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University of South Dakota

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Trauma, Burnout, and Coping in Police Officers

EXPERIENCING TRAUMA AND BURNOUT:
THE COPING MECHANISMS OF POLICE OFFICERS

by

Kathryn M. Larson

2021

A Thesis Submitted in Partial Fulfillment
Of the Requirements for the
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Department of Psychology
The University of South Dakota

May 2021

Trauma, Burnout and Coping in Police Officers

The members of the Honors Thesis committee appointed
to examine the thesis of Kathryn M. Larson
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ABSTRACT

Experiencing trauma and burnout:
The coping mechanisms of police officers.

Kathryn M. Larson

Director Randy Quevillon, Ph.D.

Police officers face burnout and trauma throughout their entire careers. There is a well-established knowledge of the psychological consequences that police officers face as well as some of the ways that they cope with these psychological issues. This study was an attempt to describe a group of police officers and their use of both positive and negative coping mechanisms such as alcohol use and avoidance. Further, the project assessed rates of burnout and trauma via an online survey that was sent to four different police departments in the Midwest. Participants (N=84) were officers that range in age from 23 to 66. These officers indicated a range of trauma and burnout using self-report measures, as well as indicated the type of coping mechanism that they used.

KEYWORDS: Police officers, burnout, trauma, coping, mental health

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In addition, I would also like to thank my parents for their continuous support and being there to listen to all of my problems throughout the thesis process. Finally, I would like to thank my fiancé for being someone I could lean on through everything that happened this past year with developing and writing this thesis.

DEDICATION

This thesis is dedicated to my dad, if it weren't for you, I would never have done this study nor pushed myself to do the best that I could do.

CHAPTER ONE

Introduction

In the United States there are over 800,000 police officers sworn into duty (NLEOMF, 2021). Within this unique group, the chance of developing PTSD ranges from 7 to 19 percent (Klimley et al., 2018). However, PTSD is not the only psychological issue that police officers face; police officers can have a range of trauma and burnout. Trauma, as defined by the American Psychological Association (2021) “is an emotional response to a terrible event... Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea.” Burnout is known as experiencing hopelessness and struggling with work or doing the job properly (Battle, 2011). According to Klimley et al. (2018), police officers face many different stressors (physical and psychological), on a daily basis. Police officers do not just face physical and psychological stressors but also occupational stressors, otherwise known as stressors that come from the danger of working in the field as an officer, and organizational stressors, or stressors that come from aspects of the job such as shift rotation and chain of command, can lead to overall stress in police officers (Soomro & Yanos, 2018). With the combination of all of these stressors, police officers are more likely to have psychological consequences (Soomro & Yanos, 2018). Police officers also experience a much higher chance of viewing a traumatic event (Kilmley et al., 2018). Compared to the civilian population, 84 percent of first responders have suffered traumatic events (Kilmley et al., 2018). With this higher rate of facing a

traumatic event, which can include suicides, car accidents, robberies, assaults, as well as facing possible violence from people at their calls and the judicial system persistently looking for flaws in their work that could lead to a threatening offender walking free, officers have another factor that can create psychological consequences beyond stressors (Battle, 2011).

Police officers also face a considerably higher rate of burnout and with that the chances of facing burnout symptoms (i.e. insomnia, high blood pressure, and the inability to handle situations effectively) increase as well (Battle, 2011). Ramirez (2019), states that lack of support, especially from family members and coworkers. However, police officers who are living without children or partners who discuss having higher scores in personal accomplishment, which is one of the three dimensions (emotional exhaustion, depersonalization, and personal accomplishment) of Maslach's Burnout Inventory, show lower scores of burnout compared to those with families (Sherwood et al., 2019). Emotional exhaustion is due to high demand, low reward amounts and over commitment (Sherwood et al., 2019). Much like personal accomplishment, officers with families scored considerably higher than those without families or partners (Sherwood et al., 2019). The final dimension of Maslach's Burnout Inventory, depersonalization, is very different from the other two dimensions. With depersonalization having children and support leads to protection from burnout (Sherwood et al., 2019). All three dimensions have similar variables that cause them including, work-family conflict, unaccommodating hours, large workload, and unfairness in the workplace (Sherwood et al., 2019). This especially impacts lower ranked officers, as they have a hard time communicating with

superiors and miss that critical support and feedback (Violanti et al., 2016). Burnout, when it first begins in police officers, leads to them being over critical of their work and viewing their personal experiences in a negative light. As the burnout becomes more severe, their ability to piece together information, otherwise known as cognitive ability, and being able to make decisions with greater accuracy and in a timely manner begin to falter, which are a major part of police work (Ramirez, 2019).

