheques. Develop a local brochure and detachment resource board, and links to self care websites. Training should be provided at depot and in each Division so that members are informed about services.

Category 4: Effective supervisors (18 incidents, 12 participants, 60% participant rate).

Participants contributing to this category talked about the importance of supervisors and what they wished their supervisors had provided them when they were going through a time of personal challenge. Participants described the need for proactive and supportive supervisors, the importance of supervisors engaging with their members after a major incident or when they noticed something was amiss. They expressed a wish that supervisors be provided with training on the signs and symptoms to look for and ways to support their members more effectively.

Participants who did not have an effective supervisor during a time they considered seeking psychological services believed that having that support would have made a positive difference and assisted them with their decision to seek psychological services. One participant

described needing a supervisor who was *"engaged and invested in what is going on with their members,"* and another included *"having a supervisor that really cared. And has relationships with people."* An engaged and caring supervisor generally knew their personnel well enough to notice when they seemed "off."

> A supervisor who is actively checking in with staff and knows them . . . You don't have to know them intimately but you have to be able to recognize there's something amiss with that person, they're not themselves and be able to say *"are you okay, do you need to talk?"* that's really, really important.

One participant talked about how it would have been of great assistance if his supervisor had helped him recognize he needed to see someone:

> If somebody had helped me recognize it… I think it's really important that supervisors get to know their employees or their direct reports. You don't have to know them on a personal level but I think it's very important to understand who they are and what the back story is with everybody.

Another participant described:

> I think a supervisor should pay attention to what's happening…not just happening in the operational world, but you can notice changes in a person's personal world as well. I think you have to be aware of the toll the job can have on somebody. I think supervisors have to have the courage to have that hard conversation.

Not just noticing, but approaching the staff member and having what may be a difficult conversation was identified as an important role for a supervisor, *"they need to be brave and check in with people who seem off."*

Participants also identified an effective supervisor as one that would be supportive of their decision to access psychological care without negative inference or repercussion:

> For me to know that it (psychologist appointment) would have been without any type of behind the back comments or mark or notation on my file or any type of repercussions for training or advancement or opportunities because you get some managers where you don't think that's always going to be the case.

Participants identified the need for supervisors to be proactive and follow up with them after a major event.

> And maybe supervisors, when a bad file happens, need to ensure that their members are being looked after. Supervisors are in charge of reading all the files or attending big files when they happen, so really it should probably fall on them to refresh the memory of the person who went to scene and validate that this is a bad thing and, and it's not a bad idea for you to go and talk to someone.

Participants described the need for supervisors to not only be proactive with their members but to strongly encourage them to access psychological assistance when appropriate:

> I think it should be not forced down your throat but it needs to be more overt, people are saying *"that was nasty, do you want to talk to somebody?"* Because at least then even though I was in an internal struggle with the members looking at the gory pictures, my fall back could always have been *"well they forced me to go, I had to go"* so there's no perception of weakness or I'm not coping…

Participants described the importance of supervisors' role modelling healthy behaviour, normalizing and encouraging help seeking, and ensuring their members know there will not be any negative consequences:

> Managers with their people really need to say that it's okay to see people whether it be a MEAP member or a psychologist or whatever, and give them the support that they need to do that. And it's because of the nature the job that we do, we're not all robots. It really needs to be supportive that way where they're not going to be restricted in any way or thought of differently or not allowed to go on certain courses or chances for advancement or promotion or other job opportunities.

The importance of having senior officers and management who are understanding and share this perspective with their members was also seen as extremely important:

> Having people in management, and not just upper management, but at the NCO level, like Corporal level and Sergeant, maybe Staff Sergeant, having people who understood what a member is going through and then having the member's best interest in mind so they would refer them saying "listen go see so and so" so number one it would be the understanding by supervisors.

This understanding comes from having their own life and work experiences, augmented by training on mental health issues, their responsibilities and how to best respond to members in distress. Participants identified a need for supervisors to receive this training:

> More training for the supervisors at least to help them recognize when somebody changes there's a reason for it, and is it positive or is it negative? And to be able to recognize that and try to lead the…I was going to say intervene, but that's not the right word… but try to lead that person to get the help that they need.

Participants also registered a hope that *"educating supervisors will help to bring about cultural change."*

Participants identified supervisors as extremely influential in shaping how they

personally addressed the emotional impact of police work. This category contains a number of "wish list items" related to effective supervisors including the requirement that they promote a supportive psychosocial environment for their subordinates. Supervisors require timely training so they possess the knowledge, skills and understanding to respond effectively, and an awareness of the potential signs and symptoms to look for. Supervisors need to be proactive, confidential, normalize responses, promote psychological interventions, demonstrate an understanding of what members may be experiencing, know what serious incidents their members are attending, check in with them regularly, encourage employees to seek assistance, ensure there are no adverse repercussions, and check in with individuals who seem "off." An effective supervisor is one who is engaged and invested in what is going on with their members.

Category 5: Education on mental health and the psychological response to police work (29 incidents, 10 participants, 50% participant rate).

Participants contributing wish list items in this category identified that the lack of education about mental health and the psychological response to policing had a negative impact on accessing to psychological services. They believed this lack of education contributes to stigma and the notion that help seeking is a sign of weakness.

Several participants believed that educating officers and their families about the realities of operational stress, mental illness and the psychological impact of police work would serve to increase awareness, thereby helping to reduce stigma. *"I think to change culture it just has to become stuff that is talked about, that we openly talk about and it's not so taboo."* And, *"killing the stigma, we need to educate people on what it is and make it okay to access that (psychological services)."* There was acknowledgement that the police culture reinforces the notion that "ideal" officers are invulnerable, and to show weakness meant they were unsuited for

the work:

> I think we're our worst enemies and I think until we make it more, I won't even say acceptable, until we change the mindset that we're not inhuman, just because we're police officers we're not inhuman and we're not protected against having any of the mental health issues.

Several participants believed that a cultural shift is slowly happening. They notice greater awareness and a change in outlook from some, not all of their colleagues. Ever so slowly, they find the perception that help seeking is weak to be slowly changing.

> We live in an age now where psychological assistance and mental health awareness is at the fore front, we have to examine that (help seeking) more thoroughly. To ignore that I think would be a great disservice not only to yourself but to the people around you.

Participants talked about the importance of making mental health a priority, and the need for others in police work to recognize that as well. They suggested using specific role models to help spread the word.

> And maybe bring somebody in who has accessed counselling and say *"okay this guy's won this medal, that medal, he's raised* his *kids by himself, he's a tough guy, he's a kick boxer, and he goes to a counsellor every six months."*

Or they suggested bringing in a well known, successful individual with expertise in the area:

> If you want to get this far, you have to take care of your mental health or you are not going to make it. And that is what I do. Saul Miller, a well known Sports Psychologist spoke on a two day training course, likening high performance sports teams to members on our unit. If someone humbly would say I am performing at this very high level within the organization, but I recognize part of that success is that I can do what I do because I

> invite these services. This is another tool in your tool box that you can use to help you perform. It would affect many people in a positive way to hear that.

Providing accurate information may serve to change the conversations that occur, normalizing the impact of the work and promoting the practice of caring for mental health.

> Instead of joking around like *"oh so and so went to this fatal the other day and now they've had a breakdown and they're off work for two weeks and they have to suck it up"* that's normally what the conversation will go. Instead if it was just a conversation of *"yeah so and so had a bad experience at work, they're going to go take care of themselves for the next couple of weeks so that they can come back and you know really do what we need them to do"* I think that that sort of talk is so much better.

In addition to providing education in an effort to change the culture, decrease stigma surrounding mental health, and increase the likelihood that members will access psychological services; participants also identified the importance of teaching members and their families about the impact of the work and strategies to deal with it, including seeking psychological assistance if required. They felt that may increase the members comfort when considering accessing these much needed services.

> Any time we have to admit that our brain isn't working the way we'd like it to work it's scary for people and I think because people like myself can be so uneducated about what a lot of those issues like post-traumatic stress and depression or any of these other things, what they really look like and what it impacts - like it's not going to impact my ability to take an interview from a bad guy, it's not going to impact my ability to come to work…well for me it didn't. Until people recognize that it isn't all or nothing…

The type of information participants indicated would be helpful included information on the process of counselling – what to expect, how to access, *"have someone come in and talk about critical incident stress and other counselling services, not just trauma*." Some participants indicated a need for the police organization to recognize that both work and personal issues impact the individual, and regardless of the cause or source of distress, the member must address whatever is going on to be healthy at work.

> I wish that the RCMP would recognize the fact that to maintain healthy, mindful police officers in a mental state they need to realize that personal lives directly, there's a direct correlation with how the personal lives of a police officer affect their working lives of a police officer, the two go hand in hand.

Participants identified a need for members and their families to receive education on the range of services available to them and that counselling benefits are not just for trauma related incidents:

> Expand their view and educate employees about what counselling services can provide - that it is not just trauma related, they can access counselling for anything that is going on. The majority of people take their job too seriously, with negative effects. They should know.

And have a discussion on the potential repercussions of accessing psychological services:

> I think maybe some reassurance that if you go see someone, like I don't care now what the Force knows but I think at the beginning, knowing that your career is not going to come to a halting end or that people aren't going to find out if you've gone to see someone about this kind of thing.

Participants identified a need to educate members on what they would experience, before the fact:

> What I learned from it because I had a recruit after and I took everything from my experience and gave it to him… it would have been nice if anybody would have said to me before even having that door open and saying "you're going to see stuff that is pretty bad"… and this is going to cause emotion in you…"

Participants suggested that *"knowing what you could go and see somebody for or what kinds of signs and symptoms to look for in yourself,"* and information on coping strategies would be beneficial:

> I think that maybe having strategies because I think that if you'd say to someone you're going to see these things if this happens, here's some coping mechanisms you can use instead of just kind of…because I think you just wrestle with a lot of emotions.

Participants also believed that members should be educated about normal responses to a variety of situations, prior to being immersed in the work:

> It would have been good to not only be able to gain a little bit of knowledge as to how to handle that type of a situation when I got into it . . . maybe recognize, be taught some lessons on how to recognize internal problems or whatever, whether it was emotional, mental whatever it's going to be that might result from doing that.

And learning what they can do to assist themselves, including normalizing access to a psychologist as required:

> Knowing that it's a normal thing to go and do this and that people do it or that they should be doing it. Knowing what kinds of things might impact, what types of files might impact you and knowing that if you don't deal with it when it's happening it might come back to haunt you later…

Given the cumulative impact of the work and importance of remaining mentally and physically healthy, participants emphasized the need to begin providing this education as early as depot, "*I think even in training, you don't want to scare people, but I think that when…we never really talked about the violence or the other stuff it just like you learn it on the job…."*

And continue this education through a members' career taking advantage of a variety of opportunities:

> So Depot, and then especially on courses, giving examples, making it more real, just having not so generic in terms like "oh you know people get depressed and this might happen or whatever...", but just to show that other members have been through this before and you're not alone kind of thing and that this is the type of thing that is of benefit if this is the road you're traveling down…. and then a reminder to new recruits right before they signed off their cadet boards. I think it should be implemented no matter what happens in this career, whether it's major crimes, robberies, whatever, a bad car accident, no matter what you're dealing with if somebody dies or a child is involved or whatever…these are the kinds of feelings that you're going to feel and it's important that you get that help.

Participants described a need for education on mental health and the psychological impact and response to police work. They identified that having this knowledge and awareness would have made a considerable difference at times when they were struggling or considering accessing psychological support.

