

Running head: LEADING POLICE OFFICERS FOLLOWING EXPOSURE TO TRAUMA

Strengthening the Capabilities to  
Lead Police Officers Following Exposure to Trauma

By

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**Abstract**

Police officers respond to tragic events as a course of their duties. Many of these tragic events are traumatic in many ways. The front line police officers are the first line of defence and are generally the first people on scene. The visions and experiences are something that many people would find difficult to comprehend, yet front line officers perform these duties daily. This inquiry examined how the supervisors within the Delta Police Department in Delta, British Columbia lead front line police officers following exposure to traumatic events. The study found that the role of the patrol supervisor was incredibly important in providing guidance and leadership to their teams following post-trauma events. The recommendations included consistent enhancement of current knowledge bases, but also new initiatives to strengthen psychological support and awareness. The ultimate goal is to reduce stigma related to mental health and create an environment of emotionally intelligent supervisors.

**Dedication**

This is dedicated to all those who have gone before me.

Though you may no longer have a voice,  
your words and actions still speak in my work.

Thank you.

### **Acknowledgements**

This project would not have been possible without the support of so many people. I would like to thank those who were there beside me as I worked through this chapter in my life. The silent inspiration was always present.

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## **Chapter One: Focus and Framing**

The job of a police officer takes on many facets, from first responder at an accident scene to referee at a property dispute. It can be a rewarding career with a sense of accomplishment for helping those in need, but can also expose the police officer to disturbing elements. As noted by the Delta Police Department's Deputy Chief, N. Lipinski, the risk to psychological health affecting employees working in the Delta Police Department has been recognized in the Department's commitment to the development of a mental health strategy (personal communication<sup>1</sup>, March, 15, 2017). The Delta Police Department (DPD) was the sponsoring organization for this inquiry.

Preparing police officers for the imminent possibility of critical incident and trauma exposure has evolved over the past three decades. The Road to Mental Readiness (R2MR) is mandatory in the Delta Police Department (N. Lipinski, personal communication, April 7, 2017). The concept of R2MR was adopted from the Canadian forces, which allowed the soldier "to recover quickly, resist, and possibly even thrive in the face of direct/indirect traumatic events and adverse situations" (National Defence and the Canadian Armed Forces, 2015, para. 2). Accordingly, the merits of this program are directly applicable to police officers facing direct and indirect traumatic events. Other police services, such as the Royal Canadian Mounted Police (2006, p. 4), have also made this evidence-based training mandatory. There are training programs in place to help identify the signs of mental illness; however, training programs to help understand and develop resiliency are still being developed. The focus of this study is to identify

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<sup>1</sup> All personal communications in this report are used with permission.

leadership capabilities for supervisors to understand all of these concepts. Supervisors can then incorporate this knowledge following traumatic events and lead more effectively.

R2MR (National Defence and the Canadian Armed Forces, 2015) is a program for all police officers meant to promote mental health awareness and is diagnostic in nature. It can be very effective for identifying issues that have can be of concern to the organization. The accompanying Mental Health Continuum Model “recognizes the spectrum of health concerns, be they mental or physical, that may impact CAF [Canadian Armed Forces] members during their careers” (National Defence and the Canadian Armed Forces, 2016, para. 1). However, when a police officer displays some of the symptoms within the continuum, they may already be past the stage of “mild and reversible distress” (para. 1). This may be the critical time where a front line supervisor can intercede. Through extensive organizational research, accompanying programs that specifically develop front line leadership capabilities proactively do not currently exist. Developing additional programs requires organizational focus.

As a career police officer with 25 years of front line policing in the role of constable, corporal, and sergeant in two different provinces and three separate police services, I have seen firsthand the result of trauma exposure. Having received leadership development training in many capacities as a supervisor, I personally have yet to receive any instruction on leading police officers following traumatic events. Despite no formalized training, I have led police officers after many tragic event circumstances. With the increased understanding related to mental health, there is an opportunity to enhance training related specifically to front line supervisors to lead police officers following traumatic events. The DPD does not currently have training that specifically addresses this trajectory. As an active research inquirer with firsthand knowledge of

the effects of trauma on police officers, my role was that of an investigative catalyst to study the benefits of training in this area.

Because of British Columbia's (BC) population and volume of emergency calls, it has one of the highest ratios of police officers to citizens in the country. The makeup of police services within this area is also extremely diversified, with a combination of city forces and municipally contracted Royal Canadian Mounted Police (RCMP) forces. This made BC an ideal setting for the study. A BC-based study may reveal findings of value in other jurisdictions. This sample group could also serve as a template to model for other areas within other emergency responder organizations provincially and other police services nationally.

Accordingly, the research inquiry question for this lower mainland police service was: How might the Delta Police Department, British Columbia, strengthen the capabilities of front line supervisors to lead police officers following a critical incident or traumatic event? The sub-questions that served to determine where enhancements may be established are as follows:

1. What are the current capabilities of front line supervisors related to post-trauma leadership?
2. What do supervisors currently understand about the effects of trauma on front line police officers?
3. What initiatives can be introduced in order to enhance supervisors' knowledge of the effects of trauma?

### **Significance of the Inquiry**

To support this inquiry, it was important to establish the current role of the front line supervisors and their respective abilities to lead the police officers under their command. Front line policing is inherently dangerous due to the unpredictable nature of emergency calls. As first

responders, police officers are often exposed to different traumatic and critical incidents. The exposure to these events is considered to be part of the job. However, the effects of this exposure have recently come to the forefront of police-related studies. For instance, in an article in the *Vancouver Sun*, Quan (2014) criticized the RCMP for “not doing enough to respond to stress related illness” (p. B-1). Quan went on to state that post-traumatic stress disorder (PTSD) can develop “from a single traumatic event and develop over time from a series of smaller stressors, such as repeated exposure to family violence or car accidents” (p. B-1). The effects of exposure include PTSD and high rates of suicide. According to the TEMA Conter Memorial Trust (n.d., para. 1), there have been 72 first responder and military suicides throughout Canada since the beginning of 2015. TEMA Conter Memorial Trust did not differentiate the size of the police service; they found that forces smaller in size were not immune to this risk.

DPD is divided into two divisions: (a) operations and (b) administration. Each division is managed by a Deputy Chief, both of whom report directly to the Chief of Police. In response to these studies and statistics, senior DPD leadership introduced a mental health strategy that recognized the importance of mental health in the workplace (DPD, 2016). To demonstrate the DPD’s commitment to the strategy, the Deputy Chief, Administration implemented comprehensive mental health initiatives, which included awareness and training. Employee wellness is embedded directly into the DPD’s (2016) 2014 to 2018 strategic plan and involves a broad spectrum of care, including emotional wellness, physical wellness, officer safety, and the recognition of occupational stressors in relation to mental health (M. Granum, personal communication, June 1, 2017). Officer wellness is not just a priority for senior leadership and the DPD, but has become a part of the culture within the organization.

The key internal stakeholders of this inquiry were the current front line patrol or uniform patrol supervisors as well as previous supervisors who performed this role and have since been transferred or promoted to other areas within the organization. They are the first level of supervision in the organization for any serious call for service, which would include traumatic events. External stakeholders would not only include other police services that border DPD, but also other police services throughout the country that have similar roles. For the purpose of this study, the external police services were not included. Although front line supervisors are not identified by position in any mental health strategy, the DPD has outlined specific goals, including mandatory R2MR training, the establishment of a formalized peer support program, and mandatory respectful workplace training (M. Granum, personal communication, June 1, 2017). Ultimate accountability regarding mental health-related absences is to the Delta Police Board. Therefore, if additional training is identified as an area for improvement, DPD (2016) supports and, in fact, directs change in its 2014–2018 strategic plan. If this inquiry were to not take place, then ongoing mental health concerns would not be addressed. This could not only have potentially harmful results, but would also not be in keeping with organizational strategic direction (DPD, 2016).

### **Organizational Context**

DPD has been the police service for the municipality of Delta, BC, since 1888. The organization has adapted throughout its history, modifying training commensurate with the changing landscape of policing in general. DPD's (n.d.-a) value of "Challenging oneself to overcome adversity" (Pursuing our Cores Values section, para. 4) speaks directly to the organization's commitment to the employees who protect their community. A long-term mental health strategy to complement this core value is also a priority within the organization (N.

Lipinski, personal communication, April 7, 2017). This entire inquiry was dedicated to this premise.

The organization is broken into two divisions. For the purposes of this inquiry, the focus was the operations division members, who are primarily front line police officers. The structure of the DPD force is broken down into seven principal branches: Operational Support, Criminal Investigation, Duty Officer, Patrol, Human Resources, Information Services, and Finance (DPD, n.d.-b; see also Appendix A). DPD is the police of jurisdiction for the communities of Ladner, North Delta, South Delta, and Tsawwassen. The policing jurisdiction borders the city of Surrey, which has contracted the E Division of the RCMP to perform the policing duties. E Division is unique, in that several large municipalities (i.e., Burnaby, Surrey, Richmond, Coquitlam, and North Vancouver) have contracted the RCMP to perform their municipal policing duties. Operational duties performed include patrol operations, crime prevention, traffic services, and so forth. The Operations Division's responsibilities have the largest complement of police officers numbering just under 195 (N. Lipinski, personal communication, April 10, 2017). The Operations division falls under the command of Deputy Chief Lyle Beaudoin who reports directly to the Chief of Police Neil Dubord. Although the Operations division is led by Deputy Beaudoin, the responsibility for continued improvement and training falls under the command of Deputy Chief Norm Lipinski. The DPD organizational chart is presented in Appendix A.

DPD has a myriad of policing roles that mainly support municipal operations, but also has provincial and federal roles that fall under the operational business line. All operations ultimately report to the Chief of Police, who is the senior executive and reports directly to the Police Services Board. Organizationally, the largest section within DPD is patrol or front line policing. Patrol would include basic calls for service as well as emergency response from the

communities in which the officers are assigned. Patrol branches are equal in size and structured into platoons, which are deployed to the respective communities. Constables represent the majority of the patrol branch and are supervised by sergeants who are supervised by staff sergeants. The sergeant and staff sergeant ranks are considered front line supervisors.

Each supervisor has intimate knowledge of the duties associated to patrol because of their previous, required experience in the patrol section. Every supervisor being versed in the requirements of patrol operations is enhanced by the fact that all recruits begin their career in this area. Therefore, the knowledge of each and every front line supervisor who could be impacted by an inquiry of this nature was important. More importantly, it was anticipated that if this study yields valuable results, they may inform work in other jurisdictions.

### **Systems Analysis of the Inquiry**

A policing organization is ultimately accountable to the community it serves. The front line police officers have a hierarchical accountability to the Chief of Police. The Chief of Police is responsible to the community, which completes the system itself. The system, as a diagram, is accurately captured in the organizational chart, which does not end at the Chief, but ends with the community (DPD, n.d.-b; see also Appendix A). This systems philosophy is also in keeping with the tradition of the concept of community policing. These values are encapsulated in Sir Robert Peel's Principles of Law Enforcement, which identified "the people are the police and the police are the people" (McBride, 2016, para. 1).

Organizational change is inevitable. Burke and Litwin (2009) observed that "the magnitude of environmental change, and the frequent resistance of human systems create a whole confluence of processes that are extremely difficult to predict and almost impossible to control" (p. 273). Bolman and Deal (2013) identified four frames for organizational change,

which can be directly correlated to DPD's structure and direction. The four frames are human resources, symbolic, structural, and political, which "help us decipher the full array of significant clues, capturing a more comprehensive picture of what's going on and what to do" (p. 5). These four frames were used to analyze DPD's organizational change and how each frame aligned directly with the inquiry topic.