Police officers, as well as other first responders, have a higher chance of being susceptible to suicidal ideations and behaviors due to their rates of trauma and burnout. According to the Klonsky et al. (2016), suicidal ideation is thinking about, considering or planning suicide. In a recent study of 193 Midwestern police officers, 8.8% of officers had endured suicidal ideation, which is 5% higher than that of civilians in the United States (Stanley et al., 2016). In another study of 105 United State police officers, 25% (male officers) and 23.1% (female officers) reported a lifetime frequency of suicidal ideation (Stanley et al., 2016). Studies have found that there is a high risk of suicide ideation (approximately threefold) when PTSD symptoms are present which as stated before, police officers have a higher risk of PTSD (Violanti et al. 2016). According to O'Hara and Violanti (2008), police in lower ranks were at an elevated risk of suicide and that use of a gun was the most commonly used method; this is confirmed through multiple studies (Stanley et al., 2016).

Even with the higher chances of facing trauma-related mental health issues, there seems to be a stigma around the mental health of first responders. In general, all of the individuals who have mental health problems only 11 to 30 percent will get the necessary

help for those problems (Soomro & Yanos, 2018). Police culture (toughness, self-reliant, and extinguishing weakness) leads to more value in the negative beliefs when it comes to seeking help (Soomro & Yanos, 2018). Just like the general population, police officers are impacted by both public and self-stigma (Soomro & Yanos, 2018). Public stigma is when the public validate the prejudice about a certain group that is stigmatized, and self-stigma is when those individuals in the group internalize the stigma that the public validates (Soomro & Yanos, 2018). Along with these stigmas, police officers are more likely to fear that if they go to service to help them with their mental health that it will not be confidential and thus have a bad impact on their career (Haugen et al., 2017). Police officers will also avoid discussing mental health with other officers in order to avoid being seen as weak and unfit to work alongside their coworkers (Soomro & Yanos, 2018). Data does show that officers who have committed suicide were more likely to use a gun, more specifically their own service weapon (Soomro & Yanos, 2018).

Along with the stress and trauma, police officers have a range of coping strategies. One of the major coping strategies is alcohol consumption. While police officers have a mix between adaptive and maladaptive coping mechanisms, previous research has categorized their coping strategies into internal and external mechanisms (Swatt et al., 2007). When a police officer uses internal mechanisms they do not tend to show any outward signs of dysfunction, instead they shove stress back in order to try and not handle the situation and the negative impact of the situation (Swatt et al, 2007). External mechanisms, according to Swatt et al. (2007) happen when a police officer takes out their frustration and anger on other individuals in the form of verbal or physical

abuse. Another way to handle stress and negative situations are coping strategies. Agnew (1992) described these as cognitive, behavioral, and emotional coping. Cognitive coping is where the individual reinterprets the stressful situation in order to make it less harmful (Agnew, 1992). On the other hand, behavioral coping the individual will participate in a behavior that will rid them of or decrease the source of their stress, otherwise the individual will seek revenge on the source of stress (Agnew, 1992). Finally, there is emotional coping, which has the chance of being a negative or positive coping strategy. Emotional coping can include drug use or meditation to help handle the negative feelings that the individual is feeling (Agnew, 1992). Along with these coping strategies, there are three different coping resources including emotion, social and spiritual support. Within these coping resources, spiritual support had the largest statistical significance on if a police officer would drink or not (Swatt et al., 2007). According to Swatt et al. (2007) alcohol is used to help with psychological well-being and reduces overall stress, and 23% of officers had peers that had a serious drinking problem. The current study aimed to look into the different range of burnout and trauma levels of police officers as well as the different coping mechanisms used. Prior research shows higher levels of trauma and burnout. Moreover, police officers tend to have negative coping mechanism. We conducted this study in order to learn more about police officers in order to help them in the future with new techniques and training.