Suggestion were made to provide education for members and families on: traumatic stress, organizational stress, life stressors, stigma, mental health care, the impact on both work and personal life and the importance of addressing both to remain healthy. This education should

be designed to prepare members for the psychological impact of police work, include training on identifying signs and symptoms to look for in self and others, and include information on healthy coping strategies for use in the aftermath of traumatic incidents.

This category includes increasing awareness of the importance of integrating routine CISM practices into daily operations. Suggestions included using senior, respected members who have accessed counselling to assist with this education and consistent implementation of training at specific times during a member's career to emphasize importance including at depot, following the cadet board, at six months service, five year service and during relevant training opportunities.

Chapter Summary

As outlined in the preceding chapter, participants provided a great deal of extremely valuable information on factors that helped and hindered their decision to access psychological services. From the 20 interviews, 676 incidents were identified. These incidents were analyzed for themes and patterns, and use of inductive reasoning resulted in the placement of 264 incidents into 14 helpful categories, 258 incidents into 13 hindering categories, and 154 wish list items into five categories.

Secondary analysis was conducted to identify interconnections and greater meaning of the data, and to determine any gender differences regarding access to psychological services (see tables 5, 6 and 7).

Many of these results correspond with literature on police culture, the impact of police work and help seeking. Areas that extend our knowledge and understanding were identified through this study. The following chapter will address literature cross-validation and offer a synthesis and discussion of these results.

Secondary Analysis: Thematic Overview of Results

It is standard practice when using the ECIT method to report the helping, hindering and wish list items separately. Several of the categories that emerged involved content that spanned all three domains or contained related constructs. To effectively report the inter-connections and greater meaning, the results were organized thematically. These five topic areas include: systemic factors, information and education, quality and influence of relationships, individual characteristics, and organizational processes. The results will be discussed within the context of these organizing topics (see Table 5).

Table 5

Thematic Overview of Results

Helping Category	**#Participants % of total**	**Hindering Category**	**# Participants % of total**	**Wish List Category**	**#Participants % of total**
Theme 1: Systemic Factors					
Greater Awareness/ Acceptance of Mental Health Issues, Changing Culture	10 (50%)	Police Culture	15 (75%)	Promotion of Psycho-social Care and Implementation of CISM Management Procedures	17 (85%)
		Stigma re: Help Seeking	11 (55%)		
		Fear of Repercussion	10 (50%)		
		Perceived Lack of Support or Care for Mental Wellbeing	8 (40%)		
Theme 2: Information and Education					
Understanding Mental Health and the Psychological Response to Police Work	4 (20%)	Lack of Understanding about Mental Health and the Psychological Response to Police Work	13 (65%)	Education on Mental Health and the Psychological Response to Police Work	10 (50%)
Knowledge of Resources	7 (35%)	Lack of Knowledge of Resources	11 (55%)	Information on Services/ Entitlements	12 (60%)
Theme 3: Quality and Influence of Relationship					
Psychologist	16 (80%)	Psychologist	6 (30%)		
Supportive Unit and Supervisor	10 (50%)	Unsupportive Unit/Supervisor	12 (60%)	Effective Supervisors	12 (60%)
Critical Incident Debriefing (pers. experience)	7 (35%)	Critical Incident Stress Debriefing(pers. experience)	10 (50%)		
Member/Employee Assistance Program (pers. experience)	5 (25%)	Member/ Employee Assistance Program (pers. experience)	9 (45%)		

Theme 3: Quality and Influence of Relationship cont'd					
Influential Third Party	18 (90%)	1-800# (pers. experience)	5 (25%)		
Previous Experience with Counselling	7 (35%)				
Ease of Access to Psychologists	13 (65%)				
Theme 4: Individual Characteristics					
Ability to Talk about Life Circumstances, Self Awareness and Desire to Change	17 (85%)	Upbringing, Family Messages and Personal Characteristics	5 (25%)		
Threshold for Accessing Psychological Services	15 (75%)				
Theme 5: Organizational Processes					
Organizational Processes	10 (50%)	Organizational Processes	8 (40%)	Organizational Processes	19 (95%)
Mandatory Psychological Interventions	6 (30%)				

Secondary Analysis: Gender, Event Type and Help Seeking

Secondary analysis was conducted to determine if there were differences in the decision to access psychological services between gender, and work or personal events. A work event was defined as any event that occurred during the performance of policing duties. A personal event was defined as any non-work event. The following tables provide detailed information for each participant (see Table 6) and a summary comparison between the types of event and gender (see Table 7).

Both male and female officers demonstrated comparable access to psychological services for personal events; however female officers sought psychological assistance less often than their male counterparts for work events. Considerable differences were noted between work and personal events, with both genders choosing to seek psychological assistance more readily for personal events (89%), than work events (53%) (see Table 6).

The implications of these results are examined in light of existing literature in the Discussion Chapter.

Table 6

Access to Psychological Services by Gender and Type of Event

Participant #	Gender	# Work Events	Accessed Psychological Services for Work Event YES	NO	# Personal Events	Accessed Psychologist for Personal Event YES	NO
1	F	0			2	2 - Y	
2	F	2	1- Y	1 - N	2	2 - Y	
3	M	5	4- Y	1 - N	1	1 - Y	
4	F	3		3 - N	2	2 - Y	
5	F	2	1- Y	1 - N	1	1 - Y	
6	M	2	1- Y	1 - N	1	1 - Y	
7	M	2	1- Y	1 - N	1	1 - Y	
8	M	1	1- Y		1	1 - Y	
9	M	3	3- Y		2	2 - Y	
10	F	4	1- Y	3 - N	0		
11	M	3		3 - N	1	1 - Y	
12	M	3	1-Y*	2 - N	0		
13	M	4	3-Y (2*)	1 - N	0		
14	M	2	1 -Y*	1 - N	1		1 - N
15	F	2	2-Y (1*)		1	1-Y	
16	M	5	2 -Y(1*)	3-N	0		
17	M	1		1-N	1	1-Y	
18	F	2	2-Y (1*)		1		1-N
19	M	1	1-Y*		0		
20	F	2	1-Y*	1-N	1	1-Y	
Totals		49	26 - Y	23 - N	19	17 - Y	2- N

*Denotes mandatory intervention

Table 7

Summary Overview of Access to Psychological Services by Gender and Event Type

Participant Gender	Total Events	Work Event	Frequency Psychological Assistance Accessed for Work Event	Personal Event	Frequency Psychological Assistance Accessed for Personal Event
Female N = 8	27	17	8 (47%)*	10	9 (90%)*
Male N=12	41	32	18 (56%)*	9	8 (89%)*
Total N=20	68	49	26 (53%)*	19	17 (89%)*

*Percentages derived by dividing the number of times psychological assistance was sought for work or personal events by the total number of work or personal events in which participants had considered accessing psychological assistance.

Chapter V: Discussion

In this chapter, findings that emerged from analyzing the results of interviews conducted with 20 participants serving as active members of the Royal Canadian Mounted Police are discussed in relation to relevant existing literature. Often referred to as *theoretical validation* or *cross validation*, this process allows concepts that emerged from the study to be checked against the literature base. Following cross validation of the data, this study`s unique contributions to theoretical knowledge will be discussed. Strategies to promote a supportive psychosocial environment and recommendations for police organizations will be outlined. This chapter will conclude with a discussion of the significance and limitations of the study, and implications for future research in this area.

To provide clarity and reflect the inter-connections and greater meanings, this discussion will be organized under five overarching topics (see table 5). They are: Systemic Factors, Information and Education, Quality and Influence of Relationships, Individual Characteristics, and Organizational Processes.

Systemic Factors

This topic incorporates the systemic factors identified by participants that influenced their decision to access psychological services. These include the helping category: Greater awareness/acceptance of mental health issues, changing culture; the following hindering categories: Police culture, stigma regarding help seeking, fear of repercussion, and perceived lack of support or care for mental wellbeing; and the following wish list category: Promotion of psychosocial care.

Police culture. Several studies identified common characteristics, beliefs, values, and attitudes endemic to the police culture. Conti (2009) outlines the process of assimilation

accomplished through a variety of training techniques utilized in depot, during which recruits undergo a process of shedding their civilian role, adopting instead the status of police officer. Through this transformative process, specific characteristics and behaviour are developed and reinforced. Characteristics of an ideal police officer are emphasized throughout training and continue once on the job. These ideals promote values of invincibility, courage, toughness, and strength (Conti, 2009; Hewitt, 1996; Loftus, 2010; Tuckey et al., 2012; Woody, 2005). Given the sometime dangerous and potential life threatening incidents they respond to, officers develop a strong connection and reliance on each other for protection and safety (Burns et al., 2008; Conti, 2009; Skolnik, 2008; Woody, 2005). Although this tight bond is viewed as vitally important to ensuring fellow officer's safety during high risk calls, it also results in a need to project an aura of competence at all times as they must prove they can be counted on to "have each other's back".

Consistent with the literature, participants in this study described the need to appear mentally and emotionally in control and the pressure to conform. As they depend on each other for backup and support, they are conditioned not to show weakness. Participants described an expectation to always respond appropriately, to be strong and kind, tough and compassionate, and to demonstrate dependability and resiliency at all times. With the need to prove their competency and conformity with policing values, many participants found they had been conditioned not to seek help.

A number of authors identify use of emotional suppression in police culture. Officers are taught and encouraged to disconnect from their emotions regardless of the degree of horror or tragedy they witness (Brown et al., 1996; Burns et al., 2008; Evans et al., 2013; Gilmartin, 2002; Karlsson et al., 2003; Koch, 2010; Sewell, 2001; Rees et al., 2008; Tuckey et al., 2012; Woody,

2005). This practice is evaluated by some as a job requirement, to enable them to perform their duties effectively and remain emotionally protected (Burns et al., 2008; Gilmartin, 2002; Sewell, 2001). Although a necessity in the moment, the literature identifies the use of emotional suppression as a potential source of harm as officers can adopt this practice regardless of the situation (Burns et al., 2008; Gilmartin, 2002; Sewell, 2001; Tuckey et al., 2012; Woody, 2005). Alkus et al. (1983) also identify a pressure for officers to be "super cops" serving to reinforce the male gender stereotype of mental toughness.

Consistent with the literature, this expectation of emotional control at all times, regardless of how they were feeling, was identified by several participants as extremely hindering to the decision to seek psychological services. Discomfort at revealing any emotion to colleagues prevented discussion about accessing psychological care. Some mentioned experiencing considerable incongruence because exhibiting an emotional reaction ran so contrary to the police culture and their conditioning. As junior members, some participants looked to more senior officers to determine how they should act, reverting to the practice of emotional suppression until they too became either more desensitized or better able to conceal their emotional reactions. This cultural pressure, coupled with a lack of understanding about the importance of addressing their emotions dissuaded some from seeking help.

Stigma. The literature speaks to the silencing effects of stigma (Jones et al., 2005; Scaer, 2005; van der Kolk, 1996), preventing many from revealing their distress, particularly in a population that places great import on the virtues of strength and toughness (Conti, 2011; Evans et al., 2013; Loftus, 2010; Rees et al., 2008; Tuckey et al., 2012; Vogt, 2011; Woody, 2005). Several participants revealed their reluctance to seek psychological services as a result of stigma even though they were struggling. Some elected to delay accessing assistance for several years

until the pressure was too much, and others who, in spite of enduring years of flashbacks and intrusive images, chose not to pursue psychological services for fear of being viewed as weak, broken or unreliable by colleagues.

Findings from this study similarly identified a need to preserve and protect professional reputations; ensuring colleagues remained unaware of any mental difficulty. An additional contributory factor appears to result from officers' exposure to psychosis or other serious symptoms of acute mental illness. Exposure to these extremes can result in the formation of inaccurate opinions and beliefs about mental illness. Using these extremes as a comparison point raises the threshold for considering access to psychological assistance, in other words, things would need to be quite dire. Of interest, several supervisors advised that they themselves encouraged their subordinates to seek out mental health assistance and do not regard them as weak, but do not access psychological services themselves, and do not understand why that is.