Senge (2014) stated, "One is hard pressed to think of any organization that has sustained some measure of greatness in the absence of goals, values and missions that have become deeply shared throughout the organization" (p. 7). To create a change in the mindset of police officers concerning mental health topics requires a change in the "conceptual framework" within the system itself (p. 7). Bolman and Deal (2013) argued that "change calls for collateral investments in training and development of active channels for employee input" (p. 378). They indicated "training to develop new skills; participation and involvement; psychological support" are elements of an essential strategy in reframing organizational change (p. 378).

The human resource frame is a balance of "the relationship between the people and organizations" (Bolman & Deal, 2013, p. 135). Demographics and, specifically, the cross-generational membership of DPD continue to be an important factor in the evolution towards change, which also tests this same organizational balance. New graduates from the Justice Institute of British Columbia are all deployed in the roll of front line officers, and a large proportion is comprised of Millennials or Generation Ys. In this age of knowledge and information, police officers are presented with the internal and external statistics of trauma-related illness and police suicides. These statistics were not kept nor tracked in previous decades. Television and online features regularly document the challenges facing police officers related to mental health. New officers coming with this quest for knowledge also come with an expectation

for solutions. Bolman and Deal (2013) stated, “Ideas and practices from organization development often play a significant role in supporting the evolution of more comprehensive and effective human resource practices” (p. 160). Based on my experience, this system of thinking is a new phenomenon and has become part of the evolution that is taking place within policing in general regarding the approach to mental health.

In the symbolic frame, Bolman and Deal (2013) identified “an organization’s culture is revealed and communicated through its symbols” (p. 248). DPD has provided police services in the municipality of Delta for over 125 years and has been the representation of peace, security, and justice since its inception. This organizational status and tradition comes with distinct ceremony, which is an important role within the communities. DPD is the face of the community and recognized by their uniformed presence at many community events. Within the ceremonial responsibility, DPD is able to “socialize, stabilize, reassure and convey messages to external constituencies” (p. 260). The primary constituents are the general public DPD serves. In this age of social media and statistical tracking, the media has become an important conduit within the symbolic frame. When there is a scandal or discreditable conduct reported within the organization, it may have an impact on the DPD force as a whole. Like many police forces throughout the country, there is continual public scrutiny of policing services. A demonstration of this was chronicled in the *Vancouver Sun*, when Quan (2014, p. B-1) noted that the RCMP’s tracking of police suicides was of national significance. Quan specifically identified the RCMP organization as the national force. Locally with DPD, this demonstrates the importance of the symbolic frame and importance it can have. This is significant to the multiple internal and external stakeholders who are reading these types of articles and questioning what DPD is doing. It also speaks to the importance of this inquiry and its overall impact.

Bolman and Deal (2013) identified that the “structural frame beliefs are reflected in current approaches to organizational design” (p. 45). In the structural frame, the DPD is a classic example of a “divisionalized form” (p. 80). Although an inherent risk associated to a divisionalized form is “that headquarter may lose touch with operations” (p. 81), this is generally not the case within the DPD due to the smaller size of the force. The benefit of this structure, however, is that senior commanders have direct knowledge of patrol section stressors. This allows an understanding of the large organizational issues, such as the mental health of the front line police officers. The majority of the police officers who have ascended to the highest ranks within the DPD force started their respective careers within the patrol section. This structure construct is of great benefit for recommendations to be supported.

Bolman and Deal (2013) noted that “politics is the realistic process of making decisions and allocating resources in a context of scarcity and divergent interests” (p. 183). DPD is continuing to grow as a learning organization, recognizing best practices in the study of employee mental health. There are divergent interests concerning mental health, which impact all four frames. Therefore, the political frame is perhaps the most important within Bolman and Deal’s four frames. The statement that “goals in a government agency are presumably set by the legislature and elected executives” (p. 192) is correct for certain areas of the organization that are bound by law. However, as described by Bolman and Deal, the organization is also a tool within the context of this political frame and “inevitably dependent on their environment for needed support and resources” (p. 242). Therefore, to remain relevant, both senior leadership of the organization and the employees require that each recognizes the other’s specific needs. They are both major interest groups in the whole of the system. To be effective in this frame, “goals, structure and policies emerge from an ongoing process of bargaining and negotiation among

major interest groups” (p. 204). The organization has demonstrated its willingness to do this with the R2M2 program and commitment to the further study of mental health. DPD is a system, but it is also a large team, even as a smaller force. As Senge (2014) identified, “When teams are truly learning, not only are they producing extraordinary results, but the individual members are growing more rapidly than could have occurred otherwise” (p. 9).

If the organization is able to address the areas captured within the four frames identified, then the system will continue to evolve and improve. Not only are the best interests of DPD being met by this process, but the community as a part of the system will be the ultimate benefactor.

### **Overview of the Thesis**

In the significance of the inquiry section presented in Chapter 1, I provided the importance of this study related to police officer suicide rates, and the overall effects of trauma exposure were identified. In the organizational context, DPD as an organization has already addressed some of the compounding factors through its approach to officer mental health strategies within the entire force. The systems inquiry in Bolman and Deal’s (2013) four frames provided a link between the force and the community. The concepts further identified how the importance of having a mentally well police force would provide better service to the community as a whole. Current strategies that police forces employ to manage critical incident and traumatic events are explored in the remainder of the thesis.

Through the literature review provided in Chapter 2, I will look at organizational responses for the police officers as a whole. Once there is an understanding of the organizational view, then I will concentrate on direct supervisory strategies, which was the focus of this inquiry.

The inquiry methodology is presented in Chapter 3. The survey of supervisors provided critical details on what the current knowledge base is amongst those that directly supervise the front line police officers. The data collected in the survey established the foundation for the learning circle and, collectively, provided a clear picture of supervisory capabilities related to the inquiry topic.

The data collected from the two methods were analyzed and categorized, which is presented in Chapter 4. This information led into the recommendations presented in Chapter 5, which helped formulate the road forward.

Finally, in Chapter 5, I present recommendations and establish a course of action for the DPD force to look at related to the current mental health strategy.

The current research principles of critical incident management of first responders, which include nurses, paramedics, and firefighters, are presented in Chapter 2. Although the support provided to nurses or other responders may be different from that of the participants in this study, the exposure to critical incident and traumatic events are not. This is an occupational reality and considered part of the course of duties for all first responders.

## **Chapter Two: Literature Review**

The purpose of this literature review was to explore the research related to post-trauma leadership. The literature review served to address the inquiry question: How the Delta Police Service, British Columbia might strengthen the capabilities of front line supervisors to lead police officers following a critical incident or traumatic event? When a traumatic event takes place, there is immediate response from the police. Techniques and procedures of how to manage crime scenes or accident scenes are well established. The after-effects of particularly disturbing calls may linger with police officers. The effects can be managed utilizing critical incident stress debriefings or other organizational policies: the focus of this literature review. However, the research into how to specifically manage the individual officers following these disturbing events was very limited. The procedures appeared to be focused on the immediacy of managing the individual or groups of police officers affected. These measures or policies mandated that there would be some form of debriefing or discussion of the event within 72 hours of the incident. Therefore, through the review, I examined existing post-trauma management from an organizational context and then that of an individual. This allowed for a two-part strategy that incorporated both the immediacy and long-term post-trauma management.

Understanding how police officers recover and continue to manage to perform in their duties following a traumatic event is very complex. Numerous studies have focused on the mental health of first responders and the effects of trauma on the personnel. How the front line supervisors can manage their own people following exposure to a traumatic event was the focus of the first topic. In their study “Training Police Leadership to Recognize and Address Operational Stress,” Chapin, Brannen, Singer, and Walker (2008) identified the necessity to “recognize signs of operational stress in their line officers and provide ‘Leader Actions’ to

minimize long-term sequelae of operational stress, such as posttraumatic stress disorder, absenteeism, resignation, and misconduct” (p. 338). Under the second topic of the literature review, I established the baseline leadership principles provided to police officers and then examined how these capabilities can be strengthened, which entailed looking at some individual leadership strategies that may be even more relevant for supervisors.

### **Impact of Trauma on First Responders**

Following a traumatic event, the front line supervisors are the primary points of contact for those affected by the traumatic event itself. Training can be put in place for leadership development; however, the focus needs to be shifted to the specificity of post-trauma leadership (N. Lipinski, personal communication, June 7, 2017). This aspect is recognized and endorsed by senior leadership within the police services. Levenson (2007) stated, “There is great need for quality stress management programs in law enforcement, and perhaps the most important aspect of any program is an endorsement by a director, chief, or other administrative commander” (p. 19). Through this literature review, I explored the history of battlefield trauma, based on (a) recognizing and understanding the effects of trauma and (b) police management of trauma through critical incident stress management.

**Recognizing and understanding the effects of trauma.** The literature on the effects of trauma was very consistent. Of the 14 studies reviewed in this inquiry, all agreed that more training and awareness needs to be conducted (Powers, 2015; Blacklock, 2012; Pender & Anderton, 2016). However, no recent compelling literature provided a contrasting view as to the importance of additional studies. The effects of trauma have long been studied in the military context. Early examples of trauma studies included “Shell Shock in France 1914-1918 (1940) and The Traumatic Neuroses of War (1941)” (Van Der Kolk, 2013, p. 189), so this is not a new

societal dilemma. Chapin et al. (2008) stated, “Since the Civil War, the U.S. Army has recognized that exposure to combat has stressful effects above and beyond physical injuries and disease” (p. 340). When studying police work compared to military service, Chapin et al. further identified that “although police work may not generate the same intensity of stress as military combat, the cumulative effects of numerous traumatic exposures layered on top of the routine bureaucratic and administrative stressors can have powerful effects on police officers” (p. 340). Exposure to trauma is inherent within the realm of police work, so police officers need to understand the effects of trauma. More importantly, front line supervisors need to have an understanding of how the effects of trauma can impact the police officers they lead.

Educating police officers to recognize the effects of trauma exposure may be the key for organizations to prevent manifestations resulting from police officer trauma exposure. Arnetz, Nevedal, Lumley, Backman, and Lubin (2008) studied the effects of resilience training for police officers exposed to trauma. According to Arnetz et al., “The ability of this prevention program to attenuate distress and physiological arousal in response to this realistic scenario suggests that it has the potential to prevent the development of post-trauma stress reactions when exposures occur in the field” (p. 6). Similar to the principles of crime prevention and other methodologies employed in the reduction of specific crimes, the key to police officer mental health may also be found in prevention.

Training of police officers at an early stage is also an additionally important consideration. Papazoglou and Andersen (2014) wrote, “If resilience training is routinely taught, police trainees/cadets will consider it to be a natural component of the regular training process and accept it as part of being a police officer” (p. 105). The literature was also consistent as to the importance of the effects of trauma on police officers and the requirement for awareness.

Early intervention and consistent education throughout police organizations was the resonating theme. The establishment of a training regimen in trauma recognition for police officers is a topic that requires additional research.

The establishment of training for all police officers is a logical first step. The outcome of this training could be a level of self-awareness and emotional intelligence, which was suggested by many participants in this current study. The leader of the teams of police officers will require an understanding of these concepts. Goleman, Boyatzis, and McKee (2013) stated, “The leader who wants to create an emotionally intelligent team can start by helping the team raise its collective self-awareness” (p. 183). Self-awareness may be the singular most important concept in the development of any training. Each article reviewed clearly identified that management of trauma experienced by police officers was unique to each individual. The common link was that there was a requirement for recognizing and understanding the effects of trauma. The literature also identified the need for individual, group, and organizational understanding of the topic.

**Critical incident stress management.** Blacklock (2012) identified critical incident stress management (CISM) as “a strategic process designed to address critical incidents experienced by individuals in their workplace to help them deal with emotional trauma one incident at a time” (p. 2). Following a critical incident, an effective mechanism for understanding the effects of the event is to conduct a group critical incident stress debriefing. In many emergency response organizations, debriefings following specific types of events are mandatory and based on policy. Critical incident stress debriefings are often times conducted by CISM teams. Leading debriefings requires education. Pender and Anderton (2016) posited that “group work practice standards reflect a need for competent leadership that is established through education and training in order to conduct groups” (p. 29).