With the current political climate and the tension regarding police officers, there is a push to understand what those on the force are going through. Their mental health and well-being are crucial as they need to be at their best in order to keep our

communities safe. This study looks into the officers' well-being, psychological flexibility, PTSD, coping strategies, burnout, and alcohol use. With this data we will be able to compare this understudied group to officers all over the country. Finally, we will look at limitations of this study as well as possible future studies in order to understand this group even more.

CHAPTER TWO

Method

Participants

Interested individuals were recruited for a study about trauma and burnout experienced in police officers by way of email from superior officers from police departments surrounding Omaha, Nebraska including: La Vista Police Department, Bellevue Police Department, Papillon Police Department, and Sarpy County Sheriff Department. Using these departments gives insight into smaller suburban areas that do not have much research conducted on them. Interested individuals were evaluated by the inclusion criteria: being a sworn police officer, working for one of the listed agencies as well as giving consent to taking the survey. Of the 290 officers between the four departments, 84 individuals responded. Among these 84 participants, aged between 23 and 66, ($M_{age} = 46.43$ $SD_{age} = 9.885$) 71 (84.5%) identified as male, 11 (13.1%) identified as female and 1 (1.2%) identified as non-binary/third gender. Of these 84 participants, 94% were Caucasian, 2.4% were Hispanic/Latin-X, 1.2% were American Indian or Alaska Native, and 1.2% preferred not to say. Within the participants, a majority were married with 67 out of the 84 (79.8%) followed by 10 (11.9%) participants being divorced and 6 (7.1%) participants stated that they were single. Participants also answered questions about their sexuality with a majority of participants, 79 (94%) out of the 84 participants identified as heterosexual and 4 (4.8%) identified as lesbian. The last demographic question participants were asked about was their education. Most of the

participants had a bachelor’s degree, 58.3%, followed by 19% with a high school diploma or GED, and associate’s degree with 11.9% and finally 9.5% with an advanced degree.

Demographic information for all participants are reported in Table 1.

Table 1
Participant characteristics

	Total sample, <i>n</i>=84
Age: Mean (SD)	46.43 (9.885)
Range	23-66
Gender, <i>n</i> (%)	
Male	71(84.5)
Female	11(13.1)
Non-Binary/third gender	1(1.2)
Race, <i>n</i> (%)	
White	79(94)
Hispanic/Latin-X	2(2.4)
American Indian or Alaska Native	1(1.2)
Preferred not to say	1(1.2)
Sexual Orientation, <i>n</i> (%)	
Straight/heterosexual	79(94)
Lesbian	4(4.8)
Marital Status, <i>n</i> (%)	
Single	6(7.1)
Married	67(79.8)
Divorced	10(11.9)
Education, <i>n</i> (%)	
High school/GED	16(19)
Associates degree	10(11.9)
Bachelor’s degree	49(58.3)
Advanced degree	8(9.5)

Assessments and Measures

Participants completed packet of self-report measures that included some established instruments and a demographics questionnaire designed for the present study. Items consisted of questions that assessed participant age, sex, race, burnout level and trauma level.

WHO-5.

The World Health Organization Five (WHO-5) Well-Being Index (Staeher, 1998) is a five-item questionnaire looking at well-being, which includes energy, partaking in activities, and vitality. Participants were asked to disclose the frequency of item-related occurrences during the past 2 weeks. Responses were scored on a 6-point scale ranging from 0 (*At no time*) to 5 (*All of the time*). Total scores are calculated as the sum of item responses, total scores ranging from 0 to 25, with higher scores indicating higher levels of well-being. The WHO-5 has demonstrated sufficient internal consistency with Cronbach's α s = .80-.90 (Topp et al., 2015). The WHO-5 also has an adequate convergent and divergent validity (Topp et al., 2015).

AAQ-II

The Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011) is a seven-item measure of psychological flexibility. Participants are asked to discuss their experience related to seven items, ranking responses on a 7-point Likert-type scale ranging from 1 (*Never true*) to 7 (*Always true*). Total scores range from 7 to 49 and

items were reverse-scored such that higher scores represent higher levels of psychological flexibility. The AAQ-II research has indicated that the AAQ-II shows an adequate internal consistency, test-retest reliability (Bond et al., 2011) and construct validity (Fledderus et al., 2012).