There appears to be a strongly held bias between mental and physical injury existing within the police culture, with many sharing a belief that colleagues could realize the potential for a full recovery from a physical injury but that a psychological injury always left a permanent, residual weakness. Concern for being perceived by colleagues as unreliable, exposure on the job to acute psychotic states, and a belief that any mental difficulty results in permanent damage contributed to fear of discovery, preventing some individuals from accessing psychological services.

Martin (2012) identifies the prevailing "suck it up" attitude in policing and the deterrent this has on Ontario Provincial Police officers, preventing many from seeking assistance out of fear of transfer, risk to promotion or being stripped of their firearm. Jones et al. (2005) also identifies the fear of losing peer support. Related to the observation that physical illness draws

concern and support from colleagues as opposed to psychological illness which tends to result in derision, Martin (2012) found increased tolerance for acute stress reactions, but less so for long term cumulative stress issues.

Some participants expressed similar concern that accessing psychological services would result in tangible negative consequences including loss of promotion. Participants described experiences in which they were not selected for positions due to a supervisor's perception that they were weak, or overhearing conversations in which colleagues were denigrated for accessing psychological services. This fear of being black listed, or denied opportunities, had a strong silencing effect for many. This at times was found to prevent or delay access to psychological services, and for several participants who did access services, caused considerable stress and anxiety that they would be discovered, resulting in isolating and secretive behaviour.

Changing culture and policing environments. Half of the participants in this study described noting a slow incremental change in the culture, offering as examples the use of CISDs as a matter of course after major incidents, mandatory psychological reviews for designated high risk units, and greater overall promotion of mental health. In fact, one participant advised the organization provided members with a mental health day (eight hours) per anum, promoting self care and mental wellbeing. This gesture was, however, frustrating to some members who's shifts exceeding eight hours requiring they supplement their mental health day with vacation time. This reinforces the experience of disconnect between leaders and front line officers.

Some believe this increased acceptance and promotion of mental wellbeing is assisted by mainstream media spots designed to decrease mental health stigma. This is being accomplished with the help of personalities such as Clara Hughes, Romeo D'Allaire, nation-wide campaigns such as the Bell "Let's Talk About it Day," the impact of veterans who are speaking out after

returning from recent wars, and the attitude of more junior members now entering the Force possessing greater personal knowledge and awareness. Some participants found information about mental health more readily available and accessible, leading to greater awareness and a more informed population. Several participants found being impacted by the work was less seen as weakness and better understood as a reality of the work. Some participants now equate seeking the assistance of a psychologist with accessing a doctor or dentist, just part of one's overall wellness, a clear sign the perception of stigma is diminishing for some.

Unfortunately, not every participant's experience regarding help seeking was so positive due in part to unenlightened, unsupportive colleagues/supervisors holding a negative or adverse view of psychological services. This contrast was identified in the literature in both Duxbury's (2007) study with RCMP and Martin's (2012) study with the Ontario Provincial Police, each noting a shift in perception in some officers, but also resistance to change in others.

Martin's (2012) and Duxbury's (2007) findings may be explained by literature exploring police culture and the transmission of cultural values within policing. It has been discovered that messages transmitted by veteran police officers have a greater impact than the messages infused during formal training (Conti, 2009; 2011; Loftus, 2010). Change within this culture, although challenging, may be more successful when utilizing respected knowledgeable veteran police officers as part of a comprehensive and integrated educational strategy.

Systemic factors: Unique contributions to existing literature. Many of the findings contained within the overarching topic of systemic response are well supported by existing literature. Results from this study however extend our theoretical knowledge by providing additional insight into police culture, stigma, emotional suppression, fear of repercussion as they impact the decision to seek psychological services in a police population. Participants

consistently described characteristics of the "ideal officer" and the cultural expectation of competence, as evidenced in part, by the use of emotional control. This practice, while identified in the empirical literature to be potentially harmful to overall psychological wellbeing, specifically hinders the decision to access psychological services on a number of levels. First, several participants described extreme discomfort with their emotion, fearing that "opening the box", particularly after many years of suppressing intense emotions, would result in their inability to maintain control. This was further evidenced by concerns that the limited fixed number of counselling sessions would not be sufficient to effectively address what was "lying under the surface". Therefore seeking psychological assistance would potentially result in the loss of emotional control, rendering them less competent and reliable at work.

The need to retain emotional control creates a major barrier, delaying or preventing access to psychological services. Experiencing emotional difficulty is culturally incongruent with an "ideal" officer persona resulting in a strong silencing effect. Individuals too concerned or fearful to discuss the negative impacts of their work deny themselves access to critical guidance and support they might otherwise receive from experienced colleagues who, as identified in this study, play a critical role in directing officers to psychological services.

Adding a further layer of complexity, the pervasive impact of stigma and fear of being perceived as weak can be further reinforced during officers' attendance at completed suicides or attending calls with individuals suffering from psychosis and acute symptoms of mental illness. Regular exposure to extreme human circumstances can result in a skewed perspective that increases the fear of being diagnosed with a mental illness. It also serves to reinforce the perception by colleagues that an officer is weak and unreliable if they are believed to be experiencing emotional difficulty.

Given this context, the decision to seek psychological assistance within this sample was at times viewed in risk management terms, with the level of need for assistance having to exceed the fear of repercussion for access to occur.

Information and Education

All categories within this topic area incorporate factors related to information and education that influenced participants' decisions to access psychological services. These include the following helping categories: Understanding mental health and the psychological response to police work, knowledge of resources; the following hindering categories: Lack of understanding about mental health and the psychological response to police work, and Lack of knowledge of resources; and the following wish list categories: Education on mental health and the psychological response to police work.

Knowledge about the impact of police work. Considerable literature supports the fact that police officers are faced with repeated exposure to traumatic events and organizational stressors commencing early in their careers (Alkus et al., 1983; Burns et al., 2008; Jones et al., 2005; Karlsson et al., 2003; Koch, 2010; Sewell, 2001; Stearns et al, 1993; Stinchcomb, 2004; Tuckey et al., 2012; Violanti, 2004). There is some discussion in the literature regarding which stressor possesses greatest impact. Some research contends that organizational stressors have the greater impact, largely due to the fact that these stressors are often unrecognized, constant, frequently relate to matters the officer has little or no control over, and are relatively invisible when compared to traumatic events (Stinchcomb, 2004; Tuckey et al., 2012). Other authors view traumatic stress as having the greater impact. Henry (1995) suggests earlier incidents will likely be more stressful as the officer has yet to develop effective coping responses. Brown et al. (1995) found that the less frequent but high stress events, and sexual assaults were the most impacting

for officers, and Karlsson et al. (2003) noted that those first on scene at traffic accidents are the most affected. For the purposes of this study, it is recognized and accepted that police work exposes officers to many stressors, including the potential for considerable impact from both organizational and operational stress.

All participants interviewed for this study described experiencing psychological impact as a result of exposure to a number of work-related, highly traumatic incidents. These reactions ranged from mild and temporary, to serious and prolonged. The majority of traumatic incidents recounted by participants involved death and/or serious injury, and while they likely were exposed to organizational stressors, this impact went unnoticed in the majority of examples. This is somewhat concerning in light of Stinchcomb (2004) and Tuckey et al.'s (2012) findings that the vast majority of participants become disabled due to repeated and ongoing exposure to the erosive and debilitating nature of organizational stressors. All participants in the present study appeared unaware of this potential risk, and so would be unable to buffer the harmful effects in any way. This highlights the importance of providing education on the impact of police work to allow members an opportunity to take steps necessary to ensure their mental wellbeing.

Importance of normalizing access to psychological care. Several authors speak to the importance of providing education and information to normalize reactions, reduce stigma (Addis et al., 2003, Burns et al., 2008, Gilmartin, 2002; Jones et al., 2005; Rees et al., 2008; Tuckey et al., 2012; Wester et al., 2010), and increase the likelihood of help seeking (Addis et al., 2003). Given the hyper masculine environment present within police culture, and the emphasis on competence, effort must be made to normalize the use of counselling (Wester et al., 2010). In addition to working within a culture that naturally tends to avoid or reject the idea of help seeking, Gilmartin (2002) and Violanti (2004) stressed that lack of education and information on

how to deal with the emotional impact of the work often results in a downward progression of symptoms that inevitably lead to isolation, relationship difficulties, increased alcohol and drug use and increased rate of suicide.

The findings in this study relating to the positive impact of education are supported by the empirical literature. Participants who described having knowledge about the impact of police work stated that it helped them recognize when they were experiencing symptoms, they were aware of what was normal, and developed a number of strategies to assist them. For some, this awareness served as a guide that assisted them in their decision when and if to access psychological services.

Several participants experienced difficulties compounded through lack of awareness. Being unaware of the potential impact made it harder for them to recognize/identify when they were having difficulties and when/if they should seek psychological support. Several mentioned not recognizing the importance of seeking help, and with the cultural emphasis in policing on strength and competence, did not consider seeking psychological assistance. Some had never experienced any symptoms, and advised if they had, they did not have a "clue" what to do about it. Others expressed uncertainty about when they should access assistance, unsure how bad things had to get, leading to delay in accessing psychological services or postponing access indefinitely.

Importance of education. Based on the above, participants expressed a desire for every officer and their families to receive education on the potential impact of police work. They believed that with increased awareness, help seeking within the culture would be viewed in a more positive light. Certainly the literature supports this view. Appel et al. (1945; cited in van der Kolk, 1996), in his work with WW II soldiers identified that even the toughest, most

experienced soldier will break given enough exposure. Understanding the impact of trauma exposure may result in a shift from viewing trauma response as a weakness. Encouraging the use of role models to reinforce this message may serve to both educate and promote a positive change within this culture. Although not all participants were negatively affected by the work, and in fact most demonstrated great resilience, every police officer should receive thorough training about the potential impact of police work and strategies to remain healthy on the job at the very beginning of their career. This can then become another tool to assist in recognizing adverse reactions experienced by themselves or their colleagues, serving to further destigmatize and normalize reactions, and perhaps assist in the decision to access psychological aid.

Police officers would also benefit greatly from information on the process of counselling, including when and for what reasons to consider accessing counselling. There was a belief by some that RCMP funded counselling was available for work-related issues only. Preparing members and their families for the psychological realities of police work, including training and information on specific coping strategies would also greatly assist and guide their decision to access psychological services if needed.

Information and education: Unique contributions to existing literature. This study advances our understanding about the influence of knowledge and education on the decision to access psychological services. Overall, participants who possessed some knowledge of the psychological impacts of police work were better able to recognize and evaluate their own reactions, understand the importance of being proactive and more informed about when they should seek psychological assistance. These participants were more likely to employ proactive coping strategies, seek out the assistance of a psychologist or request a CISD intervention. They

were also more likely to view their reactions as a consequence of their employment, rather than a personal weakness or failing, increasing the likelihood they would respond proactively.

Participants who were unaware of the potential risks and psychological impact of police work were less likely to employ strategies that would mitigate the impact of the work, less likely to talk about their experience, or recognize the importance of addressing the impact. These participants expressed uncertainty about the origin or seriousness of the symptoms they were experiencing, and were similarly uncertain as to if or when they might seek psychological support. Many did not recognize the importance of dealing with these adverse reactions.