Having a pre-identified CISM team in place can be an invaluable mechanism to draw upon following a critical incident. As Blacklock (2012) identified, “The CISM team served as a support system to potentially protect employees from emotional trauma and could be drawn upon as required” (p. 6). The interesting position of this research is that the CISM service, which supports the emergency responder or practitioner, serves as protection for the employee. This is the same basic protection that the first responder community provides to the public.

In their meta-analyses study of stress management interventions, Richardson and Rothstein (2008) posited the value of stress management intervention programs and further identified that “nearly all of the “subcategories of interventions produced meaningful effects” (p. 90). This research was supported by many other studies of similar context. Slahor (2010) supported the value of management of critical incidents, stating, “CISM mitigates the impact of the event and lowers the tension being felt, facilitates recovery in normal people who are experiencing an abnormal event” (para. 23). Powers (2015) encapsulated the end state of a CIS, identifying that “the ideal goal is to understand that the reactions we have to a stressful event are normal and that by working through our own grieving process, we can achieve and maintain normal mental balance” (p. 1).

Older studies related to critical incident management also extolled the virtues of the need for some sort of critical incident response (Everly, Flannery, & Mitchell, 2000; Pack, 2012; Robb, 1992). This demonstrates how the concepts have not radically changed over the past several decades. The literature provided a compelling case where some sort of critical stress intervention was valuable to the people exposed to trauma. The support programs studied were designed at post-event management. Although most had some level of effectiveness, they clearly needed to be conducted in conjunction with pre-event management and resiliency programs.

It can potentially be tragic for organizations to not have effective programs in place such as a CISM. In terms of the costs of not seeking help, Mitchell (as cited in Levenson, 2007) stated,

For many law enforcement personnel, the results of severe or prolonged stress can be seen in poor job performance, disrupted relationships, declining health, changes in personality, the development of Post-Traumatic Stress Disorder (PTSD) and, in extreme cases, even suicides. (p. 17)

The literature reviewed was consistent in the support of programs such as CISM. This was only one of the recommendations identified. A systematic approach utilizing all of the concepts may be the most effective way to move forward. CISM addresses an individual workplace incident, which requires action from the organization. Following the traumatic incident, a further critical incident stress debriefing would be the logical next step to follow in the chain of responses. An area that would then require further research would be the post-incident maintenance component. As identified by Harris, Baloğlu, and Stacks (2002)

Although proponents of CISD protest that several studies have demonstrated the effectiveness of debriefing and provide many testimonials and anecdotal reports claiming highly positive outcomes, no such studies (i.e. studies that use randomized assignment to treatment conditions and provide a clear scientific and empirical test to the efficacy of debriefing) appear in referred professional journals. (p. 227)

Although an older study, this is worth further research because of the validity as it pertains to 2017. Until there is a replacement for current protocols, it appears the research has not supported post-incident maintenance delivery component of a CISD program. Organizations should invest the time to investigate a strategy that follows the pre-, post-, and future management of

employees exposed to trauma. Regardless of the organizational direction taken, the constant will remain the direct supervision of trauma-exposed police officer. The next portion of the literature review will explore how the leadership capabilities of these supervisors can be strengthened.

### **Leadership Capabilities**

Front line supervisors lead the men and women who are the face of DPD in everyday interactions with the public. Leadership training for supervisors in DPD has become far more robust over the past decade. Specific training is designed to incorporate concepts related to leadership practices. Front line supervisors lead their respective teams following critical incidents; therefore, it is important to understand the fundamental aspects of police leadership. This literature examines leadership for police supervisors. Following the establishment of baseline training for police officers, my research project helped identify areas that can be enhanced in leadership supervisory training. This enhanced training could ultimately be applied to the focus of post-trauma leadership.

In the first tier of response to a traumatic call, it is the immediate supervisor who will lead and direct the course of the initial investigation. This same supervisor will likely have the most influence on the front line police officer who has responded to the traumatic call. Therefore, this supervisor's ability to have a correct approach to his or her front line officers could be critical. Emotionally intelligent leaders could be the key trajectory to having positive long-term outcomes.

### **Emotional Intelligence for Individual Leaders**

Organizational policy and procedure dictate how a critical incident is managed post-event. Throughout my literature review and personal experience in law enforcement, I have not uncovered specific direction that relates to ongoing maintenance of individual officers. Barring

no direction in this area, one would be led to believe that it is incumbent on the individual supervisors to manage each of their officers. Although R2MR can assist the police supervisor or even colleague to identify when a police officer is struggling, it only identifies the symptoms. A police officer may already be feeling the direct effects of a traumatic incident, but does not display distress based on the criteria found in R2MR. Unless a supervisor has had additional training in the area of mental health, symptoms may be allowed to perpetuate. Astute supervisors may check on police officers following traumatic events, but are not mandated to do so.

Emotional intelligence may be a concept that is new to some policing agencies. This may be especially true when discussing front line supervisors. Questions as to the applicability and operational or organizational functionality could be points of discussion. Conroy (2016) stated,

The key to making changes in law enforcement is to understand that social and emotional intelligence skills can be operationalized. These competencies can be taught, improved upon, and put into everyday law enforcement practice. (p. 53)

Understanding that emotional intelligence training would be part of an overall shift in the direction of change within the organization would be paramount. Considering the previous literature review of a CISM process, the building blocks already exist to formulate the structure for further development. If the application of critical incident debriefings currently exists, then the process has already been operationalized. Therefore, a modification in the direction would be seamless, as long as a transformational method would be utilized.

**Transformational leadership.** Experienced police supervisors who have previously been exposed to traumatic incidents may have a deeper appreciation of the affects upon individuals. Some may feel that there are organizational constraints that prohibit the direct supervisors from delving into the mental well-being of those they lead. Podolny et al. (as cited in

McClesky, 2014) described the history of the leadership field and noted its progression from the study of the traits of individuals; to the marginalization of the study of leadership and an emphasis on its organizational constraints; to the concept of meaning making, charisma, and transformational elements of leadership.

If supervisors can move past the perceived or real organizational constraints, then they may be in a better position to assess how their subordinates are functioning. Leaders who are more emotionally intelligent related to this particular area can have a profound effect on those they lead. The optimum outcome or result would be self-identification of subordinates related to post-trauma stress. As identified by Weinberger (2009),

Extra effort of a follower is measured by a follower's willingness to try harder, complete more than they are expected to do, and have a heightened desire to succeed. It was hypothesized that leaders who are more emotionally intelligent would be able to influence this variable. (p. 762)

If the leader directs that his or her priority is the mental well-being of the follower, then the employee's response would be more forthcoming based on this rationale. If the leader applies this application unilaterally, then this influence could become the standardized process and, therefore, bring normality to a difficult situation.

An emotionally intelligent approach to post-trauma leadership may already be present within certain individual supervisors based on their own respective background. Police officers are now entering the policing field with varying levels of education and training. This post-secondary education may provide a platform for these supervisors to lead differently based on this education. However, it is further important that any unique experience or education be shared throughout the greater system. As Goleman et al. (2013) noted: "The impact will be

greater if leadership growth goes beyond the individual” (p. 166). For current supervisors with specific education related to emotional intelligence, it would be useful to tap into this individual knowledge. As noted by Senge (2014, p. 222), “The IQ of the team can, potentially, be much greater than the IQ of the individuals” when talking about team learning. Therefore, an application of this theory could be beneficial to the greater team, which would be the DPD as a whole. Each individual leader could act as a conduit for his/her specific section, which could then be replicated throughout the entire organization.

Regardless of the group or team approach to transformational leadership, the individual results of any post-trauma event rests within one supervisor’s control. This is generally the case when an event occurs during the early hours of the morning, when there is only one source of support. Resources can be mobilized when the post-event notification process begins, but the initial support lies within the individual supervisor(s). As identified by Ehrenreich (2003), “Studying PTSD in individuals, this can only be explained in terms of differences in individual resilience, stemming from differences in genetic makeup, personality, coping mechanisms, social support, and similar variables” (p. 21). Therefore, it would be impossible for the front line supervisor to understand the needs of a specific front line police officer following a traumatic event. The sheer amount of information required for an assessment based on these criteria would fall outside the purview of the supervisor. However, if the supervisor was aware of these aspects of human dynamics, then a better understanding could exist in his/her supervision. This understanding would be important to aide in not making improper assumptions about the overall welfare of the police officers responding to a traumatic call. The responsibility for the continued mental health and welfare of the individual officers could then be transitioned to the organization.

**Emotionally intelligent organizations.** In the context of building emotionally intelligent front line supervisors, the organization must also maintain a similar direction in order to support these same individuals. A systems approach to maximizing the individuals' abilities would require the group to be on the same trajectory. Goleman et al. (2013) noted that "a group's emotional intelligence requires the same capabilities that an emotionally intelligent individual expresses: self-awareness, self-management, social awareness, and relationship management" (p. 177). Having this concept endorsed by the entire organization would provide a level of comfort for the supervisor to understand that she/he is acting in unison with organizational goals. If that level of comfort exists, then it could take this onus from the supervisors so they may focus on those they lead.

Balancing the needs of the individuals versus the needs of the organization can be difficult for senior leadership. As the organization grows and develops into a learning organization, the challenge becomes even more difficult. In discussing this challenge, Hess and Bacigalupo (2010) said,

This process in and of itself creates a tension between the needs of the organization and those of the individuals within the organization. One can argue the balancing of those interests requires an even higher level of emotional intelligence in the knowledge-based leader. (p. 224)

This has definite organizational implications. Leadership of emotionally intelligent training or understanding would have to come from the top tier of the organization. It would need support for development from those who lead. This leadership commitment to learning already exists with the ongoing support of this inquiry and future training initiatives (N. Lipinski, personal communication, April 2017).

The study of emotional intelligence in organizations is not a new concept. An abundance of literature extolled the virtues of emotionally intelligent leaders. The difference in the topic of leading others following exposure to trauma is a new trajectory. It looks at all levels of the organization, but includes all members from the ground up. This inclusiveness can have a positive effect system wide and identify leaders within all realms of the organizations. However, to be effective, leaders need to share the common feeling that there will be a positive outcome. As stated by Kouzes and Posner (2012), “Before you can lead others, you have to believe that you can have a positive outcome on others” (p. 330). The study of police officer mental health has been in the forefront over the past several years. It has also become a study in policing culture as well as openly tackling the symbol of stigma. Bolman and Deal (2013) said, “Managers who understand the significance of symbols and know how to evoke spirit and soul can shape cohesive and effective organizations—so long as the cultural patterns align with the challenges of the marketplace” (p. 264).

There is no distinction between organizational levels of managers. It is a system-wide opportunity for leaders to evolve and champion the cause. Therefore, with the support of senior level management, the philosophies would cascade throughout the organizations. This should encourage front line supervisors to engage their teams and have difficult conversations, such as those related to mental health. The ongoing support from the top is critical and ultimately serves to close the loop on the organizational system.

### **Chapter Summary**

The literature review within this chapter provided clear evidence that a team approach to trauma response was an accepted practise. Following a traumatic event, a Critical Incident Stress Debriefing (CISD) would take place as part the CISM program. The CISM was a part of the

overall organizational response to any traumatic event. Ultimately, this response was about maintaining a safe environment for the police officers themselves. It served more in accountability than that of managing the incident itself. Van Der Westhuizen and Stanz (2017) stated,

The role of senior management when it comes to safety is expressed in a twofold understanding of: firstly educating support services managers on their safety role, and secondly a communication role of reported incidents while refraining from influencing the tasks of incident investigations. (p. 204)

This focus of the officer safety role was reflected in the leader's emotional intelligence understanding and ability to lead following exposure to trauma.

The context of the organizational system leadership was explored at the individual and group dynamic. The literature demonstrated that various leadership lenses could not function autonomously, but, in fact, were reliant on each other. The application of emotional intelligence from the front line leader up through senior management supported the CISM program. The two tangents serve to support the front line police officers who have been initially exposed to the traumatic event itself. This correlation is an important relationship in leadership following exposure to trauma.