Brief COPE

The Brief Coping Orientation to Problems Experienced (COPE) Inventory (Carver, 1997) is a 28-item measure of coping and regulated cognitions in response to stressors felt by the participants. The Brief COPE also looks at the frequency in which the participant uses 14 different coping strategies including active coping, denial, use of emotional support, self-distraction, use of instrumental support, planning, religion, behavioral disengagement, positive reframing, self-blame, humor, venting, acceptance, and substance use (Carver, 1997). Participants are asked to rate each question using a scale ranked from 1 (*I haven't been doing this at all*) to 4 (*I've been doing this a lot*). The higher the score for each item the higher the chance of that coping strategy being used by the participant. The Brief COPE has an adequate internal consistency with a Cronbach's $\alpha = .71-.83$ (Baumstarck, 2017). The Brief Cope also has a reliability ranging from .50 to .60 depending on the scale item (Carver, 1997).

PCL-5

The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5; Weathers et al, 2013) is a 20-item measure that assesses the 20 symptoms of PTSD based off of the DSM-5. Participants were asked to answer each item on a 5-point scale ranging from 0(*Not at all*) to 4(*Extremely*). Total scores range from 0 to 80. Higher scores indicate

more severe posttraumatic stress symptoms. The PCL-5 research has indicated that the PCL-5 has adequate test-retest reliability, internal consistency, convergent validity, and discriminant validity (Blevins et al., 2015).

OBI

The Oldenburg Burnout Inventory (OBI; Bakker et al., 2003) is a 16-item measure similar model to the Maslach Burnout Inventory (MBI), however it only looks at exhaustion and disengagement using (Halbesleben et al., 2005). The OBI also has a wider conceptualization of burnout compared to the MBI (Halbesleben et al., 2005). Each item was scored on a 4-point Likert-type scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Total scores range from 16 to 64. Certain items were reversed-scored such that higher scores indicate more burnout. The research on the OBI indicated that it has an appropriate reliability with Cronbach's $\alpha = .74-.87$ (Halbesleben et al., 2005). The OBI also has an acceptable convergent validity (Halbesleben et al., 2005).

AUDIT

Two measures from the Alcohol Use Disorders Identification Test (AUDIT; Bohn & Middleton, 1995) were used to evaluate alcohol use. The first measure asked "How often do you have a drink containing alcohol?," with options ranging from 0 (*Never*) to 4 (*Four or more times a week*). The second measure asked "How many drinks containing alcohol do you have on a typical day when you are drinking?," with options ranging from 0 (*none*) to 5 (*10 or more*). When paired together, these measures exhibited a sufficient sensitivity (.86) and an adequate specificity (.72) in identifying dangerous alcohol consumption (Bush et al., 1998).

CHAPTER THREE

Results

Total scores, and scale scores where appropriate, were calculated for each of the measures employed in the current study. The descriptive statistics for these scores is presented in Table 2.

Table 2
Study Variables

Variables	Mean	SD	Min	Max
WHO-5	14.80	4.71	5	24
AAQ-II	39.57	6.88	19	49
Brief COPE	55.35	11.44	28	82
PCL-5	35.42	15.18	20	78
OBI	37.91	6.92	24	54
Disengagement	19.29	3.86	11	30
Exhaustion	18.62	3.79	10	29
Alcohol frequency	2.17	1.25	0	4
Alcohol consumption	1.47	.95	0	4
Alcohol use	5.64	1.90	2	10

Descriptive Statistics

Using SPSS, mean and standard deviation were calculated for each of the items that participants self-reported. The WHO-5 scores ($M = 14.8$ $SD = 4.71$) of participants were slightly higher than those reported in other police samples (Baker et al., 2021). This indicates a slightly better well-being than those of other studies. Similarly, alcohol consumption and alcohol frequency were also slightly higher compared to other research studies with $M = 1.47$ and $M = 2.17$ respectively (Baker et al., 2021). Alcohol use was higher than past research on police studies with $M = 5.64$ and compared to that of the general population it was also higher with the general population having a mean score of $M = 4.8$ (Lundin et al., 2015). The OBI, specifically disengagement and exhaustion, also appears slightly higher than that of past research regarding police officers with disengagement at $M = 19.29$ and exhaustion at $M = 18.62$ (Gupta et al., 2012; Basinska et al., 2014). Overall burnout from the OBI was $M = 37.91$. The Brief COPE variables ranged higher than that of the past research on coping in police samples, Table 3 breaks down means and standard deviations (Maran et al., 2015). The PCL-5 is no different, there is a difference in scores compared to the research with $M = 35.42$, which is higher than past studies have shown (Soomro & Yanos, 2018). Finally, the largest statistical difference compared to the research is the AAQ-II. Compared to past research working with police officers, the mean for the AAQ-II ($M = 39.57$) is much higher than other research showing a higher level of psychological flexibility (Baker et al., 2021). Brief COPE variable descriptive statistics are summarized in Table 3 below. Along with the descriptive statistics of the Brief COPE, Table 4 summarizes the total number of