The decision to seek psychological services was often guided by the level of knowledge and understanding participants held about the potential psychological impacts of police work. Those who were knowledgeable were more likely to employ proactive strategies and seek psychological interventions, while those with little understanding were more likely to perceive their reaction as a form of weakness, internalize and isolate themselves, some electing to cope instead with increased alcohol consumption.

Quality and Influence of Relationships

This third topic incorporates categories with inter-connecting themes relating to the positive and negative influences of relationships and the critical role genuine and trusting relationships have on participants' decisions to access psychological services. These include the following helping categories: Psychologist, supportive unit and supervisor, critical incident stress debriefing (personal experience), member/employee assistance program (personal experience), influential third party, previous experience with counselling and ease of access to psychologists; the following hindering categories: Psychologist, unsupportive unit/supervisor, critical incident

stress debriefing (personal experience), member/employee assistance program (personal experience), and 1-800 number (personal experience); and the following wish list category: Effective supervisors.

Consistent with Bond et al. (2010), and Tuckey et al.'s (2012) findings on the importance of a strong PSC, participants in this study identified the critical importance of a supportive environment on their decision to access psychological services. Evans et al. (2013) also identified the importance of supportive social interactions, citing the greatest benefit was found in external supports such as friends and loved ones. The results from this study are consistent with the above findings, and further expand our understanding of the critical role these supportive individuals have in helping officers connect with psychological services.

For participants in this study, primary importance was having a trusted and respected relationship as often these relationships were instrumental in assisting participants' to access psychological services. The importance of these relationships cannot be overstated as it goes directly to the heart of acceptance of psychological services by members of a somewhat rigid culture defined by its conformity to traditions and values that appear in conflict with the notion of help seeking. The following provides detailed information that informs our understanding of the importance of social support in officers' lives.

Influential third party. Seventy-five percent of participants (N=15) stated that without the intervention of a trusted and respected individual, they would not have received much needed psychological services when they did. Some were completely unaware of their emotional state until a concerned, valued and trusted individual brought this matter to their attention. Others were aware they were not coping effectively, but the idea of seeking psychological support never entered their mind until it was suggested by a caring other. The level of persuasion from these

individuals with influence ranged from gentle suggestion to very blunt and forceful approaches. These influential third parties were separated into four categories of relationship as the degree of contact, intimacy and exposure in each of these groups is different.

Spouse/family. Spouses and family members appear to be ideally situated to recognize physical and psychological changes in their officer family member. Several participants were made aware of their need to access help through the urging of a partner or family member who had noted a change in behaviour or mood. The assistance spouses provided included emotional support and validation, articulating concerns and observations about changes in mood and/or behaviour, encouraging the participant to attend counselling, providing practical support such as offering contact information for a psychologist and/or attending sessions with the participant. In one case it was the ending of a marriage that finally forced the participant to recognize how poorly he was coping. This precipitated a conversation with another family member about the symptoms he was having, and this family member responded with contact information, strongly urging the participant to schedule an appointment, which he complied with.

Trusted friends. According to participants, trusted friends exercised considerable influence on their decision to seek psychological assistance. As friends are also in a position to note behavioural changes, they too may recognize when a friend is in need of professional help. The perspective of trusted and respected friends who were also work colleagues was even more valued given their familiarity with the work and understanding of the emotional toll. Trusted friends helped participants' connect with psychological services by first raising the issue, pointing out the impact of their behaviour on family/friends, providing contact information, personally endorsing a psychologist, and finally, offered encouragement and support throughout. Supported by Addis et al. (2003) who found males were more likely to seek help if they perceive

the problem they face to be one experienced by others, for an issue that is primarily outside of their control, and they receive support from their social group to access the help, having trusted friends/colleagues provide support and encouragement for help seeking was seen as extremely beneficial.

Professionals. Participants also received guidance and direction from professionals such as general practitioners, counsellors and psychologists whose positions or titles they respected. Several participants had good relationships with their family physician and indicated they were more receptive to accessing psychological services as the prompting came from them, sometimes accompanied with a diagnosis of depression or PTSD. Some participants had no previous relationship with a care provider, but were more willing to accept their guidance or advice because of their role and status.

Several participants experienced a sense of relief when someone recognized they were not doing well and in need of assistance as they were not fully aware themselves. Those participants who did not have anyone approach them out of concern expressed great disappointment during the interview and wondered how no one noticed, or why they had not cared enough to assist them.

It is remarkable to note that so many of the participants in this study believed they would not have received help were it not for the intervention of caring, trusted others. This emphasizes the importance of social support, and should provide incentives to police personnel and others to reach out to officers who may be unaware they are at risk or in need of assistance. Findings from this current study suggest individuals who are well connected to officers who are struggling can have an instrumental role in facilitating their decision to seek psychological support, as without their intervention, assistance may not be accessed.

MEAP. Continuing with the critical nature of trusting relationships and the association to help seeking, participants who saw the value in the MEAP program listed attributes of the RA's as trusted, respected, understanding, flexible, fellow member . . . that contributed to their approachability and effectiveness. Those who did not hold the MEAP program in such regard and questioned its worth, summed up their assessment using descriptors such as inappropriate, unhelpful, untrustworthy, lack of respect, and perceived lack of privacy and confidentiality. Participants also mentioned the possibility of having to work with them at some future point made for an uncomfortable arrangement.

The value of the program and its perceived usefulness directly flows from the quality of relationship and level of trust participants had with the MEAP RA's. Similar to the influential third party, knowing, trusting and having positive relationships were paramount to the level of influence the RA could engender.

Supervisors/co-workers. There has been considerable research about the impact and influence of supervisors in the literature. Thompson et al. (2005) found that female officers reporting higher levels of supervisor support experienced a decrease in work stress and less emotional exhaustion. Burns et al. (2008) highlighted the importance of supervisor support in coping with ICE investigations, and conversely, officers who did not feel trusted, respected, or well led experienced elevated job stress and overall stress (Alkus et al., 1983; Duxbury, 2007, Regehr et al., 2007; Perrott et al., 2011). Considerable research consistently demonstrates the importance of supervisor, peer and organizational support (Bond et al., 2010; Evans et al., 2013; Jones et al., 2005; Karlsson et al., 2003; Stephens et al., 1997).

Extending our understanding beyond the available literature on police populations, participants identified the importance of having supportive supervisors as they set the example,

offering a template for how members care for their mental wellness following difficult events whether work or personal in nature. Participants with supportive supervisors described them as caring, genuine, proactive, confidential, and responsive in the moment when they notice member(s) struggling. Supportive supervisors tended to set up interventions, demonstrated concern and awareness of what their subordinates were experiencing, and encouraged them to seek psychological services as a matter of course, without fear of repercussion or stigma. Participants with supportive supervisors found they had a profound and lasting imprint and in several cases, inspired the type of supervisor they became.

Unsupportive supervisors were seen to have considerable power and influence on how mental health issues were handled in their unit. These supervisors were often blind to the struggles experienced by their members, they were openly critical of members, breached confidentiality, were known to make negative and derisive comments about subordinates, guaranteeing most members on their unit made every effort to conceal any mental difficulties or contemplation about accessing assistance. Some participants elected to forego psychological assistance out of fear their supervisors would find out and possibly harm their career. Some supervisors were not willfully unsupportive or obstructive, but rather lacked the appropriate knowledge and facility to assist members experiencing a personal crisis. Some participants commented on supervisors managing specialized units with mandatory psychological assessments who failed to enforce this requirement. Another described supervisors as "gatekeepers of psychological interventions," further stating, "you become the victim of the ignorance of your boss."

Colleagues too had considerable influence on participants. Supportive co-workers were both helpful and encouraging. Some participants described the role modelling senior members

provided, and the influence they projected on more junior members. When these senior members participated fully and openly in CISDs a sense of permission or empowerment regarding participation in the interventions and regard for personal well being resulted.

Not surprising, unsupportive co-workers could have a lasting and detrimental effect on colleagues. Participants described feeling judged, unsupported, but striving to maintain a facade of competence when their world was collapsing for fear of being the object of ridicule or viewed as less capable. As identified in the literature, participants working in an unsupportive environment identified feeling more pronounced levels of stress, and for those already struggling, this environment served to compound their distress (Alkus et al., 1983; Regehr et al., 2007; Perrott et al., 2011).

The need for effective supervisors was high on participants' wish lists, and equally prevalent in the empirical literature related to supervisory support (Burns et al., 2008; Thompson et al., 2005; Tuckey et al., 2012). Effective supervisors were described as proactive and supportive individuals who engaged with members after major incidents or when something appeared amiss. This was found to impact morale, and the mental health and wellbeing of the entire unit. Participants indicated that supervisors needed to possess the courage and willingness to have those tough conversations when members' behaviour or emotional state became concerning. They wanted supervisors who would follow up after major incidents and were supportive of members' decisions to seek psychological services, arrange psychological interventions when appropriate, including CISDs and ensure mandatory annual or bi-annual assessments were completed. Participants wanted supervisors who would role model healthy behaviour, normalize reactions and encourage help seeking. Overall, participants described needing supervisors who were educated about mental health issues and who understood the

impact of police work so that they could foster a supportive psychosocial environment for their subordinates.

Critical incident stress debriefings (CISDs). Empirical literature identifies the importance and value of social and group support. This was identified decades earlier by Kardiner (1945) who recognized the value of keeping soldiers together to facilitate natural support and destigmatize reactions, reinforced by Herman (1992) who highlighted the healing power of the group, and further supported by findings that emphasise the importance of supportive relationships and social bonds in healing and recovery from PTSD (Cloitre, 2013; Monson, 2103).

Henry (1995) identified officers' primary method of dealing with major incidents involved talking with colleagues, however as their conversation generally involved detail only, he recommended incorporating a facilitator to assist police officers' process and understand their emotional reactions. The importance of incorporating the emotional component of the experience is supported by Jones et al. (2005) who found that emotion-focused coping and perceived social support were associated with lower severity of symptoms following a traumatic incident. In order for the intervention to be accepted and accessed by officers, Koch (2010) found they needed to be facilitated by a professional who had been to a crime scene or else they would have little credibility.

CISDs have been utilized for more than two decades following major incidents in RCMP detachments across the lower mainland of British Columbia. Feedback from participants on their use was mixed. The present study was not intended as a program review. These findings reflect participants' experiences and identify aspects they found influential. The majority of participants found CISDs to be a valuable intervention as long as they were conducted at the proper time by a

skilled facilitator, and the group was comprised of appropriate individuals. Participants received benefit in that the process helped them to talk about trauma and tragedy, and normalized the process of discussing difficult events. They saw CISDs as valuable as no one was singled out as being in need of help and the entire team was involved. It was seen as essential that the group was run by a trained facilitator with knowledge of police work and that only the "right" people were present to promote safety and confidentiality.

In addition to adding a "human" component to an environment placing high priority on emotional control and suppression, participants found that CISDs provided an introduction to psychological assistance, normalized reactions, and served to remind them of the potential symptoms they may experience. CISDs also provided an opportunity to interact with a mental health professional, an opportunity that may prove useful with decision making regarding accessing a psychologist in the future. Participants identifying CISDs as helpful stressed the importance of having them implemented as part of regular practice after major incidents.

Those who found CISDs unhelpful or hindering cited concerns relating to trust and safety in the group. Some participants felt unsafe or judged by certain individuals present in the debriefing, and/or having other inappropriate people in the room. These participants also expressed concerns regarding timing, sporadic implementation, and the decision about who to include. Several negative experiences were attributed to improper participant selection, as well as what was seen as an inappropriate facilitator. As CISDs have been identified by participants as a gateway into the mental health stream, an inappropriate facilitator not only stifled participation in the debriefing but for some participants, caused them to delay or reject accessing psychological services.