In Chapter 3, I will explore the methodologies used in this study to investigate post-traumatic leadership from the perspective of those in front line leadership roles, including a discussion of the project methods and ethical issues considered throughout the research process. The two methodologies, a survey and a learning circle, gathered information from the first two tiers of leadership within the patrol section of the Delta Police Department.

### **Chapter Three: Inquiry Project Methodology**

The focus of this inquiry project was based on the concept of strengthening capabilities in front line supervisors to lead police officers following exposure to significantly bad events. Action research was selected as the most appropriate inquiry methodology to explore the questions, learn about the inquiry topics, and prepare for action. In describing action research, Stringer (2014) observed: “The primary purpose of action research is to provide the means for people to engage in systematic inquiry and investigation to design an appropriate way of accomplishing a desired goal and to evaluate its effectiveness” (p. 6). When describing action research, Coghlan and Brannick (2014) stated, “[Action research] reverses the traditional learning process where one learns something first and then applies it” (p. 55). Regarding police officers, one of the challenges for this methodology was the potential to be what Young (as cited in Coghlan & Brannick, 2014) identified: “There is a culture of secrecy within the police force” (p. 124). This barrier had the potential to affect the data collected when considering the concept of enhancing or altering learning trends. This knowledge was also important to consider and was revisited throughout the research. In fact, inquiry questions were developed to take participants outside of their respective comfort zones to further explore the research topic. In this chapter, I present the inquiry methodology, participants, and inquiry team members including how they were selected. Additionally, inquiry methods and ethical issues considered throughout the research process are further extrapolated.

In order to make a determination of what skills and knowledge the supervisors may need to strengthen their capability, one needs to understand what they currently know based on current mandatory training. I recruited front line supervisors, which included staff sergeants, sergeants, or constables in the role of acting sergeant for this study. This inquiry addressed the primary

research question: How might the Delta Police Department, British Columbia, strengthen the capabilities of front line supervisors to lead police officers following a critical incident or traumatic event? The subquestions to support the primary inquiry questions were as follows:

1. What are the current capabilities of front line supervisors related to post-trauma leadership?
2. What do supervisors currently understand about the effects of trauma on front line police officers?
3. What initiatives can be introduced in order to enhance supervisors' knowledge of the effects of trauma?

In researching the sub-topics, I explored the current state of knowledge front line supervisors possess related to the inquiry topic. It was intuitive to assume that there is a baseline knowledge supervisors would have prior to their respective promotion. Identifying that baseline was important when considering what further understanding the supervisors may need. The natural progression of this trajectory culminated in initiatives that would be introduced to enhance the knowledge base for all supervisors related to the effects of trauma.

### **Inquiry Methodology**

Using Rowe, Graf, Agger-Gupta, Piggott-Irvine, and Harris's (2013, p. 20) action research engagement (ARE) model ensured that the participants felt that they were part of a solution throughout this project. As identified:

Employees who participate in dialogue and deliberation to share perspectives about a change initiative experience deeper engagement and, therefore, are more open to accept other points of view, change their own understanding, form new ideas and solutions and adopt new practices related to the change initiative. (p. 15)

The International Association of Chiefs of Police, which represents all police services globally, conducted a study regarding the effectiveness of law enforcement-driven action research. Cosner (2016) discovered: “Not only have the officers shown an interest in the research process, but their responses to questionnaires suggest an almost universal interest in the development of an achievement culture” (para. 3). This reinforced and supported the approach for further studies to be conducted using an action research engagement methodology. This observation had the potential to also ameliorate concerns regarding the culture of secrecy.

Action research characteristics are based on the interconnectedness of engagement and then reflection. Because most police officers will have been exposed to traumatic events at some point during their tenure, this inquiry had the potential to draw on many lived experiences. Stringer (2014) identified that “action research, in its most effective forms, is phenomenological (focusing on people’s actual lived experience or reality)” (p. 37). Coghlan and Jacobs (2005) added that “the operational element of action research involves engaging in cycles of action and reflection” (p. 448).

This rationale provided the perfect opportunity to apply a mixed-method approach to collect data, which included a survey method for patrol sergeants and constables in acting sergeant roles. This was followed by a learning circle involving higher-ranking patrol staff sergeants or watch commanders. The consecutive use of the methods further demonstrated their interconnectedness. The overall goal of the research was to provide new alternatives to better equip the project participants of the research. It was anticipated that this might come in the form of additional training or awareness depending on the research outcomes. Adopting action research in an organizational development context ensured “they [participants] collaborate on

intervening in the organization (the action), and in exploring issues and generating data on the development of the organization (the research activity)” (Coghlan & Brannick, 2014, p. 55).

### **Project Participants**

Stringer (2014) identified that “action research seeks to enact an approach to inquiry that includes all relevant stakeholders in the process of investigation” (p. 31). In my view, the most interesting word in this statement is “relevant.” Although all police officers may be impacted by the effects of exposure to traumatic events, the front line officers are the first contact in most, if not all, incidents. Often times, signs of stress or crisis may be overlooked and can impact others within a group context. Front line sergeants (or constables in an acting sergeant role) have the primary role of supervision of the front line constables and the platoons. It is these men and women who are tasked with providing guidance during difficult situations such as traumatic events.

Using purposeful sampling, the selection process for participation in this research was based on the current structure of the front line policing deployment within DPD. Recruiting participants from the current patrol section or recently transferred patrol supervisors provided a rich and diverse sample group that reflected the diversity of DPD. Palinkas et al. (2015) stated, “Even those who equate purposeful sampling with systematic sampling must offer a rationale for selecting study participants that is linked with the aims of the investigation (i.e., why recruit these individuals for this particular study?)” (p. 536). Participants were specifically recruited because of their experience and position in the organization as current or previous front line patrol supervisors. This selection process met the requisite of this contention and was based on the hierarchal design of the patrol watches. Identification of possible participants was based on the relevant experience and supervision while assigned to the patrol section. Consideration was

given to using other police officers who occupied positions outside of patrol to increase the study size. However, the participation of these individuals may have skewed the scope of this patrol-specific research.

Other considerations in the inquiry were factors for the questions, with years of experience and years in a leadership or supervisory role being particularly important to understand. These criteria allowed for diverse perspectives based on a myriad of experiences in policing. Following the provided criteria, the survey sample population comprised all current patrol sergeants, acting sergeants, or former patrol sergeants of the DPD, for a total of 18 invitations distributed. The survey was distributed by a neutral third party so as not to influence participation. Following revisions and modifications based on the survey results, the learning circle sample population included a maximum of six participants. This number was calculated based on patrol staff sergeant per watch, to a maximum of four, with an extra two participants identified to incorporate previous staff sergeants now working in other sections. Of the six watch commander staff sergeants invited, three were able to attend the learning circle event.

Patrol police officers perform policing duties based on a 12-hour shift schedule. The 12-hour shift schedule allows for 24-hour coverage of policing communities with four watches, which provide around-the-clock response. This consideration was factored into requests for participation. Because the sergeant rank is the first line of supervision for front line police officers, all eight current patrol sergeants and 10 acting and former sergeants in DPD were invited to participate in the initial survey. Due to shift work based on a four-day-on, four-day-off shift schedule, all participants were provided with ample time to complete the survey. Factors such as days off and workplace priorities, which include calls for service, were factored into the

survey considerations. The deadline for responding was factored in for the survey as was ability to attend on days off for the learning circle.

Although none of the front line supervisors who participated in the study had the direct authority to implement changes for the purpose of this study, they did have the ability to bring awareness of the study to those they supervise, which could be equally as powerful.

Additionally, their voices were directly communicated to the Chief, who does have the authority to make changes. In the case of the patrol sergeants, who were part of the first portion of the research, there were no power-over issue due to my previous equivalent rank within the RCMP. An organizational third party, who holds a position of authority related to corporate planning, administered this portion of the study. The person in this position is more of a facilitator for continued training related to mental health and is a resource for DPD police officers. The role does not carry the authority to direct members on policy or strategic direction within the organization and is a known entity to participants. From an external researcher perspective, this was important to access the study participants.

The inquiry project team was carefully selected based on suitability, experience, ability to implement recommendations, and previous education. The Director of Continuous Improvement for the RCMP, E Division, was selected due to his organizational development expertise as well as experience in action research as a graduate from Royal Roads University in the Masters of Leadership program. The second team member was the DPD Deputy Chief, who is responsible for training and mental health initiatives and who reports directly to the Chief of Police, who was the project sponsor. This team member is also a former patrol police officer so could provide feedback related to mental health initiatives on behalf of the Chief. The final inquiry team member was a clinical psychologist specializing in trauma, who is also a retired member of the

RCMP and is utilized for mental health support at DPD. This team member assisted in question development and refinement as well as being available as support for the participants if the process served to trigger a previously traumatic event. Each inquiry team member brought a unique and distinct experience, which complemented each other's skill sets. Because of the nature of their respective positions within the organization, inquiry team members did not have access to participant lists or data. Additionally, none of the inquiry team members were utilized for the collection of data or invitation delivery, but were merely utilized for input on survey or learning circle question development. Each member entered into a confidentiality agreement regarding this research (see Appendix B).

### **Inquiry Project Methods**

To identify the project methods to be utilized for this project, each method was carefully analyzed and assessed to determine its suitability in a police atmosphere. Greene (2014) observed the "call for a more considered approach in characterizing police research, emphasizing a need to balance and perhaps increase contextual study of the police" (p. 196). The methods selected considered this insight and also served as a balanced approach to gather data.

**Data collection methods.** The two qualitative research inquiry methods used for this project included a survey and learning circle. Each is described in detail in this section.

**Survey.** I selected a survey method for the first portion of this action inquiry project. The patrol sergeants identified in the project participant section were invited to complete a survey. Surveys can provide baseline information and level of experience as related to leading front line police officers. The topic of leading following trauma can be considered to be sensitive in nature in many cases. In evaluating the various methods of data collection available to researchers, Fowler (2009) discovered that "the data clearly indicate that sensitive information is more

frequently, and almost certainly more accurately, reported in self-administered modes than when interviewers ask the questions” (p. 74). This ideology not only supported the survey rationale, but also provided an effective argument to support the non-selection of the interview method. Because of the geographic range of potential participants, the survey method also allowed access to a larger demographic. As noted by Stringer (2014), “A survey may provide a very useful tool for extending the data collection process to a broader range of participants” (p. 118). This method also ensured inclusivity for all identified members in the sample group. Survey participants may be more open to providing critical dialogue through the survey method. This data collected ultimately served as the basis for conducting the next method involving the higher ranking staff sergeants. The next method was the learning circle.

*Learning circle.* The learning circle method was selected because of the tradition and meaning of what the circle method brings in action research. In my experience, police officers can be closed to new ideas or techniques until they are proven otherwise. Using the circle method brought a learning quality to the research, to open participants’ minds to new techniques. Baldwin and Linnea (2011) elaborated:

To understand the power of circle as a collaborative conversation model and the kinds of insights that can pour into this group process, it is helpful to understand that when we circle up in a ring of chairs, we are activating an archetype. Archetypal energy tends to make our experiences seem bigger, brighter or darker; our words become imbued with shades of meaning, and our dialogue, decisions, and actions take on a sense of significance. (p. 14)

This passage spoke to the importance of the circle as a research method, but also captured the essence of meaning and significance for the participants. As this method may have been new to

some members of this audience, affirmation of this method was required for this police-based crowd, which provided justification for its use.

The learning circle also provided an atmosphere of safety and equality. This method captured the essence of each participant's opinion and voice being valued. As Lombard (2016) identified, "A major foundation of the model is that each individual's voice is important and equal" (p. 13). Using the learning circle ensured that the group worked in a collegial atmosphere, with a common purpose of healing. This really epitomizes why this method was selected.