participants who scored a total of 8 in each coping strategy suggesting that the participants use that coping strategy.

Table 3
Brief COPE Variables

Variable	Mean	SD	Min	Max
Self-blame	3.82	1.62	2	8
Religion	4.05	2.11	2	8
Acceptance	5.41	1.65	2	8
Humor	4.37	1.83	2	8
Positive reframing	4.54	1.62	2	8
Planning	4.54	1.65	2	8
Venting	3.91	1.50	2	8
Behavioral disengagement	2.68	1.25	2	8
Use of instrumental support	3.68	1.50	2	8
Use of emotional support	4.11	1.72	2	8
Substance abuse	2.69	1.21	2	8
Denial	2.61	1.19	2	8
Active coping	4.69	1.52	2	8
Self-distraction	4.46	1.54	2	8

Table 4*Brief COPE Coping Strategies*

Coping Strategy	Total Number of Participants with an 8 total score
Self-blame	3
Religion	9
Acceptance	9
Humor	5
Positive reframing	2
Planning	4
Venting	2
Behavioral disengagement	1
Use of instrumental support	1
Use of emotional support	1
Substance abuse	1
Denial	1
Active coping	2
Self-distraction	3

CHAPTER FOUR

Discussion

Several important findings materialized from the present study. First, the study was consistent, although just slightly higher, with past research in regard to PTSD, well-being, burnout, alcohol use, and coping. Second, the study's participants showed a higher total score in psychological flexibility. The findings above are useful in showing a need for more mental health support and normalization of the fact that officers experience on-the-job stress reactions. While the current sample consisted of officers from Midwest departments, these changes are likely needed in police departments across the country. The findings of this study also push a need for seeking help from and learning more positive coping strategies.

Limitations and Areas for Future Research

A limitation of this study is that despite the use of checks, it is impossible to determine if the participants were active-duty officers. Nevertheless, participants were only able to access the survey through an email sent from the head of their department through their work email. Furthermore, the demographics of the study do not apply to every department as it is mainly white, middle-aged, males. Another limitation of the study is some of the data may have come out different as some participants did not answer some questions. A final limitation is the time restraint, as the data could have been different if more interested individuals had the time to respond. In future research it would be advantageous to look more into officers of different ethnicities, ages, and

genders to see if there is a difference in PTSD, burnout, and coping strategies. Future studies would also benefit from testing positive coping strategies within police populations. Final research would benefit from looking more into smaller departments around the country, as these departments face different problems and challenges.

CHAPTER FIVE

Conclusion

With everything that is happening in the world regarding police officers, with the Defund the Police movement and the general distrust of police officers, the mental and physical well-being of the men and women on the force is very important. In order to keep our communities safe, police officers must be at their best or at least in a mindset where they are able to do their best work. It is even more important to look at the understudied departments that are on the outskirts of larger cities such as Omaha. With such little data, any research on these smaller departments is important in order to gain more understanding of the world of police officers everywhere.

APPENDIX A-SURVEY QUESTIONS

Start of Block: Consent

Q15 PROJECT DIRECTOR: Randal Quevillon, Ph.D.

PHONE #: (605) 677-5351

DEPARTMENT: Psychology Department, The University of South Dakota

WHAT IS THE PURPOSE OF THIS STUDY? You are invited to participate in a research study that examines trauma and burnout, as well as coping strategies in police officers. The purpose of this study is to (a) develop a sense of the range of trauma and/or burnout and (b) to gather an understanding of the type of coping strategy used.

HOW LONG WILL I BE IN THIS STUDY? Your participation in the study will last approximately 7-11 minutes. You will need to visit the study website one time.