Based on data collected from participants, CISDs accomplish more than just assisting officers process a specific traumatic incident. When conducted properly, they serve as a vehicle for officers to share their reactions and experiences in a safe, supportive environment. They provide information and education on trauma reactions and healthy coping strategies. They also expose officers to psychologists with knowledge of police culture and the impact of policing, thereby creating an opportunity for officers to better assess their potential usefulness and perhaps aid members in their decision to access psychological services should the need arise.

CISDs should be conducted by highly experienced facilitators with knowledge of police culture, and only after careful review and assessment of the circumstances. Care must be taken when identifying individuals to be debriefed, ensuring no one is inadvertently missed, and that the composition is appropriate and contributes to safety in the group. Anyone not able to participate in the CISD should be provided with follow up.

When CISDs are deemed warranted, implementing this intervention removes the stigma and establishes their use as regular procedure following specific incidents. Having a process in place, training and accountability for each supervisor and a list of psychologists with policing knowledge is essential to maximize the benefit for all officers.

Psychologists. Empirical literature identifies the importance of having psychologists as external resources (Burns et al., 2008; Sewell, 2001) but that they needed familiarization with the police culture to enhance their credibility, approachability and effectiveness with this population (Alkus et al., 1984; Burns et al., 2008; Koch, 2010; Sewell, 2001; Tuckey et al., 2012). Evans et al. (2013) found general lack of trust in psychologists hindered access to individual and group debriefings. Findings from Burns et al. (2008) identified having an ongoing relationship with a specific psychologist substantially increased the likelihood officers would access psychological

services when required. Given these findings, providing information about specific psychologists could assist officers in making an informed decision when selecting a care provider.

The results emerging from this study extend what is known about the process of seeking counselling that may positively impact the decision to seek psychological services in a police population. These unique contributions relate to: psychologist characteristics, previous experience with counselling and ease of access to psychologists. For many participants, lack of knowledge surrounding the process of counselling and psychologists created hesitation, and at times prevented access to psychological services.

Psychologist characteristics. Participants found certain characteristics of psychologists and their experience with a psychologist greatly influenced their decision to participate in their session(s) and to access future assistance if/when in need. Several found making that first appointment a considerable undertaking, carrying with it, for some, implications of weakness and failure, a direct contradiction to the qualities of strength and self reliance found in the "ideal" officer. The first minutes of the initial session were often seen as critical to participant engagement. Psychologists addressing this either through design or approach will undoubtedly make a better impression thereby developing a more successful relationship. Factors participants found helpful relating to psychologists included knowledge of police culture and their understanding of both the impact of police work and organizational stress, discussing limits of confidentiality and reporting requirements at the outset, being genuine, down to earth, and perceived as caring. Psychologists able to normalize the participants' experience and those who came across as "human" and easy to talk to realized greater trust and sense of safety. Feeling understood, not having to explain duties and stressors of police work, and knowing the psychologist worked with other police officers allowed participants greater comfort and freedom

to discuss details of the trauma they were exposed to without fear of shocking/traumatizing the psychologist.

The connection with psychologists who are effective and competent is of course critical. Some participants who had negative experiences with a psychologist found that to be extremely hindering to subsequent psychological treatment. In fact two participants delayed seeking treatment for many years despite very serious trauma reactions, and a third never returned for counselling due to a negative experience. Some of the hindering aspects included no knowledge of police culture, lack of empathy warmth or caring, minimal eye contact, and poor advice given (drink alcohol and party). Some participants, aware there were other psychologists available, shook off the negative experience and continued to search for a counsellor they could connect with, while others, generally those with limited knowledge of psychologists, simply dismissed the entire profession as a resource and remained tentative or reluctant about future access.

This speaks to the importance of ensuring the psychologists selected for inclusion on the Provider List are competent and capable and have knowledge of police work and the culture. As each experience has the potential to influence the next, it is imperative police officers are well informed about the process of selecting a psychologist and the process of counselling and are advised about the options available to them should they wish to select a different provider.

Ease of access. Participants listed factors such as psychologists' proximity to home or workplace, wait time for appointments, flexibility in scheduling, availability of information on psychological providers, and funded counselling sessions made it more likely they would access psychological services. Some participants found that being granted time from work to attend appointments, or being booked off work for a given period made scheduling easier, allowing for greater privacy and confidentiality, and minimizing fear of judgement or repercussion.

Psychologists with long wait lists and those who were difficult to contact were seen to be a deterrent to the decision to seek psychological services.

Previous experience with counselling. Some participants felt apprehension and anxiety at the thought of attending a counselling session. Those who attended and had a productive session expressed great relief and found that experience removed many barriers for them. Some indicated they would have gone years earlier had they known what a positive experience it was going to be. According to these participants, they were now aware of the process of locating and setting up an appointment with a psychologist, what to expect during the counselling process including reporting requirements, confidentiality, and billing procedures. Several found that with each subsequent session the process became easier and they began to realize and appreciate the value of their appointments. Having a positive experience not only influenced their decision to seek assistance in future, but increased the likelihood that they would encourage others to avail themselves of these services.

Participant wish list items included the importance of providing information to police officers and their families to demystify psychologists as this knowledge could assist others to seek psychological services if needed.

Quality and influence of relationships: Unique contributions to existing literature. A central principle emerging from this research is the critical influence of relationship on an officer's decision to seek psychological services. The category of relationship between the officer and individual(s) included friend, family member, MEAP referral agent, co-worker, supervisor, or professional such as a family physician or psychologist. The common feature within participant experiences was that the decision to seek psychological assistance was greatly helped or hindered by individuals who exercised considerable influence with the participants. In

fact, 75% of participants who sought assistance indicated they would not have done so were it not for an interested and respected individual who cared enough to intervene.

While all of the above referenced relationships were influential, of particular note were officer's experiences with supervisors and psychologists. Supervisors and senior officers provided role modelling for junior members on how to deal with emotionally impacting and traumatizing incidents. Participants who had supervisors who were genuine and proactive in their response to major incidents, checking in with them, normalizing reactions, arranging CISD's and encouraging them to seek psychological assistance when thought appropriate, were more likely to develop a similar framework from which to respond to subsequent traumatic events. This template later influenced their actions when they became supervisors themselves. Those with unsupportive, uninvolved, or uninformed supervisors were more likely to experience difficulty and embarrassment accessing psychological assistance. Some accessed psychological services surreptitiously, although their access was often delayed. Several participants described learning from those difficult experiences, choosing to adopt a more supportive approach when they became supervisors themselves.

Experiences with psychologists had similar trajectories for officers. Those with positive experiences, connecting with a psychologist they found genuine and trustworthy, utilized those services as part of a proactive strategy to maintain mental wellbeing. They were more likely to seek assistance, and encourage colleagues in need to do the same. Those who had a negative experience(s) described lengthy delay or outright refusal to seek subsequent psychological services.

Reasons for not connecting with a psychologist varied. Some indicated an inability to recognize the need or act given their fragile emotional state; uncertainty in how to access

assistance; or apprehension associated with a previous negative experience or intervention with a psychologist, that they would be perceived as mentally weak, experience negative professional repercussions, or receive the diagnosis of a mental illness.

This speaks to the powerful influence of these early and subsequent experiences on the decision to seek psychological services, and the need to ensure quality supervision and psychological support be made available when required.

The predominant role of relationships in influencing the decision to seek psychological services emerging from this study reinforces the importance of encouraging the establishment of strong social and professional connections designed to promote acceptance, support and encouragement for officers to take steps required to maintain their mental wellbeing. These findings speak to the issue of safety, and ensuring officers feel secure and comfortable in their environment and with those around them as this too guides their decision.

Individual Characteristics

This topic incorporates categories that identify individual factors such as personality, upbringing, age, rank, career aspiration etc...that influence the decision to access psychological services. These include the following helping categories: Ability to talk about life circumstances, self awareness and desire to change and threshold for accessing psychological services; the following hindering category: Upbringing, family messages and personal characteristics. There was no wish list categories associated with this topic.

Frequency of help seeking and gender differences. Wester et al. (2010) identified that an officer's decision to seek counselling was related to the perception of risk to their status in that the higher they scored on the gender role conflict scale, the less likely they were to access treatment. Similarly some participants in this study refused to seek psychological assistance until

their ability to cope was so compromised, the risk to their health was perceived as too great not to address their stress.

Unique and interesting findings emerging from this study relate to help seeking and gender differences. In these results, consistent representation from both genders were found in most of the categories, with the exception that only females contributed to the hindering category: *Psychologist,* and only males contributed to the helping category *Understanding Mental Health and the Psychological Response to Police Work*. In addition, 87% of female participants identified the police culture as hindering in contrast to 33% of males; and 75% of female participants delayed access to psychological services until their emotional state had deteriorated to the point that they were no longer able to cope emotionally in contrast with 8% of males; the remaining participants recognized they were in need of assistance much earlier, or utilized services proactively.

To further explore factors that influence the decision to access psychological services in this population, the number of times male and female participants chose to seek psychological services for work-related incidents was compared. Berg et al. (2006) identified in their quantitative study involving a large sample of Norwegian police officers, that female police officers more often accessed help than their male counterparts, findings that were not supported by these results. Of the events described by participants, female officers sought assistance 47% and males 56% of times following work-related incidents. It is interesting to note that both male and female participants accessed psychological services for personal issues such as marital difficulties, divorce, or traumatic death of a family member equally.

Key differences in the method, data collection, timeframe examined, and criterion for type of psychological assistance accessed makes comparison difficult. Berg et al. asked one

question, “have you, during the last 12 months contacted any of the following health professionals, with a yes/no response,” while the present study involved in-depth interviews with a small sample of participants (N=20) and extended the time frame to span their entire service. The interviews in the present study included CISDs facilitated by a psychologist and mandatory annual reviews, which offered some insight into the importance of these interventions on the lives of participants. Also, while the data in Berg et al. reflected participants’ help seeking behaviour (yes/no), the present study explored both occasions in which psychological services were accessed, as well as those times when participants considered doing so but made the decision not to. The findings in this study are reflective of the lived experience of these participants specifically, and while they may inform and provide insight into similar experiences of the larger population, they cannot be generalized beyond this sample.

That being said, secondary analysis of participant responses revealed two vital points pertaining to the frequency of help seeking and gender differences. First, it is abundantly clear that many of the participants in this study did not access psychological assistance as frequently as they felt they should, and in fact, did not access psychological services for a considerable percentage of work-related incidents: 53% for females and 44% for males. Secondly, female officers interviewed for this study were more likely to find the police culture hindering, delayed accessing psychological services until they were in significant distress, and overall less likely than their male counterparts to seek psychological help,. These findings are supported by their statements describing the pressure they faced overcoming gender bias in this masculine environment. Some female participants stated that to be viewed as equal they felt they had to prove themselves to a greater degree than their male colleagues.

These findings raise a number of questions as it contradicts well-established help seeking literature in the general population (Addis et al., 2003; Courtenay, 2000). It is unclear why this disparity exists, although the police culture is unique given the hyper-masculine environment. It is possible the small female sample attracted participants who struggled with their personal/professional identity given the nature of this culture, although the female participants presented as extremely confident and competent. Cowen et al. (2009) and Carlan et al. (2009) identify considerable harassment and discrimination experienced by many female officers. It is possible given the pressure to integrate into this masculine environment, and the constant need to prove themselves, female police officers assimilate hyper-masculine traits. Based on the significance and implications of this finding and its contradiction with established literature on male help-seeking, it is an area well deserving of additional study and exploration. Also, given the underutilization of psychological services by both genders, methods used to promote access to the required services must take into account the pressures experienced by both genders.