**Study conduct.** Upon ethical approval from the Research Ethics Board (REB) at Royal Roads University, this inquiry project was administered to the identified participants for the study. DPD does not have an ethics review process, but consultation with the inquiry team members took place for a final review prior to commencement of the research. DPD has a permanent corporate planning manager who does not hold a rank, so this person was utilized to deliver the survey. The participants were sergeants and acting sergeants assigned to the patrol division. Sergeants who had left the patrol division, but had recent patrol experience, were also utilized.

A letter of invitation (see Appendix C) and a letter of information (see Appendix D) were sent by the corporate planning manager to all potential participants. The letter of information outlined the rationale for the research as well as how the data would be utilized as part of the overall project. The information letter ended with a statement that noted participants' completion of this survey would constitute their informed consent.

I carefully selected my inquiry team based on their specific strong points and pursuit of higher education. Each team member possessed post-graduate degrees and could understand the research process and provide critical input on areas that required oversight. Accordingly, the

methods selected were rigorously reviewed and amended to ensure the data collection was specific to the inquiry question. The survey questions were developed in conjunction with the inquiry team for qualitative validity. Prior to the dissemination of the survey, the questions were pilot tested with a group of supervisors who had previous experience in patrol policing. The identified supervisors were in a position to evaluate the effectiveness of the questions and if modifications were required. After the pilot testing was completed, the finalized survey questions (see Appendix E) were re-evaluated and amended as required. Any data collected from this pilot were not included in the final data analysis, which was done in conjunction with the inquiry team.

An analysis of the survey questions formulated the baseline data, which were used to further develop the learning circle questions. Additional letters of information, including the invitation to the learning circle (see Appendix F) and an informed consent form (see Appendix G), were provided to all potential learning circle participants. As the survey respondents were at the rank of sergeant or acting sergeant, the learning circle participants were at the higher rank of patrol staff sergeant (watch commanders). Having the patrol sergeants provide qualitative input through the survey questions allowed further reflection for questions to be refined for the patrol staff sergeants, who directly supervise the sergeants and who participated in the learning circle (see Appendix H for learning circle questions).

Prior to the learning circle question refinement, an additional meeting was conducted with my inquiry team to make any suitable changes based on the survey responses. Not only did this review by the inquiry team members ensure authenticity and trustworthiness, but it also identified anomalies that may have impacted the research results or revealed sensitivities to certain questions. If the survey resulted in specific traumatic sensitivities, then appropriate

mitigation strategies would have been put in place prior to the learning circle (e.g., emotional support, member assistance, etc.). As I conducted the learning circle, I was prepared for any such circumstance to present itself during the method application. With permission of the participants, the session was audio recorded to ensure that all information was accurately collected.

Following the research, a critical review was performed with the project sponsor, who is the Chief of Police for the DPD force. The methodologies, results, and common themes were discussed, with the intention of implementing potential recommendations. We recognized that some organizational issues will require more immediate attention than others. The sponsor will address these issues, and as Stringer (2014) stated, “will need to make decisions about the issue on which they will first focus and some order of priority for other issues” (p. 168). Inquiry team members who work directly for the Chief in the area of continuous improvement for the organization were involved throughout the project, and they were aware of project results.

It was anticipated that at the conclusion of the formal research, inquiry team members could then transition into an ownership role of the recommendations and ensure that they are implemented. This stage of ARE is known as the “recontextualize and reconstruction” phase (Rowe et al., 2013, p. 27). Also, during this stage, actual implementation of the recommendations can formally take place within the organization under the Chief’s direction. The implementation meeting would formalize the process, and “the intended outcome from this stage is a sustained change initiative with specific strategies and actions implemented” (p. 27). As some inquiry team members will be a part of the change direction, this should make for a seamless process.

**Data analysis.** The data analysis phase of the project focused on key words or phrases used by survey and learning circle participants. The revelations captured within the survey and

the learning circle were colour coded manually and then further analyzed so as to determine specific themes. Specific words or phrases that were commonly used by all participants were grouped together and then placed under the colour coded theme. If important ideas presented did not fit within an identified theme, then those ideas were categorized as outliers. Coghlan and Brannick (2014) noted, “This act of understanding grasps a pattern in the data” (p. 23), so accordingly, I searched for these patterns. Key words were identified as recurring themes and placed into family groupings for further analysis. Perhaps more important is to identify words or phrases that are missing. Ryan and Bernard (2003) identified that “researchers have long recognized that much can be learned from qualitative data by what is not mentioned” (p. 92). Specifically, words and phrases such as mental health and healing were not mentioned in the responses, yet were integral parts of the research. These missing elements were essential to understanding other themes within the groups of words or phrases.

The reliability and validity of the data were reviewed with the inquiry team, who were provided with the coding and theming rationale. Select inquiry team members were given descriptions of themes and codes to review raw data to see if they agreed with the researcher’s decisions. This was important when addressing researcher bias related to responses from the participants. Making judgments regarding the data based on previous personal experiences can bias the analysis itself. Coghlan and Brannick (2014) stated, “If you do not think you have sufficient evidence to assert that your insight fits the data, then you can postpone judgement, or make provisional judgement and correct it later when you have more or other evidence” (p. 24). Taking this stance to not pre-judge and allow for appropriate analysis or further discussion or exclusion of data mitigated the trustworthiness of the data. If there were specific areas where

sufficient evidence did not exist, then these instances could be discussed with the inquiry team, where a decision was rendered or the data were set aside as an anomaly.

In addressing bias, it is important to understand your own perspective as the action researcher and always relate others' interpretations of the questions you have posed. Glesne (2011) stated, "As qualitative researchers, we often say that we want to get at multiple perspectives, but less frequently do we challenge our frameworks for expressing these perspectives" (p. 216). This further demonstrated the need to approach the data analysis with as much neutrality as possible. This also reaffirmed the trustworthiness of the research, which provided a direct link to ethical practises needed in a police context.

### **Ethical Issues**

Ethics are the cornerstone of policing values. Each and every police officer is held to a responsibility to perform his or her duties in an ethical manner so as not to bring the trust of society into question. This is a common law understanding and fundamental part of the duty. Coghlan and Brannick (2014) stated, "Ethics procedures are part of life, and so are a part of research" (p. 146). This statement symbolizes the importance of ethics in every part of life. This includes the obligations of a researcher, police officer, and human being.

Additionally, action researchers have humanistic and ethical obligations, which are specifically required in order to perform action research using human participants. Informed consent is vitally important when setting the stage for action research. Stringer (2014) identified that "one of the principal tools to ensure this is to clearly inform them of the purpose, aims, use of results and likely consequences of the study" (p. 89). Therefore, careful ethical consideration was undertaken at the onset of the research and during the development of the various methods utilized for the research. Participants were regularly consulted throughout, and modifications to

the study were made if an area of concern was identified. If concerns arose, then my academic supervisor, sponsor, or the inquiry team was consulted.

This research project was further bound by the rules of the *Tri-Council Policy Statement* (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada [Tri-Council], 2014), which outlines three core elements. These three core principles are “Respect for persons, Concern for welfare, [and] Justice” (p. 6).

**Respect for persons.** The Tri-Council (2014) “recognizes the intrinsic value of human beings and the respect and consideration that they are due” (p. 6). Accordingly, each and every participant was made aware of the parameters of the study and their ability to withdraw or question the research at any time during the process (see Appendices C and F). Additionally, each participant was provided with an information letter (see Appendices D and F) and informed consent release prior to undertaking the research. The information letter served to ameliorate any concerns that any of the participants may have had during any portion of the research.

**Concern for welfare.** The research inquiry question specifically related to experiences based on exposure to trauma or critical incidents during the course of police officers’ duties. In regards to concern for welfare, the Tri-Council (2014) has specifically identified “mental and spiritual health as a primary consideration” (p. 7). Therefore, psychological support was made available during portions of the study where concerns for welfare were identified.

**Justice.** Police officers uphold the laws of Canada as set out by the Criminal Code of Canada (1985) and the Constitution (Department of Justice of Canada, 2013). The responsibility for this task speaks directly to the application of justice and the obligation to treat all people fairly and equally. Accordingly, this was reinforced during all periods of data collection, either

verbally or in writing, to ensure each participant was aware of the concept. This is not only set out in the Tri-Council's (2014) policy, but is also part of the mission, vision, and core values of the DPD (n.d.-a). These ethical obligations were continually assessed based on both the Tri-Council and DPD standards.

The conflict of interest and possible power-over issue were identified and ameliorated by using a civilian employee with no equivalent rank to conduct the survey; sergeants and acting sergeants participated in the survey. Although no additional conflicts were identified, the core ethical requirements were regularly maintained and assessed.

### **Chapter Summary**

In this chapter, I described the inquiry methodology and then identified how the participants were selected for the study. An overview of the data collection tools, study conduct, and how the data were analyzed were also provided. Ethical issues pertaining to the research and how any of these concerns were mitigated concluded this chapter. The findings, conclusions, and scope and limitations of the research are provided in the next chapter.

### **Chapter Four: Inquiry Project Findings and Conclusions**

I conducted this inquiry to discover methods that would answer the following research question: How might the Delta Police Department, British Columbia, strengthen the capabilities of front line supervisors to lead police officers following a critical incident or traumatic event? To further explore this topic, I also posed three sub-questions to determine where specific enhancements may be established, specifically:

1. What are the current capabilities of front line supervisors related to post-trauma leadership?
2. What do supervisors currently understand about the effects of trauma on front line police officers?
3. What initiatives can be introduced in order to enhance supervisors' knowledge of the effects of trauma?

I conducted two methods of data collection from two specific supervisory groups within the patrol section of DPD. The survey was distributed to 18 front line supervisors in the roles of patrol sergeant or acting sergeant. A learning circle was then conducted with invitations extended to six staff sergeants (watch commanders). The data collected from these research participants are presented in the findings and conclusions presented in this chapter. I will end my discussion with the scope and limitations of the research.

#### **Study Findings**

Responses from the surveys and transcription of the learning circle identified certain trends and themes related to the inquiry topic. I found the following themes repeated throughout the data captured: (a) psychological support, (b) leadership, (c) training, (d) consistency, (e) organizational support, (f) resiliency, and (g) emotional intelligence. The themes identified by

the participants were the ones I had expected prior to the data collection. An outlier raised by a survey respondent made reference to the Independent Investigation Office of BC. The Independent Investigation Office is responsible for investigations relating to a police officer-involved investigation such as a police shooting. This is an area that could impact a trauma-related incident because of the police officer involvement. For the purposes of this research, this was not included. The one theme identified, but I was not able to validate with specific data, was the topic of organizational stigma, though research participants did make reference to organizational stigma related to mental health. Because of the importance of this subject, it was included in the findings as well as the conclusions.

After a further review and analysis of the data, four themes were echoed throughout the respondents. Each will be discussed in detail in this section of the report.

1. The Delta Police Department provides a culture for post-trauma support.
2. Supervisors want additional trauma awareness training.
3. Supervisors' knowledge of post-trauma management is inconsistent.
4. Stigma related to mental health still exists within the Delta Police Department.

The participants for the research were coded based on the specific data-collection methodology.

Those completing the survey were coded SR-1 through SR-6. Of 18 surveys distributed to the front line supervisor sergeants, six responded, representing an overall response rate of 33%.

Those participating in the learning circle were coded LC-1 through LC-3. Three of the six watch commanders participated, representing a 50% response rate. The response rates were adequate in order to conduct this research; however, there was a noticeably lower response rate within the sergeants' inquiry group. This may be a reflection of apathy or survey fatigue, which will have to be carefully considered for the proposed training found in the recommendations section.

As previously described, there are two levels of supervision in the patrol section: patrol sergeant (i.e., front line supervisor) and staff sergeant (i.e., watch commander). The research was intended for these front line supervisors only. Because those individuals are responsible for the initial triage of any trauma-related call, they alone were part of the research. Accordingly, no senior leadership or tier above the front line supervision level was involved in the research.