HOW MANY OFFICERS WILL PARTICIPATE? Approximately 290 police officers will take part in this study. Participants may be recruited from any department in the Bellevue PD, La Vista PD, Papillon PD, and Sarpy County Sherriff Department.

WHAT WILL HAPPEN DURING THIS STUDY? All parts of the study are presented online, with secure data collection through Qualtrics. You will be asked to review the Informed Consent document (this form) and provide your consent to participate in the study. If you consent, you will continue on to the survey. Upon finishing the survey, you will receive a closing message indicating your completion. If at any time you do not wish to continue, you may close out of the survey.

WHAT ARE THE RISKS OF THE STUDY? There may be some risk from participating in this study. Some questions may be of a sensitive nature, such as those about critical incidents in

your policing history, depression, and suicide, and you may feel some distress as a result. Please use the following resources if you would like to talk to someone.

National Officer Hotline: (800)-267-5463

Nebraska 211: (402)-444-6666

WHAT ARE THE BENEFITS OF THIS STUDY? While you may not personally benefit from the study, future officers may benefit from the study, as the information may advise the potential development of more efficient behavioral therapies.

WILL IT COST ME ANYTHING TO BE IN THIS STUDY? You will not have any costs for being in this research study.

WHO IS FUNDING THE STUDY? The University of South Dakota and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

ARE MY RECORDS CONFIDENTIAL? The records of this study will be kept confidential to the extent permitted by law. In any report about this study that might be published, you will not be identified. Your study record may be reviewed by government agencies, Office of Human Subjects Protection and The University of South Dakota-Institutional Review Boards. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

Confidentiality will be maintained through several means. First, survey responses are collected through a fully secure, encrypted system on the study website and are stored in a password protected database accessible only to Dr. Randy Quevillon and the research committee. Second, there is never a direct link created between your responses and personally identifiable information. This means there will be no way of connecting your personal information and survey responses at the conclusion of the research study. Third, study data will be password protected, stored on secure servers provided by The University of South Dakota, and accessible by Dr.

Randy Quevillon and the research committee If we write a report or article about this study, we will describe the study results in a summarized manner so that you cannot be identified.

IS THIS STUDY VOLUNTARY? Your participation is voluntary. You may choose not to participate, or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. You may also choose to not respond to a survey item. Your decision whether or not to participate will not affect your current or future relations with The University of South Dakota.

WHOM MAY I CONTACT IF I HAVE QUESTIONS?The researchers conducting this study are:

Principal Investigator Randy Quevillon, Ph.D. 605-677-5351 during the day •

You may call this number if you have questions, concerns, or complaints about the research.

Student Investigator Katie Larson 605-595-7739 during the day •

You may call this number if you have questions, concerns, or complaints about the research.

If you have questions regarding your rights as a research subject, you may contact The University of South Dakota- Office of Human Subjects Protection at **(605) 658-3743**. You may also call this number about any problems, complaints, or concerns you have about this research study. You may also call this number if you cannot reach research staff, or you wish to talk with someone who is independent of the research team.

I consent

I don't consent

End of Block: Consent

Start of Block: Default Question Block

Q1 Age

Q2 Gender Identification

- Male
 - Female
 - Non-binary / third gender
 - Intersex
 - Transgender
 - Other please fill in _____
 - Prefer not to say
-

Q3 Race

- White
- Black or African American
- Hispanic/Latin-X
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Other
- Prefer not to say

Q4 Sexual Orientation

- Straight/heterosexual
- Lesbian
- Gay
- Bisexual
- Pansexual
- Asexual
- Other please fill in _____
- Prefer not to say

Q5 Years of service

- 0-5 months
- 6 months to 11 months
- 1 year to 5 years
- 6 years to 10 years
- 11 years to 15 years
- 16 years to 20 years
- 21 years to 25 years
- 26 years to 30 years
- 31 years or more

Q6 Marital Status

- Single
 - Married
 - Separated
 - Divorced
 - Widowed
-

Q7 Education

- High school/GED
- Associates degree
- Bachelors degree
- Advanced degree

Start of Block: WHO-5

Q8 Please indicate for each statement which is closest to how you have been feeling over the last two weeks.