Personal characteristics. Participants described personal characteristics that made it more difficult to access psychological services. These included character traits that prevented them from admitting they were having or being a part of a problem, seeing themselves only in the role of helper and not someone who could accept help, or coming from a family background that reinforced emotional restraint. Some female participants identified that being a mother patterned behaviour in which they focused on looking after the needs of others before considering their own. All of these factors were found to inhibit or invariably delay participants' access to psychological services.

Conversely, participants who experienced an upbringing in which they were encouraged to express emotion, talk about feelings, or seek help if needed felt less hesitation about accessing

psychological services. Participants who were self aware, knowledgeable about their limitations, felt an inner strength, desire to change, and motivation to take action identified these factors as helpful. Participants also described having acquired greater wisdom through life experience, achieving higher rank and attaining longer service reduced the concern about the perceptions of others making them more amenable to accessing help if needed. No longer pursuing promotion alleviated concern about damage to reputation or career, and made the decision to access psychological services easier.

These factors are relevant in that they influence participants' decisions to access psychological services. Supervisors and professionals working with police officers may wish to consider these factors as they can inform assessment and treatment.

Threshold for accessing psychological services (decision points). From the data, three levels or thresholds for accessing psychological services were determined.

Forced due to emotional state. Participants placed in this category referenced their decision to seek psychological services came about because they were in crisis and feeling like they were out of control. Described by some as "hitting a wall," "reaching the breaking point," all were experiencing intense emotion and unable to function. These participants were driven to counselling only after their symptoms and reactions exceeded their ability to cope and they felt they had no choice. Several participants mentioned they were unaware of this state as they were so overwhelmed by what was going on.

Awareness that circumstances were beyond their ability to cope. Participants with experiences in this category indicated they were cognizant of their emotional state, recognized there was a problem, tried to address it on their own, but reached a point where they realized they required professional assistance and so made the decision to seek psychological assistance.

Proactive (preventative) access to psychological services. Participants in this category identified that they made a decision to access psychological services when recognizing they would benefit from the intervention or additional assistance. In this case, participants utilized psychological services more proactively as an aid to prevent an issue from developing into a larger problem. It is interesting to note that all of the participants in this category had a previous positive relationship with a psychologist and considered them a resource.

The above information is relevant and noteworthy in that it demonstrates the timing during which the participants in this study considered accessing psychological services, outside of a work-related mandate. Ideally it would be optimal for members to utilize psychological services in a preventative capacity, accessing assistance prior to issues developing into larger problems. To accomplish this, members would be well served to have information about the impact of police work, and have had a positive experience and pre-existing relationship with a psychologist they know and trust.

Individual characteristics: Unique contributions to existing literature. Some unique and important findings emerging under this thematic umbrella relate to the frequency of help seeking and gender; personal characteristics and threshold for accessing psychological services.

Empirical literature on male help-seeking identified a lower incidence of help-seeking behaviour in males. Those findings were contradicted in this study, with female participants found to be slightly less likely than their male counterparts to seek psychological assistance for work related issues. The reason for this discrepancy is unknown. Given the congruence between masculine characteristics and those of the “ideal” police officer, it is theorized that in a bid for acceptance into this male dominated culture, female officers may adopt hyper-masculine traits.

A second unique contribution to the theoretical literature reveals differences between frequencies of access to psychological services for work events versus personal events. In this study, male and female participants accessed the services of a psychologist 89% of the time for personal events such as marital difficulties, divorce, death of child or family member; and only 53% of the time for work events. These findings offer unique and important information that would benefit from future study.

Other unique contributions relate to personal characteristics. How participants were raised later influenced the decision to seek psychological services. Those raised in environments in which emotional expression was encouraged indicated greater comfort expressing their feelings than those who were not. Officers who were older, had achieved a higher rank, or were no longer focused on promotion indicated greater comfort with accessing psychological support. Their rationale included the acquisition of greater wisdom through age, and no longer having a need to secure their reputation within the organization.

Finally, for some participants there was a clear demarcation in terms of the threshold reached prior to making the decision to access psychological services. Ranging from self awareness leading to a proactive response often by those with an established positive relationship with a psychologist; to those aware of their emotional state and pursuing psychological assistance only when recognizing their ability to cope was compromised; through to those who were unaware of their emotional state until they were no longer able to cope and reached out in desperation. For those in the latter category, several had previous negative experiences with psychologists that deterred them from reaching out earlier, while others were completely unaware of their emotions or the signs and symptoms to look for. Most participants in the latter

category relied upon a trusted third party to help them recognize their need for assistance, and connect them with a resource.

Organizational Processes

Factors participants identified as being under the control and influence of the larger policing organization, such as implementing specific policies, programs, and services are included within this topic. Participants identified helping, hindering and wish list factors related to the category Organizational processes.

Promoting information about services and enhancing organizational policy. Results from this study identify a number of useful and beneficial policies and programs designed to assist and support members' psychological wellbeing. This is reflected in the positive support and assistance obtained through these programs by several who participated in this study. Unfortunately other participants did not share this experience. Some experienced a lack of organizational support, unavailability of services, inconsistent messaging, and inadequate or inappropriate interventions. These were regarded as extremely detrimental and resulted in delayed treatment or rejection of psychological assistance despite enduring years of serious psychological injuries.

According to the data collected, a communication gap relating to programs and services available for officers and their families exists. It is clearly evident there are several programs and services designed to provide mental health assistance to members. Services such as MEAP, 1-800# 24 hour confidential referral service, the PAR, CISDs, mandatory annual assessments, and a select list of psychologists are referenced however the population they are intended to serve are not all aware of their existence or uncertain how to find or access them. Some members who were unaware of services advised they never considered psychological assistance as they did not

know of their availability, or as some were in the midst of a crisis, were not in a state of mind to search out the information. These proved to be hindering.

Some recent decisions made by the organization regarding the provision of psychological care to members were viewed as hindering. Several participants expressed concern about the *phasing out of MEAP*, the in-house peer support program, as they felt trained colleagues on site would be more effective than the impersonal *1-800 24 hour telephone support line*.

Others commented the *1-800 24 hour telephone support line* had been recently implemented with little or no information, leading the majority of participants to advise they would be very hesitant or decline to use this resource as they did not trust the service.

Several also expressed strong opinion regarding *limitations placed on the number of counselling sessions* available to members. For the majority, they believed counselling should continue as needed, especially given the nature of their work. With the current limits of 12 sessions per year, some participants elected not to raise significant issues during their sessions believing the time allotted for counselling would prove insufficient to effectively deal with their problems. Others in need of psychological assistance put off counselling, essentially saving up their hours anticipating their need would be even greater later on. Some participants felt if the need was there, members should not be limited or denied psychological care based on an arbitrary ceiling, but rather leave the determination to the professionals involved in providing the treatment.

Mandatory interventions. Most participants believed integrating these interventions into their duties would serve to remove the stigma, and ensure all employees received some level of psychological assistance. These sentiments were supported by Evans et al. (2013) who found in their sample of police officers from the United Kingdom an interest in mandatory interventions

from some of the participants. Those in favour believed that implementing mandatory interventions would remove stigma. This is significant given male help seeking literature that identifies strong connection between adherence to masculine roles and rejection of help seeking. To remain independent and self sufficient, males ascribing to the traditional gender role stereotype tend to reject the services of health professionals (Addis et al., 2003; Courtenay, 2007; Pleck, 1985). Given the police culture is traditionally hyper-masculine, idealizing characteristics of strength, toughness, and invincibility, officers ascribing to this stereotype will reject help seeking for fear of risk to the "idealized" status (Wester, 2010).

To combat this entrenched attitude toward help seeking in a population that is exposed to early and ongoing traumatic events and organizational stressors, it is important to institute compulsory annual psychological assessment and mandatory individual interventions following specific traumatic incidents for officers and employees. This practice would decrease stigma, alleviate the individuals' responsibility to identify or admit they require psychological assistance and would facilitate direct access to a psychologist.

It is worth noting, and also identified in Evans et al. (2013), that several participants who attended mandatory psychological reviews indicated they would have gone years earlier on their own had they known what the process entailed. Those who made a good connection now regarded the psychologist as a resource they would access in future as/if required.

Promoting a supportive psychosocial environment. In their study on the interaction of organizational climate, workplace bullying and traumatic stress, Bond et al (2010) identified the importance of developing a strong PSC to mitigate the impact of traumatic stress, decrease incidences of workplace bullying and promote resilience. Further developing this construct, Tuckey et al. (2012) clearly highlighted the importance of a strong PSC to mitigate the impact

and potential harm caused by traumatic exposure and the organizational stressors so prevalent in police work. Most findings in this study also speak to the critical importance of creating a supportive psychosocial environment for police officers. Each participant interviewed for this study had both positive and negative experiences across their service, with some instances regarded as significantly more helpful or more hindering than others. Comparing and contrasting all positive and negative incidents, and reviewing the wish list items provided by participants' offers insight into factors that would facilitate members' decisions to access psychological services if needed.

While some participant experiences involved moments of inspired leadership, promotion of mental wellbeing, and effective support, others revealed environments where mental health was not given the priority or importance it deserved. These participants discussed feeling disinterest from supervisors and more senior members when they were struggling. Some described involvement in several major incidents as very junior members with no guidance or instruction on how to deal with the emotional impact. For some, it felt like there was no one to care, no one to notice when they were not doing well. Add the cultural pressure of appearing strong, inaccessible information on services, an unknown process, for some it was viewed as simply overwhelming.

Many participants were able to draw from both types of experiences. The discrepancy in experience often was a result of the individual detachment, unit, or supervisor the participant worked for at the time, again speaking to the importance of consistency and supervisor accountability.

In addition to police organizations providing education, information, appropriate policy and procedures, creating a strong psychosocial safety climate relies upon *consistent and effective*

implementation of these policies and procedures, including acceptance and engagement of this process at all levels and by all individuals within the police organization.

Key points that emerged included:

- ***Importance of promoting and encouraging all employees to look out for colleagues and assist those who may be struggling*.** The critical role of trusted and respected individuals to assist members recognize changes to their mental state, and help them to access a psychologist they could trust and feel comfortable with is vital. This requires informed colleagues and supervisors prepared to have courageous conversations about a potentially difficult and sensitive topic and willingness to remain involved and offer follow up as required.
- ***Use of senior members as role models.*** The data also highlights the opportunity for greater influence when credible senior members offer proactive support, information, and positive role modeling regarding the importance of mental wellbeing and accessing psychological services to junior members, particularly when the senior members are highly respected.
- ***CISDs.*** Implementing *CISDs* after major incidents using trained, trusted psychologists with knowledge of police culture in a timely manner with all individuals involved (as appropriate). Supervisors must be educated so that they can accurately assess the need, support their use and encourage attendance. Those unable or unwilling to attend the CISD who had a key role in the incident should be required to check in with a psychologist as a matter of routine to prevent any member from falling through the cracks.