**Finding 1: Delta Police Department provides a culture for post-trauma support.** In both the survey and the learning circle, research participants were asked to provide examples of trauma-related calls they had attended. In addition to providing details regarding the calls, they were specifically asked if there was organizational support by the DPD leadership following the calls. There were many examples of disturbing calls that DPD patrol members had attended. The support provided by the leadership of DPD was unanimous following these calls. This support came in the form of either peer support, professional psychological support, or the combination of both. A survey respondent captured the organizational support for traumatic incidents stating, “There is no hesitation to call out additional resources to relieve members involved in a critical incident” (SR-6). In fact, none of the responses in either the survey or learning circle identified lack of support as an organizational issue. The level of support was dependent on the nature of the call. All of the learning circle participants provided examples of particularly disturbing calls that would have evoked organizational support of some nature.

As identified in previous chapters, the role of a front line police officer comes with the inherent risk of being exposed to traumatic situations. Each police officer and other first responders understand and accept this risk, as it is well documented in early training. Organizational support following trauma exposure is critical in maintaining a healthy work environment.

Critical incident support for post-trauma events within DPD is a relatively new program (LC-3). The program was originally introduced around 2006 (N. Lipinski, personal communication, June 1, 2017). Based on my experience, the response-based critical incident program introduction in this time frame is fairly consistent. Similar programs in policing, such as that within the RCMP, were also in their infancy during this time period. DPD supervisors seem to collectively understand the program and importance of senior leadership support after a critical incident. Following one such event, one participant stated:

By the virtue of the, the call that it was, our management team at some level had arranged to have . . . it was [Jeff Morley, Clinical Psychologist], and it was [RM, Clinical Psychologist]—or maybe it was just Jeff—they had come in and did a debrief for everybody involved; that included, you know, the members that arrived with patrol, the dispatcher, and everybody else after the fact. (LC-2)

Examples from the two inquiry groups detailed the response by DPD senior management to support the police officers exposed to traumatic events. It further demonstrated inclusiveness for everyone involved in the incident. Regardless of other findings within the methodologies, the participants felt supported, which was viewed as an organizational positive.

**Finding 2: Supervisors want additional trauma awareness training.** Creating a consistent learning environment within any organization is extremely important. Most participants seemed to yearn for additional learning opportunities. Participants were consistent in this desire for additional training related to trauma in areas such as “how to provide proper immediate support and ongoing support” (SR-3). This sentiment existed not only at the front line supervisor position, but also at the watch commander position. One participant identified: “I think it would be nice just to have had some more education on things specific to what to look

for, for trauma in people” (LC-1). Improvement in this area was desired, not only from direct supervisors, but also all supervisors.

The importance of the topic of trauma awareness and resiliency following difficult calls was echoed repeatedly. A learning circle participant captured the global focus towards of this mindset, stating, “We, as a policing culture, we’ve been talking about how to build stronger cops, more resilient cops, mental health and wellness, resiliency” (LC-3). Adversity comes with the nature of the job itself. Understanding that this is a normative process was recognized by all of the supervisors. The question revolved around how to adequately capture a process that would allow for the expansion of knowledge for these same supervisors. A respondent condensed the entire philosophy, stating,

Additional training on how the mind processes memory and recall during and after a critical incident. What reactions to expect. How exposure to traumatic events can affect long term health. How to normalize reactions to critical events. How to manage and overcome the effects of traumatic events. How to support peers who have experienced traumatic event. (SR-4)

This response provided the organizational mindset of those participating in the research. It also spoke to the importance that most placed on additional knowledge in this area.

The ability for all supervisors to understand the importance of the topic of trauma management was very difficult to gauge. The level of a supervisor’s capacity to understand was also an important consideration. One participant stated, “You can be the strongest guy, you can have the most education, have all the right documents, the placards on the walls and stuff, but it doesn’t mean diddly-squat” (LC-3). This participant was further concerned that some supervisors currently in place may not have an adequate understanding or willingness to understand.

However, there was still unanimous sentiment that regardless, all supervisors need to be provided with the opportunity of similar training to be effective and create the spirit of organizational learning.

Several survey respondents have never led a team through a traumatic event, despite numerous years of being a supervisor. The average front line supervision experience (i.e., Sergeant) was approximately six years. Yet, despite the lack of experience in this area, the participants unanimously desired additional information or education related to post-trauma management. This was perhaps better recognized at the watch commander level. All of those participating in the learning circle had been involved in numerous difficult trauma-related calls. These participants understood the mindset of the front line supervisors. One participant expressed: “We need to teach members how to be mentally strong. . . . Well, we actually need to show them what that looks like and do it in a structured manner and give them the tools” (LC-1). This demonstrates a clear desire amongst senior level supervisors (i.e., watch commanders) to lead by example, which provides a very nice organizational opportunity.

All of the elements for organizational success of trauma management appear to exist at DPD. The supervisor participants all identified a requirement to be better prepared for response to trauma, but were all willing to become better educated on the topic. Participant input showed a distinct system ready for success based on an integral part of the system itself: the front line supervisors.

**Finding 3: Supervisors’ knowledge of post-trauma management is inconsistent.** The participants in this research understood, recognized, and identified the need for consistent knowledge of post-trauma management. The desire to change amongst the research participants was consistent however, the knowledge was not. This was evident in their responses and active

participation in this study. In addressing this organizational consistency, one participant stated, “I don’t think that that is level across the board” (LC-2), referring to trauma-related training. The same participant went on to state, “I think some front line supervisors are very knowledgeable about it, and I think some are not.” In the survey portion of the study, only one of the respondents had actually had some form of trauma-related education, which reflected the perception of LC-2. CISM training is an example of formalized training that DPD has adopted for some of the supervisory staff and senior management. However, as identified by LC-1, “I don’t think CISM training has gone around to all the NCOs.” The specific training each supervisor has taken was not a research question, but the fact that it was an observation identified that there is a perception that training is not unilateral. Additionally, if a direct supervisor lacks knowledge in this area, then it may actually have an adverse effect around those they supervise. The potential of this lack of knowledge was captured by a survey respondent stating,

I do not feel that my supervisor appreciated the totality of the call or the impact it had on the member I was supervising, as they were not there, nor did I feel they cared to understand or discuss the matter. The supervisor came across as feeling “move on,” “everyone is okay,” “no big deal.” (SR-5)

Based on my own policing experience, this was the mindset of supervisors in the early 1980s. The fact that it may still be prevalent today speaks to the importance of an increased, consistent delivery.

The participants were, therefore, the catalysts based on their own involvement and recognition to organizational discrepancies. One survey respondent stated, “I have CISM trained members that work for me but I have no idea what their training encompasses. It would probably be helpful to have some of their training to be able to understand and facilitate the process” (SR-

1). Based on this observation, there is a formalized process within DPD for the identification and training for CISM members. However, because the specific training is not understood by a direct supervisor is evidence that a knowledge gap exists.

Training is a critical piece of police officer growth. Laws, techniques, and other specifics related to the performance of the job in patrol are continually changing. Therefore, competing interests related to training is an organizational problem. One participant identified that:

We need to frontload information to be able to sell it, but we need to do that, and get them to recognize the value of this, not just at the ground-troop level, but also at the higher-up level. That's an important thing . . . and when you're having competing interests. (LC-3)

This issue was raised within both inquiry groups as a problem that faces most police services. What training to provide to what police officer at what time is a dilemma that faces senior leadership on a daily basis? The supervisors recognized this fact in their responses. LC-3 lamented, "The knowledge that the front line supervisors have right now really varies, as do their individual skillsets and ability to implement the knowledge that they have." This will be a part of the organizational response to this research that will need to be addressed. This is extremely important when it comes to consistency of learning. If there is a discrepancy in the consistency of trauma management knowledge, it may create compounding issues.

**Finding 4: Stigma related to mental health still exists.** Conversations related to mental health remain difficult. Participants reflected that this was particularly true in the occupation of a police officer, as participants identified that the persona of the typical police officer has evolved throughout history. As noted by participants, the role was traditionally male dominated, and the concept of sharing feelings following difficult calls was minimal at best. These same difficult

conversations following exposure to trauma-related calls are still inconsistent despite training and educational models (LC-1, LC-2). This may or may not be related to the organizational or occupational stigma related to mental health. The ability of self-expression or openness in a non-judgemental manner was identified as a barrier by both research groups.

Coping skills related to post-trauma often require a collective approach. Different people react differently given any scenario. This is human nature. In CISM, a psychologist is often utilized following a critical incident. This individual is trained in opening a dialogue regarding the critical incident and involving those who were exposed. Often times, these critical incident stress debriefings are mandated by policy requiring certain things be done within a certain timeframe. Most front line police officers understand these concepts and have likely participated in some sort of critical incident stress debriefing throughout their career. As a participant identified, “It takes the pressure and, and the stigma off the member, you know, I don’t need to go see a counselor. Well, I don’t care whether you need to or not, you’re going” (LC-2). Having the “pressure and stigma taken off” appeared to make the process of openness and sharing more palatable. This is an important revelation identified by the participants from the learning circle. One respondent confirmed this sentiment, stating, “It should be the norm that you will take part in a debrief, members should not have a choice, so it removes stigma” (SR-1).

Although not specifically asked at the survey level, respondents did identify organizational stigma. A respondent identified that “there’s still a stigma” (SR-4) attached to mental health. It is a well-documented societal issue that transcends policing. Both groups considered this an important issue that requires further exploration. A proactive approach to this based on leadership may be an important step in addressing these concerns. Senge (2014) said, “True proactiveness comes from seeing how we contribute to our own problems” (p. 21). The

conclusions related to mental health are the focus of the next section and speak to some of the proactive contributions.

### **Study Conclusions**

Although the research study conclusions are based on the responses from the members of the DPD patrol section, they can be valuable to any section of the DPD. Initial calls for service are triaged by patrol section, but serious calls are then taken over by specialized sections. The same trauma-based exposure will exist with these police officers. This speaks to the organizational ability to adapt. Senge (2014) observed: “Organizations learn only through individuals who learn. Individual learning does not guarantee organizational learning. But without it no organizational learning occurs” (p. 129). Accordingly, the conclusions relate to leadership, organizational learning, and culture. Additionally, these conclusions can have a broader impact than just on the DPD and may be applicable to any urban policing environment. The following conclusions resulted from the research:

1. There is a need for consistency in trauma-focused leadership principles.
2. Training for post-trauma leadership requires enhancement.
3. Patrol supervisors desire psychological well-being.
4. Stigma related to mental health needs to be addressed.

**Conclusion 1: There is a need for consistency in trauma-focused leadership principles.** DPD senior leadership recognizes and supports continued organizational support for trauma exposure. When discussing the current status and future of the subject, DPD will be “standing up a new program to address mental health and trauma concerns in 2018” (N. Lipinski, personal communication, August 21, 2017). This demonstrates the organization’s commitment to support the police officers who may be exposed to trauma. Leadership from the top down is

extremely important when advancing any current organizational direction. As Goleman et al. (2013) said, “Institutions that endure thrive not because of one leader’s charisma, but because they cultivate leadership throughout the system” (p. 36). Therefore, the critical point of organizational support exists, which can pave the way for success.

The mere fact that a new direction has been identified by a senior leader is not a new concept in leadership. Often, concepts do not get the required support because the consistency does not permeate throughout the organization. If the ideals have received support and are not equally delivered, then some discrepancies may result. Armenakis, Harris, and Mossholder (2009) stated, “One form of active participation is directly involving individuals in activities rich in information pertaining to potential discrepancy and efficacy messages” (p. 576). An example of this is the CISM program within DPD. Introduced around 2006, the program was recognized amongst the participants of this research. However, several survey respondents were not aware of the actual content of the program. Active participation amongst all supervisory staff may have addressed this lack of understanding. It may also be an opportunity to provide a catalyst for future training.