Trauma, Burnout, and Coping in Police Officers

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	Click to write Scale Point 6
I have felt cheerful and in good spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt calm and relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt active and vigorous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I woke up feeling fresh and rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daily life has been filled with things that interest me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Start of Block: AAQ-II

Q9 Please rate how true each statement is for you by selecting a number next to it.

	Never true	Very seldom true	Seldom true	Sometimes true	Frequently true	Almost always true	Always true
My painful experiences and memories make it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

difficult for
me to live a
life that I
would
value

I'm afraid
of my
feelings

I worry
about not
being able
to control
my worries
and
feelings

My painful
memories
prevent me
from
having a
fulfilling
life

Emotions
cause
problems
in my life

It seems
like most
people are
handling
their lives
better than
I am

Worries get
in the way
of my
success

Start of Block: Brief Cope

Q10 To what extent have you been doing each item?

Trauma, Burnout, and Coping in Police Officers

	I haven't been doing this at all	I have been doing this a little bit	I have been doing this a medium amount	I have been doing this a lot
I've been turning to work or other activities to take my mind off things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been concentrating my efforts on doing something about the situation I'm in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been saying to myself "this isn't real.".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been using alcohol or other drugs to make myself feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been getting emotional support from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been giving up trying to deal with it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been taking action to try to make the situation better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been refusing to believe that it has happened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Trauma, Burnout, and Coping in Police Officers

I've been saying things to let my unpleasant feelings escape

I've been getting help and advice from other people

I've been using alcohol or other drugs to help me get through it

I've been trying to see it in a different light, to make it seem more positive

I've been criticizing myself

I've been trying to come up with a strategy about what to do

I've been getting comfort and understanding from someone

I've been giving up the attempt to cope

I've been looking for something good in what is happening

I've been making jokes about it

I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping

I've been accepting the reality of the fact that it has happened

I've been expressing my negative feelings

I've been trying to find comfort in my religion or spiritual beliefs

I've been trying to get advice or help from other people about what to do

I've been learning to live with it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking hard about what steps to take	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been blaming myself for things that happened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been praying or meditating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been making fun of the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Start of Block: PCL-5

Q11 In the past month, how much were you bothered by:

Trauma, Burnout, and Coping in Police Officers

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing, and unwanted memories of the stressful experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeated, disturbing dreams of the stressful experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling very upset when something reminded you of the stressful experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having strong physical reactions when something reminded you of the stressful experience (for example, hear pounding, trouble breathing, sweating)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Avoiding memories, thoughts, or feelings related to the stressful experience?

Avoiding external reminders of the stressful experience (for example people, places, conversations, activities, objects, or situations)?

Trouble remembering important parts of the stressful experience?

Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?

Blaming yourself or someone else for the stressful experience or what happened after it?

Having strong negative feelings such as fear, horror, anger, guilt, or shame?

Loss of interest in activities that you used to enjoy?

Feeling distant or cut off from other people?

Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?

Irritable behavior, angry outbursts, or acting aggressively?

Taking too many risks or doing things that could cause you harm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being "superalert" or watchful or on guard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having difficulty concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Start of Block: OBI

Q12 Please indicate the degree of your agreement by selecting the answer that corresponds with each statement

Trauma, Burnout, and Coping in Police Officers

	Strongly agree	Agree	Disagree	Strongly disagree
I always find new and interesting aspects in my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are days when I feel tired before I arrive at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It happens more and more often that I talk about my work in a negative way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After work, I tend to need more time than in the past in order to relax and feel better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can tolerate the pressure of my work very well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lately, I tend to think less at work and do my job almost mechanically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find my work to be positive challenge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During my work, I often feel emotionally drained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over time, one can become disconnected from this type of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After working, I have enough energy for my leisure activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I feel sickened by my work tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After my work, I usually feel worn out and weary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This is the only type of work that I can imagine myself doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usually, I can manage the amount of my work well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more and more engaged in my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I work, I usually feel energized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Start of Block: AUDIT

Q13 How often do you have a drink containing alcohol?

- Never
 - Monthly or less
 - 2 to 4 times a month
 - 2 to 3 times a week
 - 4 or more times a week
-

Q14 How many drinks containing alcohol do you have on a typical day when you are drinking?

- 0, never drink
- 1 or 2
- 3 or 4
- 5 or 6
- 7, 8, or 9
- 10 or more

End of Survey

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