- ***Mandatory psychological check-ins.*** Given the well established fact that most members are exposed to ongoing trauma and organizational stress, and that traditional values of the police culture conflict with help seeking, it is recommended that mandatory annual psychological check ins are implemented for all employees. This demonstrates the organization's commitment to and the importance of mental wellbeing, provides a routine check-in, and presents an opportunity for members to establish a relationship with a care provider, increasing the likelihood they will access future psychological services if needed.
- ***Police-informed psychologists.*** Ensure the *psychologists* on the Provider List are knowledgeable about police culture and aware of some of the key barriers to help seeking with this population. The data suggests members will be more likely to access psychological services from professionals they know, trust, and have a previous relationship with. Efforts to expose members to the psychologists available to them would be beneficial. Consideration should be given to involving psychologists in periodic ride-a-longs, watch briefings, and CISDs.
- ***Early exposure to attitudes regarding the potential impact of the work and mental health care.*** A template involving seeking psychological services was developed early in several participants' careers that influenced subsequent decisions regarding accessing psychological services. Participants who started off their careers working in an unsupportive psychosocial environment, with unsupportive supervisors, receiving limited guidance, overhearing derogatory comments about colleagues receiving psychological assistance, and/or having negative experiences with psychologists during individual sessions or CISDs, developed a more negative framework regarding

help seeking and greater resistance to accessing psychological services. They appeared to internalize and associate more shame with seeking psychological assistance, being noticeably influenced by negative perspectives when faced with making a decision, significantly delaying or preventing access to psychological services. Conversely, members who had positive experiences early in their career, including responsive, understanding and proactive supervisors, supportive colleagues, and positive experiences with interventions or psychologists developed a positive mindset and were more likely to perceive accessing psychological services as a positive and proactive means of ensuring they maintained their mental health and wellbeing. These participants saw psychologists as a tool and resource for them to access as required across their services, and were more likely to proactively seek out psychological assistance.

This final point speaks to the importance of focusing efforts, attention and resources on educating and promoting knowledge about the impact of police work, helping all involved to understand the potential normal reactions to the work, promoting awareness, and encouraging all members to look after their mental wellbeing.

Recommendations to Police Organizations

Based on the findings from this study, the following recommendations are being made to enhance and promote better access to mental health care within police organizations:

1. Provide education to all members and their families on services and entitlements. This should occur prior to a member experiencing a crisis and continue periodically throughout a member's career. Suggestions include commencing at depot, at first posting, ongoing at block training and related courses.

2. Clearly post information on services and service providers in all detachments and/or units so members are able to access information quickly and with little effort.
3. Develop information packages for recruits and following transfers to new detachments and units. Include all policy related to psychological wellness, resources specific to the geographical area, and self care information, including links to websites.
4. Supply a copy of the regularly updated Psychological Provider List to all members, with a notation that members are not strictly confined to the service provider list.
5. Provide exposure and training to psychologists on the nature and demands of police work and the police culture.
6. Educate members about the 1-800 24 hour support number (i.e., what is it intended to do for them, what to expect when they make contact, and issues of confidentiality).
7. Revisit the decision to remove MEAP from detachments and units and consider implementing some form of in-house support program, ensuring the individuals providing support are carefully selected, highly trained and solely or primarily dedicated to these duties.
8. Update Information websites so that medical and psychological resources are readily accessible.
9. Develop more effective messaging and communication regarding services available, particularly during times when major incidents have occurred or concerns noted. Establish a process so that members who are off duty as a result of a psychological or physical injury, or are involved in an internal or public complaint are proactively reminded of resources available to them.

10. Supervisors:
    i. Ensure training is provided to supervisors on the impact of police work (primary and secondary trauma, impact of cumulative exposure, organizational stress), symptoms to look for in their subordinates, the importance of promoting mental health and psychological care as a necessary aspect of the job.
    ii. Ensure supervisors are knowledgeable about all Force policy related to psychological health and wellness.
    iii. Develop a system to ensure supervisors are accountable to follow policy, particularly regarding implementation of CISDs and mandatory annual assessments.
11. Implement mandatory psychological assessments for all members and employees working for police organizations.

Contributions and Implications for the Field of Counselling Psychology

This study offers a glimpse into the lived experiences of police officers and the influences that inform their decision to access psychological services. The research method utilized to explore this phenomenon was designed to collect information on factors that were helpful and hindering to the decision making process. Integrating both a strength-based and deficit paradigm offers a unique contribution to the literature and an opportunity to understand decision making in this population from a more holistic perspective. These findings provide an overall contribution to the empirical literature in the field of police studies, and enhance the knowledge and understanding of professionals who work with police officers.

This study offers numerous unique contributions to the field uncovering the many inter-related aspects that influence help seeking decisions in this population. They reveal the influence of systemic factors on help seeking including police culture, stigma, and the psychosocial climate of the workplace. They emphasize the critical importance of ensuring officers are equipped with knowledge about the impact of police work, signs and symptoms of distress, and strategies to support and maintain mental wellbeing. This knowledge and awareness serves as an instrument to facilitate the decision regarding when, and if, access to psychological support is warranted, not only for officers but those around them.

Supervisory practices intended to normalize individual responses to police work and support or encourage officers' contact with psychologists emerged from the data along with information regarding unhelpful supervisory methods that ultimately delay or prevent officers' connection to a mental health provider. These findings offer a framework to enhance and promote supportive psychosocial environments and further develop our conceptualization of factors that support an officer's decision to access psychological services.

This study offers additional contributions to the field of counselling psychology by increasing our understanding of the critical influence of supportive relationships on an officer's decision to access psychological services, and the importance of initial positive experiences with psychologists in determining an officer's subsequent access to psychological interventions. This research identifies similarities in the decision making practices of male and female police officers, contradicting existing empirical literature. Also new findings suggest a notable disparity in the frequency of help seeking for difficulties

related to work events verses personal events, expanding our knowledge and offering additional avenues for exploration.

Professionals working or conducting research with this population may find the information contained within this study offers valuable insight that can lead to more effective interactions with this relatively closed population.

This study also contributes to the empirical literature regarding the ECIT method. Extending ECIT by incorporating two additional practices proved extremely helpful in this study. Paraphrasing key helpful, hindering and wish list items to participants at the conclusion of the interviews ensures accuracy of the data and adds an additional participant check. Incorporating the use of targeted transcription once redundancy has been achieved allows a greater number of interviews to be conducted in a cost effective manner that adds richness and confidence to results. Qualitative researchers interested in using the ECIT method may find the inclusion of these two practices further increases the usefulness and credibility of this method.

Significance of Results and Implications for Police Organizations

A career in policing requires officers to be both mentally and physically fit, ready to respond to any request for service they are dispatched to. As our knowledge and understanding about the causes and treatment of mental health issues increase, including the impact of police work, our understanding about strategies to prevent or mitigate these harms also develops. Focusing efforts on prevention, education and timely treatment for those exposed to the trauma and stressors of police work provides the greatest opportunity for members and employees to develop resilience and to remain strong and healthy in their work.

This is the first qualitative study exploring factors that help and hinder the decision to access psychological services in a police population. A number of the findings are supported by existing empirical literature, increasing the validity of the study. In addition, this research extends our knowledge and offers specific information about the many inter-related facets associated with help seeking in this population. This foundational study also sets the stage for future research in this area.

Based on the experiences of actively serving RCMP members working in the Lower Mainland Division in British Columbia, this study draws from examples of successful and unsuccessful contacts, interventions, and processes that either helped or hindered the decision to access psychological services. These findings may serve to inform current serving members and employees regarding help seeking, and offer insight and suggestions to supervisors and managers to assist them in their efforts to support employees and promote mental health and wellbeing. The pragmatic information includes several detailed suggestions and recommendations intended to facilitate a supportive psychosocial environment that promotes mental wellbeing. As police organizations continue with their efforts to develop and maintain healthy operational workplaces, organizational leaders will now have additional information with which to base their decisions and policies.

Limitations of the Research

Participants represented a wide range in age, years of service, and rank primarily representative of the population, with the exception that there were no police officers from an ethnic minority background involved in this study. As such it is important to note that these results reflect the experiences and opinions of male and female Caucasian

RCMP officers. As it is considered important to understand factors that help and hinder the decision to access psychological services for all police officers, it would be beneficial to conduct similar studies on help seeking targeting specific populations to allow greater understanding of the experiences of all officers.

Given the limited number of participants interviewed for this study (N=20), the results reflect the experiences of the participants only, and while serving to inform the larger police and related organizations, they cannot be generalized. As such, these findings are offered tentatively.

This research was conducted with currently serving RCMP members in the lower mainland of British Columbia, and while some participants also had experience working in rural postings, the majority of the data came from their experiences in the metro Vancouver area. There are significant differences between policing in rural and urban centers including resources, funding, access to services, and the manner of policing that is practiced. As the RCMP is a national police force, there are also differences between each Division (Province-Territory) and type of duties, including federal and provincial units with a variety of responsibilities. While some of the information contained within this study may resonate with members in rural postings, in other areas and jurisdictions across Canada, and in other police forces, it is important to specify this data is primarily reflective of RCMP participants working in the context of the lower mainland of British Columbia.

Having one of the largest concentrations of RCMP officers in the country, the lower mainland of British Columbia is nonetheless a relatively small community with many officers known to one another. As such, there was more than a reasonable

expectation that including specific details of major incidents would have resulted in inadvertently revealing the identity of some of the participants. To ensure confidentiality and protect the privacy of each participant, great care was taken to "sanitize" the participant quotes. While I did my utmost to relay the essence of their experiences, the background events were at times vivid and horrific and the exclusion of complete stories prevents the reader from grasping the sense of urgency or despair provided by some of the participants. Exposed to the raw emotion carried in some cases secretly for years by highly ranked and respected operational members impressed upon me the critical need to create and promote an environment where members are supported and empowered to take proper care of their mental health without fear of shame or repercussion.

As mentioned, participant experiences are not necessarily reflective of the experience of every police officer. Even within this sample group, each participant experience ranged from extremely positive to extremely negative, depending on the event, the unit they worked in, and the attitudes prevalent in that unit at the time. I sought common themes based on all of the incidents, requiring a minimum 25% participation rate to develop each category. As a result, not every experience shared during the interviews was reflected in the data as the content may have been identified by only one or two individuals. Some potentially relevant data may have been excluded based on the ECIT inclusion criterion.

The very nature of qualitative interviewing relies upon participants' recall of past experiences. These retrospective accounts can result in the loss of specific details of an event, or the event itself may be recalled inaccurately, leading to what is termed "recall bias" (Coughlin, 1990). As participants in this study were asked to describe times across

their career when they considered accessing psychological services, the events recalled ranged from several years in the past to very recent experiences. It is possible that certain details may have been recalled inaccurately or may have contained an element of bias. The goal of a qualitative research study is to explore and understand the lived experience and meaning participants make of these experiences at the time of the interview.

Great care was taken during the interviews to follow ECIT protocol; ensuring participants were able to recall each event in sufficient detail to include in the data set. In addition, ECIT's nine validity and reliability checks ensured the results were checked by participants, the empirical literature, and a number of experts in both the ECIT method and field of study.

Implications for Future Research

The intention of this study was to explore factors that helped and hindered the decision to seek psychological services in a police population. The qualitative method utilized, the Enhanced Critical Incident Technique (ECIT), is well known for its application in exploring new areas and understanding novel constructs and has been used successfully in previous studies with police officers. The approach utilized by this method is structured yet open ended, allowing participants to select the information they feel is important to share related to the topic. While extremely empowering, and effective in that the information shared is clearly of great importance to the participants, it is possible there may be content areas that were not discussed during our interviews. Certainly the majority of the interviews were lengthy, the participants appeared engaged and the information rich, however there may be important aspects that were not

uncovered. Further exploration of this important topic using a narrative or phenomenological method may provide additional insight and information.

In addition, as qualitative methods generally explore a concept more extensively using a smaller sample; the limited sample size prevents generalizability of the results to the larger police population. Given the importance of these findings and the potential value they offer to police populations, an excellent next step would be to design a quantitative measure to test these results on a larger sample size to determine their significance and application to the larger police population.

As this is a new area of study in police populations, many related aspects have yet to be explored. Some areas that would benefit from further inquiry include studying the process of change within the police culture, and further, the potential impact these changes have on member's comfort in accessing psychological services. Exploring effective methods of halting the transmission of undesirable cultural values from senior to junior officer would be of benefit as any techniques or processes identified may be used by police organizations and related agencies looking for effective methods to change their cultural perspective regarding help seeking.