For supervisors to be effective and have an ability to strengthen others, it is important that they are involved in the process of change. If the desire is to affect future change within the organization, then there needs to be inclusivity. People need to be engaged, which speaks to consistency. “Creating a climate in which people are fully engaged and feel in control of their lives is at the heart of strengthening others” (Kouzes & Posner, 2012, p. 243). One participant recognized: “The knowledge that the front line supervisors have right now really varies, as do their individual skillsets and ability to implement the knowledge that they have” (LC-3). The implementation of this knowledge is a valuable insight. To provide support during or after a

traumatic event was a desire amongst participants. The ability to implement knowledge to support those affected may only be possible if the knowledge itself has been provided.

CISM is a standardized practise for DPD. All research participants had been involved in a traumatic event during their respective careers. Yet, despite this experience, a respondent when asked: “What would you have liked to have known before you conducted or were part of a critical incident/traumatic event,” responded with “CISM best practise” (SR-6), which demonstrated a knowledge gap for a program that has been in place for many years. This response was also given by someone in a direct supervisory position who is required to lead others through traumatic events (LC-1). It further demonstrated the importance of program consistency. It is essentially part of being a learning organization. Despite the apparent lack of understanding of the CISM program for one respondent, there was an overarching desire to learn more as revealed though both research methods. This could also be categorized as generative learning. Senge (2014) said, “Generative learning occurs only when people are striving to accomplish something that matters deeply to them” (p. 192). The watch commanders who participated in the learning circle were deeply impassioned about this topic because it mattered to them. Therefore, the desire and structure exists to become better. The consistency appears to be the one item that is missing.

**Conclusion 2. Training for post-trauma leadership requires enhancement.** Training is an important aspect of policing. From the initial recruit training through to transfer to different sections, training requirements are continually evolving. As the organization grows, the importance to adapt and evolve within the study of leadership also continues. Trauma management and social support has become the focus of more studies in first responders, especially related to officer well-being. Organizational and social support form key predictors in

police officer mental health and are “consistent with previous literature examining emergency service workers, which also found receiving support to be associated with greater well-being (e.g., Rodwell et al., 2011)” (Shakespeare-Finch, Rees, & Armstrong, 2015, p. 561). Therefore, it is important to ensure that training reflects this sentiment. One participant said,

We need to make sure that we support those who need; and those who mock or resist the type of training and education that we . . . we need for our members, we need to make sure that we address those people too. (LC-3)

This suggests that there may be a mandate for recommended training for everyone in the organization. The ability of an individual to opt out of identified training may also have compounding effects in other areas of this research and the recommendations.

Police training is on a continuum and is difficult to gauge as to when formal training is appropriate—to whom or in what form the training should be formatted. It is worth repeating the sheer volume of training that is placed on front line police officers. It is probably more of a balance of providing the essential training while developing enhancements to areas such as trauma-related leadership. In addressing training, one participant stated, “We have to progress and you have to move forward. You know, there’s been some training that I’ve received at the latter stage of my career that I wish that I had at the front end of my career” (LC-2). It is further important to try to avoid training fatigue. As recognized by Goleman et al. (2013), “It is difficult to spread the contagion of excitement without having a sense of purpose and direction” (p. 125). Therefore, the training needs to reflect the overall purpose and direction. When asked the question: “Have you been provided training or education or resources on how to lead following a traumatic event,” five of the six survey respondents answered “No.” Despite the fact that the majority of those who responded had not had formalized training, the answers were consistent

that they all wanted training. This provides an excellent organizational opportunity for enhanced delivery of trauma-related training.

DPD has a culture of improvement, and there are many formal and informal change agents that already exist organizationally. The learning circle participants understood the need for training enhancements in trauma-related leadership. It is important to have advocates in place to champion new ideals. There is also a strong likelihood that there will be some form of organizational resistance. Burke, Lake, and Paine (2009) suggested,

To overcome resistance in organizations, the implication for the change agent is to understand such barriers to organizational learning and change and, through reflection and dialogue, promote the development of a more adaptive organizational self-concept (p. 337)

This dialogue would be critical in establishing the requirements of new training. The delivery and timeliness are important, which has already been identified. A learning circle participant suggested, “Broad-picture training needs to happen, you know, probably before we get people into supervisory roles” (LC-2). This may be part of the overall training development that the organization could promote for future training.

**Conclusion 3. Patrol supervisors want psychological well-being.** Kouzes and Posner (2012) said, “It takes determination and strength to deal with the adversities of life and leadership” (p. 206). Responding to a traumatic call is one such adversity that front line police officers face on a regular basis. The research participants were unanimous in their desire for not only their own psychological well-being, but also for those whom they lead. A participant reflected: “We need to teach members how to be mentally strong, well, we actually need to show them what that looks like and do it in a structured manner and give them the tools” (LC-3). This

mindset was also present with many of the survey respondents. When asked what leadership approaches help members cope with a critical incident, one respondent identified: “Those who take an active interest in the health and wellness of the members” (SR-4). This indicates that the concept of psychological well-being is present at the two front line levels of supervision (i.e., sergeants and staff sergeants) in the patrol section.

Police officers who do specialized investigations related to particularly heinous crimes, such as homicides and child exploitation, have a mandated requirement for yearly psychological assessments. These assessments address officer well-being and psychological ability to perform these investigations. Patrol section members do not have a similar requirement for such assessments. Yet, these same police officers do the initial response and triage of the same type of crimes being investigated by the support sections (i.e., first on scene to a homicide) who actually have mandatory psychological support. As identified by a participant regarding psychological support, “Maybe mandatory . . . [expels breath] you know what, we probably need mandatory, you will go to see a counselor” (LC-1). This same participant was emphatic, stating, “I have never been to see a counselor—not once.” This is probably the norm and not the exception, based on my own policing experience. Regular psychological checkups are not mandatory for front line police officers, but there is psychological screening during the hiring process.

The CISM program at DPD generally requires an outside psychological professional to be brought in to conduct the critical incident stress debriefing. The format is structured in a group debrief scenario, with external partners also participating. Although effective, there was keen desire to have additional support provided to involved officers on an individual basis. This was encapsulated by a respondent who spoke about “having a trained professional available for high stress calls as well as mandatory private meetings for a one time debrief” (SR-5).

This additional support identified for future purposes may alleviate future psychological issues and also help to address organizational stigma. This support was recognized for the day-to-day operational calls for service. A participant summarized, stating,

Managing people—which is our most important resource—are the ones that are supervising the masses and the ones that are at the pointy end of the spear on a daily basis and are the ones that are going to be exposed to the most trauma because they’re going through the door first. (LC-3)

Although it is not organizationally feasible to have a daily CISD, the research participants clearly recognized the importance of psychological support on an ongoing basis. This is a highly complicated issue, as response to traumatic call is complex. Flannery (2015) identified that “the current research fundamentals to be addressed are many but the first responder population is at daily risk” (p. 266). It is once again a balancing act of providing the critical support for post-trauma management versus daily support for overall front line police officer mental well-being.

**Conclusion 4. Stigma related to mental health needs to be addressed.** To effectively address the other conclusions, there needs to be an overall systems approach to stigma recognition and reduction. The findings indicated that there was a clear desire by the majority of supervisors for additional work on mental health stigma. All of the indicators point to DPD as a learning organization that embraces this concept. However, mental health continues to be a difficult topic for discussion. When discussing the pros and cons of participative openness versus reflective openness, Senge (2014) cautioned that participative openness “is an important element of creating a more learning-oriented work environment, it is also dangerously incomplete” (p. 260). Therefore, the way forward needs to be considered carefully so as not to create an environment where the direction is being imposed upon people.

The participants recognized the importance of addressing stigma and creating an organization that is open and transparent. A respondent echoed this desire stating, “Being very open and honest. It should be the norm that you will take part in a debrief; members should not have a choice so it removes stigma” (SR-1). This essentially defaults to trust. This can be in the form of organizational trust, or from a direct supervisory trust, to remove this barrier. Kouzes and Posner (2012) said, “If you show a willingness to trust others with information (both personal and professional), constituents will be more inclined to overcome any doubts they have about sharing information” (p. 228). In the case of sharing information, this could be direct feelings regarding a traumatic event. If the environment allows for this dialogue, then it can serve to reduce or eliminate the stigma associated to mental health.

Mental health stigma is difficult to specifically identify, but certain generalizations can be made based on societal findings. Bharadwaj, Pai, and Suziedelyte (2017) reported:

Comparing self-reports to administrative records, we find that survey respondents are significantly more likely to under-report mental illnesses compared to other health conditions. This behavior is consistent with the existence of stigma of mental illnesses. (p. 57)

This study did not differentiate between specific groups, but referred to the general population. Because of additional considerations, such as exposure to trauma, this would be an accurate application within the police populous. As already identified, the police environment can be a much closed one. Asking police officers to openly express emotions and report mental health concerns has been a long-standing dilemma for senior leadership. R2MR was a method introduced to provide tools to recognize potential mental health concerns. With a combination of R2MR and strengthening leadership capabilities, underreporting can be addressed more

effectively. Addressing the overall stigma related to mental health issues and the reduction of this stigma would be the ultimate outcome. Each of these conclusions could have a specific research inquiry as a stand-alone project. Accordingly there were scope and limitation challenges of the research.

### **Scope and Limitations of the Research**

The primary limitation of this study was size of the population who participated in the research. Although the patrol section of DPD is the largest organizationally, it is still fairly small when compared to other policing organizations within the lower mainland. Etz and Arroyo (2015) said, “Scientists conducting small sample research with culturally distinct groups are frequently stymied by how they can justify their research when it is not generalizable to large segments of the population” (p. 1034). This may continue to be a limitation of similar studies when attempting to extrapolate the findings to indicate organizational positions for this subject. Additionally, the two methods were utilized with current or recently transferred members of the patrol section. Other former members of the patrol section who had not recently worked within the patrol section were not included in this study. Officers in specialised sections who are regularly exposed to trauma by the course of their positions were not included. These particular officers would have provided an interesting perspective to understand how regular mandated psychological support affected their overall well-being. However, this was outside of the scope of this study.

In the qualitative collection of data, I found that some of my own bias bled into the learning circle. I found myself being an advocate, championing the cause for this research. By understanding this limitation, I was able to confront this ethical dilemma, which “resulted in more effective interpretation” (Glesne, 2011, p. 170).

The biggest challenge, and the one that provided the greatest limitation, was the sheer enormity of the potential data available. Police organizations across the country are all looking at increasing police officer well-being, resilience, and psychological health. With over 200 police officers within DPD, the sample size of potential research participants was far greater than the sample size utilized. The largest majority of the force is assigned to the patrol sections, which is consistent in forces across the country. Additional cycles of the research would have provided increased data.

### **Chapter Summary**

In this chapter, I detailed the study findings, study conclusions, as well as the scope and limitations of the research. In the final chapter, I will incorporate these findings into study recommendations. I will further address organizational implications related to these recommendations and propose areas of further research.

### **Chapter Five: Inquiry Recommendations and Implications**

The research recommendations for DPD are presented in this chapter. These recommendations are a direct result of the research and literature reviewed, which addressed the inquiry question: How might the Delta Police Department, British Columbia, strengthen the capabilities of front line supervisors to lead police officers following a critical incident or traumatic event? Additionally, the following sub-questions were explored to provide a deeper understanding of the primary research question:

1. What are the current capabilities of front line supervisors related to post-trauma leadership?
2. What do supervisors currently understand about the effects of trauma on front line police officers?
3. What initiatives can be introduced in order to enhance supervisors' knowledge of the effects of trauma?

The study recommendations and implications to DPD's service delivery will be discussed in this chapter. Further research opportunities in addressing police officer exposure to trauma will be explained. If conducted, these opportunities may provide advancements in discovering methods that identify how to further strengthen supervisory capabilities. In order to accomplish this ideal, there would have to be some organizational momentum or excitement about further training and knowledge.