Given the incongruence of the findings relating to gender differences and help seeking between this study and the empirical literature, there is a need for further exploration in this area. Increasing our knowledge and understanding of gender issues in the police population relating to psychological services would assist with the identification and development of more effective methods of integrating and supporting male and female officers.

The findings in this present study identify both helpful and hindering aspects of CISDs, and the relative importance placed upon this intervention by the majority of participants who identify this intervention as a gateway into the mental health system. It is important to conduct further targeted research on this intervention with police populations, using measures that extend beyond trauma symptoms to capture the effects of engaging social support systems, and the effects of role modelling the practice of expressing feelings in a population that values emotional control.

Significance of the Study

This study provides a meaningful contribution to the scholarly literature, as it expands our knowledge and understanding of factors that influence help seeking decisions in a police population, and highlights the critical role of trusted others and development of a strong psychosocial safety climate. Identifying aspects that contributed in a positive way to officers' decisions to access psychological services offers an additional contribution to the field of police studies.

These results emphasize the importance of developing and consistently implementing clear policy and procedure to ensure a wrap-around approach to mental wellness in this population. Emerging as a key finding in this study is the need to establish a fundamental shift regarding access and use of psychological services as a resource early in an officer's career. Although the data obtained is from a small sample, these findings may serve to inform other police agencies and related professions such as military, fire-rescue, disaster response, and emergency health services on aspects of help seeking in their organizations.

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Appendix A: Recruitment Poster

THE UNIVERSITY OF BRITISH COLUMBIA

A Study Exploring the Decision to

Access Psychological Services in a Police Population

The purpose of this research project is to gain greater understanding of the factors that influence the decision of RCMP members to access psychological services across their career. Members will have the opportunity to talk about the factors that influenced their decision making, discussing what helped and/or hindered them in making these decisions.

The investigators and supervisors for this study are Carolyn Burns, Doctoral Student Researcher, 604 614-0568, Dr. Marla Buchanan, 604 822-4625, Dr. Marvin Westwood, 604 822-6457, and Dr. Norman Amundson, 604 822-6757, from the Counselling Psychology Department at The University of British Columbia.

We would be interested in hearing from you if:

- You are a serving member of the RCMP or;
- You have retired from active service within the past five years
- You are willing to talk about the factors that influenced your decision to access psychological services across your career in a confidential interview.

If you would like to participate, or would like further information about this study, please contact Carolyn Burns by email at carolyn.burns@shaw.ca or phone at (604) 614-0568.

Appendix B: Consent Form

THE UNIVERSITY OF BRITISH COLUMBIA

CONSENT FORM

What Helps and Hinders the Decision to Access Psychological Services in a Police Population: A Critical Incident Study

Consent Form for Research Project Participation

Principal Investigator

Marla Buchanan, PhD, Professor, University of British Columbia
Department of Educational & Counselling Psychology, and Special Education (604) 822-4625

Co-Investigators

Carolyn M. Burns, MA, Doctoral Student, University of British Columbia Department of Educational & Counselling Psychology, and Special Education 604 614-0568

Marvin Westwood, PhD Professor, University of British Columbia
Department of Educational & Counselling Psychology, and Special Education (604) 822-6457

Norman Amundson, PhD, Professor, University of British Columbia
Department of Educational & Counselling Psychology, and Special Education (604) 822-6757

This consent form outlines the basic purposes and procedures of this research project.

Purpose and Benefits

You are invited to participate in this study seeking to understand what helps or hinders the decision to access psychological services. Your unique and valuable personal perspective is being sought to deepen our understanding of the factors that contribute to and hinder the decision to talk to a psychologist or counsellor. The information gained from this research may be useful to members, supervisors, RCMP management, other police departments, psychologists and other care providers to assist in recognizing what helps and hinders the decision to seek assistance from a psychologist.

For the purposes of this study you must be a current RCMP officer, or have retired from active duty from the RCMP within the past five years.

Procedures

You are being asked to participate in the following procedures.

1. Demographics Questionnaire – This survey will require 5 minutes. The questionnaire will request basic background information such as your age, position, and family situation information.

2. Interview – This interview will require up to two hours. The interview will consist of the co-investigator asking some questions about what has helped or hindered your decision to access psychological services across your policing career. The interview will be audio recorded using a digital recorder.

3. You may be asked to participate in a follow up interview requiring 30 minutes of your time to review the information gathered from your interview and see if the categories coming out of the interviews fit with your experience.

Confidentiality

Your identity will be confidential within the limits of law. You will be assigned a case number for written documents and digital files. The list that matches the code numbers with your name will be kept in a fire proof, locked filing cabinet separate from the data. Any identifying information in oral recordings will be removed from transcripts (typed records of oral interviews). The only individuals who will have access to identifiable written or recorded data will be the researcher, and the research team. A group of independent raters, under doctoral supervision, will have access to transcripts for rating purposes following the removal of any identifying information. All questionnaires, interview recordings and interview transcripts will be securely stored in a locked filing cabinet. Access to non-identifying records will be restricted to individuals directly involved in the research study. Following the completion of the study the recordings will be destroyed and only the anonymized transcripts with all identifiers removed will be kept. These anonymized transcripts will be numbered with correlating numbers to the demographic information but will not enable anyone to trace the interview back to the participant. The anonymized data will be kept indefinitely. The data collected will be used for research and education purposes.

Risks, Stress or Discomfort

As with any new experience, you may experience some minor anxiety or stress being involved in a research study. The co-investigator will aim to minimize any experienced anxiety or stress. Questions are welcomed and encouraged throughout your study involvement. Your well-being is of utmost importance throughout this process.

This study seeks to understand what has facilitated or hindered your decision to access psychological services over your career. Although efforts have been very carefully invested to ensure that the nature of the questionnaire and interview questions will not be emotionally

concerning to you, there is a small possibility that a question might be difficult for you to answer. In the event that you experience an uncomfortable emotional response, inform the interviewer immediately and you will be led through a series of relaxation exercises to allow you to return to a safe and comfortable emotional state.

Furthermore, it is possible that the questions in the interview may trigger memories of difficult images or situations. In the event that you begin to remember emotionally concerning materials please inform the interviewer immediately and the interviewer will lead you through relaxation exercises to allow you to return to a safe and comfortable emotional state, before resuming the interview.

Contact for Information about the Study

If you have any questions or would like more information about this study, you may contact Dr. Marla Buchanan (Principal Investigator) at 604-822-4625; or Carolyn Burns (Co-Investigator) at 604-614-0568.

Contact for Concerns about the Rights of Research Subjects

If you have any concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line in the UBC Office of Research Services at (604) 822-8598.

Consent

Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without prejudice of any kind.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

_____ _____

Participant Signature Date

_____

Printed Name of the Participant signing above

Thank you for your willingness to participate in this study.

Appendix C: Demographic Questionnaire

What Helps and Hinders the Decision to Access Psychological Services in a Police Population: A Critical Incident Study

Demographic Questionnaire

1. Age: _____

2. Gender: □ Male □ Female □ Other_____

3. **Years with the RCMP** _____

4. **Are you retired from the RCMP? If yes, how many years ago?** _____

5. **Current Rank** _____

6. Are you in a specialized unit? If yes: please specify: _____

7**. Level of Education**: Check one
□ High School □ Some University/College □ University Degree □ Other _____

8. **Cultural Background:** _____

9. Are you in a supportive intimate relationship? □ Yes □ No

10. Do you have children? □ Yes □ No

If yes, please list gender and age for each child

1. □ Male □ Female **Age:** _____

2. □ Male □ Female **Age:** _____

3. □ Male □ Female **Age:** _____

4. □ Male □ Female **Age:** _____

Appendix D

INTERVIEW GUIDE

This protocol is designed for the adult participants of this study. Some wording may vary with each participant.

INTERVIEW PROTOCOL(s)

Introduction:

1. Participants will be provided with an overview of the study and the types of questions they will be asked
2. Participants will be offered an opportunity to have any questions answered.
3. Participants will sign the informed consent document.
4. Participants will complete the demographic questionnaire
5. Participants will be oriented to the interview using the following script:

Thank you for agreeing to meet with me. I am interested in learning as much as possible about what helps and hinders the decision to access psychological services at various stages throughout an officers' career. I will be asking you to think about times during your career when you considered accessing psychological services. If you did see a professional, I would ask you to tell me what kinds of things might have helped you decide to make that connection, and what may have made it harder for you.

The same will go for times you may have wanted to talk to someone, but maybe felt you couldn't. In those cases, I will ask you to tell me what, if any, factors helped you and what might have prevented you from seeing someone. These might be things people said or did, timing and

logistical issues, the type of duties you were assigned to, anything at all that may have influenced you to make that decision.

I will be asking you to describe these to me in detail and will ask you follow up questions to be sure I understand exactly what you are saying. Each time you finish telling me about an experience, I will ask you if there was anything you wished would have been in place for you to make your experience more positive.

I am hoping the information provided by you and all of the participants will help us learn more about member decisions to access to psychologists so that we can find out if there is any recommendations we make to help you feel more supported in your work, and make getting help more "member friendly." The information you provide to me today will be kept in the strictest of confidence. The data as a whole will be reported on. Those results will be made available to all of the participants, to the RCMP and other police forces.

Prior to the interview, I just want to let you know that some people find they become emotional when they are discussing more difficult aspects of the work. If you find you are having an uncomfortable emotional response, just let me know and I will pause the interview to lead you through a series of relaxation exercises until you return to a safe and comfortable emotional state, before resuming the interview.

(Before proceeding I will ask the participant if they have any further questions.)

The opening question will be:

- *Think back across your service to a time (work related or not) when you considered accessing psychological services.* [Participant described incident].
- *Did you access any psychological assistance?*

If the participant accessed psychological assistance.

- *What influenced your decision to access psychological support?*
    - *(a) What specific factors helped you make this decision?*
    - *(b) What specific factors hindered this decision?*

If the participant did not seek psychological assistance.

- *What influenced your decision not to access psychological support?*
    - *(a) What specific factors helped you make this decision?*
    - *(b) What specific factors hindered this decision?*

Further open ended questions were utilized to assist participants describe the incident in detail:

- Exactly what happened that you found helpful or hindering?
- How did you know?
- What went on before/after?
- How did it turn out?
- Can you tell me more about that?

Participants will then be asked to identify anything they wished would have been there for them. The purpose of this additional question is to identify any people, processes, or services participants believe would have helped in the situation.

Once the participant has provided as much information about all of the helpful and hindering factors related to a particular event, key themes will be summarized back to the participant. This will serve to cue the participants' memory to determine if there is any additional information they wish to add to their responses. This process will also serve as an additional participant check; ensuring the participants experience is being heard and recorded accurately.

This process will be repeated until the participant is unable to recall any further significant incidents.

Debriefing Guide

After the participant has finished, I will advise the participant of the following:

This ends the formal part of the interview. Before we are finished, I wanted to give you the opportunity to ask any further questions or raise any concerns you might have about your involvement in this study.

If you would like to be informed of any of the results of this study, arrangements can be made to meet again with me, or to engage in a discussion over the phone, or e mail following completion of transcription data analysis for debriefing. I will send you a summary of the results of this study if you are interested. A formal copy of the study may be accessed through the Counselling Psychology Department at The University of British Columbia.

(If the participant is emotional during the interview or expresses any concerns about their emotional state, I will build in extra time to ensure participants have returned to an emotionally safe place before ending our time together. I will develop a list of contact names and numbers for Member Assistance Program personnel and RCMP Psychologists and will make it available to all participants in the event they experience emotional distress after leaving the interview.)