#### **Study Recommendations**

The inquiry recommendations are a combination of the research methodologies, literature review, and a thorough examination of the correlation of the data. The overarching themes were explored and then extrapolated in the findings and conclusions section. This information was

examined using the principles of action research. The ultimate goal of this research was to have a holistic understating of the current culture of DPD as it related to leading police officers following exposure to trauma. Because action research is “fundamentally about change” (Coghlan & Brannick, 2014, p. 48), this was critical in understanding the research. Action research is “applicable to the understanding, planning and implementation of change in groups, organizations and communities” (p. 48). Because the front line police officers are the face of DPD for the community at large, changes to how these officers are led can directly affect the community they serve. This principle further fits within Peel’s principles of policing, where “the police are the public, and the public are the police (Nagle, 2014, Principle 7).

My recommendations provide DPD senior leadership with a road map on how they may implement organizational change within the patrol division. These recommendations can also formulate a part of the new mental health initiatives that have been identified by Deputy Chief Norm Lipinski (personal communication, August, 25, 2017). With initiatives already in progress, this research can serve to align those specific changes with relevant research to support the organizational direction. Police leadership within the patrol ranks is a challenging job, based on my 20-year experience in these roles. Suggestions on how to better prepare supervisors is in a continual state of flux. It is a highly challenging role on its own, even without a traumatic circumstance.

These recommendations, when implemented, could serve to address several areas within the DPD. They can serve as a mechanism to provide a consistent delivery of post-trauma leadership, provide supervisors with additional tools to effectively lead their respective watches, and be a catalyst to break down barriers related to mental health stigma.

I suggest the following recommendations be implemented within the DPD patrol section to strengthen capabilities of the supervisors to lead their respective watches following exposure to trauma:

1. Establish a consistent knowledge base for patrol supervisors related to trauma response.
2. Incorporate new training initiatives to further expand the capabilities of patrol supervisors.
3. Explore additional psychological supports for patrol members.
4. Review delivery of a Critical Incident Stress Management program.
5. Develop a DPD force-wide systematic approach to stigma reduction.

**Recommendation 1: Establish a consistent knowledge base for patrol supervisors related to trauma response.** Throughout this study, one of the key messages from the participants was the lack of consistency amongst supervisors related to trauma support. Although all knew about the DPD CISM program, several did not know the contents of the training related to CISM practitioners. The patrol section of DPD is broken into four different watches. These watches can also be defined as separate and distinct teams. As within any team, the watches work together towards a common goal. As the team leader or supervisor, it is important to be aware of team strengths as well as specialized skill sets. A CISM-trained police officer reflects one such skill set that is important to understand. Senge (2014) said,

Outstanding teams in organizations develop the same sort of relationship-an “operational trust”, where each team member remains conscious of other team members and can be counted on to act in ways that complement each other’s actions. (p. 219)

Therefore, the leaders of each team can be more effective if they have a complete understanding of those patrol officers' abilities. If the supervisor is not aware of what the capabilities of his/her own team members include, the supervisor may not utilize this experience appropriately or at all.

The application of a philosophy of consistent knowledge bases for supervisors cannot be limited solely to the persons in the role. Because of the size, structure, and developmental opportunities within the patrol section, it is important to have standardized approaches to trauma-related knowledge bases. Training should not only include the incumbent position, but should also be provided to those in the acting supervisory role as well. In fact, it could be argued that all employees should be involved in this training. When discussing leadership for managers, Pavur (2012) stated, "These are responsibilities of the top management teams, but all employees should be involved and contribute" (p. 273). This philosophy would allow for a systems-wide knowledge base for any similar type training or initiative. To maintain consistency, this would ensure that all employees in all sections within the organization would be aware of trauma-related training. This, however, could be cost prohibitive to develop.

Because this study has already received support from a good percentage of those who are directly involved in this subject, it also provides an opportunity for participatory decision making. This is also an important understanding for this new direction to be sustainable. Talking of sustainability, Kaner, Doyle, Kerney, Berger, and Lind (2014) said, "Understanding this principle leads everyone to take personal responsibility for making sure they are satisfied with the proposed course of action" (p. 28). This idea of participatory development is not new to this subject. Tushman and Romanelli (2009) identified the importance of organization ideals. They stated, "Consistencies or alignment between patterns of activity and conditions of the external environment, and that these alignments (or lack thereof) contribute to distinct performance

consequences” (p. 184). In referring to performance consequences, this can be directly applicable to post-trauma leadership. If the group or team as a whole has a consistent approach to this concept, then all could equally have buy-in to this approach. Involving multiple stakeholders from the onset with a common purpose and direction could ensure some level of success. This would further establish a baseline consistency for deliverables developed by the collective.

**Recommendation 2: Incorporate new training initiatives to further expand the capabilities of patrol supervisors.** Once the standardized and consistent fundamentals have been established for the supervisors, then systematic, enhanced training can be developed. This progressive capability strengthening could incorporate suggestions from all of the research participants. Specific areas were identified by both tiers of supervisors. The literature review for this inquiry focused on emotional intelligence training in order to adequately lead following trauma. One participant identified: “They have to find people who have the EQ [emotional intelligence], who have the gasp factor, who have the ability to, to read people, and actually care about their mental wellbeing and their physical wellbeing” (LC-1). However, a training gap appears to exist related to emotional intelligence training within the DPD. The same participant went on to state,

You know, certainly, we teach all this tactical and all this technical stuff, but I don’t know that we do enough to, to increase EQ [also referred to as emotional intelligence]. I don’t think . . . because you can increase EQ; it’s a coachable thing. (LC-1)

Having the support from the front line supervisors provides an organizational opportunity to promote and educate police officers in emotional intelligence.

New training and initiatives often come with anxiety and trepidation. Those who may be asked or directed to take part in new training may, in fact, be averse to the training. This is

especially true when an unknown such as emotional intelligence is presented. Therefore, the new training development must be done humbly. As Schein (2013) identified,

To facilitate new learning, we need to decrease learning anxiety. We have to feel that the new behaviour is worthwhile, that it is possible to learn, that there will be guidance, coaching, and support to get us started, and that there will be opportunities to practice.

(p. 100)

The benefit of this approach is that advocates are already present within the organization and have suggested the training. The organization could utilize these same individuals who understand the context of the recommendation and have them endorse or even deliver the ideals. The rank-and-file police officers should already be well versed on trauma-related stress and other topics related to mental health concerns. Emotional intelligence could be presented as a training initiative to address these same topics.

It is important to develop this training in keeping with the pre-established training norms within the DPD. However, the training also needs to allow for changes in the delivery, as it evolves, to avoid a scripted approach. As Goleman et al. (2013) stated, “Too often leadership courses and workshops present a fixed, cookie-cutter agenda. To avoid this pitfall in learning, it pays to identify your best learning styles to ensure that your action steps won’t be wasted” (p. 151). Accordingly, as the training standards are developed, it would be fundamentally important to involve various groups and experience levels in the design. Their input would further assist in the learning style that is best suited for this training delivery. This would also assure that organizational needs are met and buy-in is established.

**Recommendation 3: Explore additional psychological supports for patrol members.**

Exposure to trauma can have varying effects on the individual, based on a number of variables.

Some of these variables have been identified throughout this research. For instance, following a critical incident, a trained psychologist is brought in to support those exposed to the event. The CISD or other similar iterations are common practise for many first-response organizations. On behalf of the organization, the psychologist can provide the initial support for those exposed to the traumatic event. This is also a piece of the CISM protocol. The critical piece that appears to be missing is the ongoing dialogue and support of members. This support for individual patrol members falls under the auspices of the patrol supervisors. The symptoms can be disparate, based on individuals. As one participant stated, following traumatic exposure:

What to look for, for trauma in people? Like, “What are the key things to look for?” But I . . . like, at the time, I kind of knew, like, absenteeism . . . like, I kept an eye out for absenteeism; like, “Who’s phoning in sick abnormally? Who’s . . . You know, “Who’s coming into work with no sleep?” (LC-1)

There are many factors that may be present (e.g., such as agitated state, emotional outbursts, etc.). These may, in fact, come after the CISD and after the initial psychological support has been provided. Unless the supervisor or someone else within the organization recognizes these symptoms, the individual may not receive the support he or she requires. There is currently no formalized process in place to manage patrol members between a CISD and when they fall within the parameters of R2MR.

Prior to entering any policing organization such as DPD, there is a psychological test applicants must take during the recruitment process. Other than this initial triage of applicants to ensure they meet the baseline psychological profile, nothing additional is required for patrol members (N. Lipinski, personal communication, September 16, 2017). Specialized unit officers who review or investigate particularly heinous crime categories are required to undergo yearly

psychological examinations. This is an individual approach to the psychological implications of police work. However, these same heinous crimes are often initially investigated by patrol members. If the investigation falls outside the mandate for a patrol or even a CISD event, then the investigation is assigned to the specialists. There may be no individual approach to a patrol member's mental health. Following one such event, a respondent recognized: "It would have been more useful if an outside trained professional was present and available for a private debrief immediately if required for members" (SR-5). A participant furthered this sentiment following a traumatic event, stating, "There probably should have been some, some sort of mandated thing, so it takes the pressure and, and the stigma off the member" (LC-1), referring to psychological support. The pervasive problem is that if the crime does not fall within the requirements for a CISD, then the call may not even be addressed with the responding patrol officer, leaving the officer without psychological support.

Both tiers of patrol supervision within DPD recognized the value of ongoing psychological support. This support was not identified as a one-time approach for individuals, but would be part of a continuing strategic approach for patrol members. When asked about specific continued education related to traumatic events, one respondent said, "Having a mechanism in place to provide long-term ongoing support that is planned and ownership taken by one person in order to assure that nothing is missed" (SR-5). The key is assuring that "nothing is missed" (LC-2). The concept of having ongoing psychological support for patrol members was supported by those taking part in this research. This could also address the repeated exposure to traumatic events. In addressing prolonged exposure to trauma, Follette and Ruzek (2006) said, "Avoidance has been the primary strategy they have used to cope with their trauma-related distress" (p. 68). A systematic understanding of this coping mechanism could also be addressed

with a psychological support program. It requires further exploration within the organization to determine the best practises as well as the implementation of such a program. It would also support the overall CISM program and serve as a stigma-reduction strategy addressing Recommendations 4 and 5.

**Recommendation 4: Review delivery of a Critical Incident Stress Management program.** The CISM program within DPD is well defined and has been in place for over a decade. The participants in this research had varying levels of knowledge related to the delivery of the program. This knowledge gap was addressed in Recommendation 1, where the topic of consistency was identified and mitigation options explored. Accordingly, Recommendations 2 and 3 further added to the CISM program discussion, where enhancements to training as well as psychological support were introduced, which could provide another layer of organizational focus on mental health. They all work together as part of CISM as a system. Senge (2014) said, “Seeing into the future starts with knowing how to interpret signs that are present today but go unrecognized by those without a systems perspective” (p. 343). Understanding how the various parts of the CISM program fit together and determine success are already present. A CISM program at DPD exists and is part of the organizational vision. Therefore, the future for the program is certain.

Like with any successful program, continual review and modifications are needed to ensure that the program is effective. This is part of the successful learning organization. Just as there may be organizational adjustments to current crime trends or new policing initiatives, the CISM program delivery should be no different. The program supports the members of the organization so they may be effective in their service delivery for the DPD. Therefore, it is in the

best interest of both the organization and community that the CISM program continues to be effective. Kouzes and Posner (2012) reflected:

A vision of the future is much like a literary or musical theme. It's the prominent and pervasive message that you want to convey, the frequently recurring melody that you want people to remember; and whenever it's repeated, it reminds the audience of the entire work. (pp. 105–106)

In the case of the CISM program, the audience is not only the entire police department, but also the community as a whole. This demonstrates the importance of the delivery of the program.

Müller-Leonhardt, Mitchell, Vogt, and Schürmann (2014), in studying CISM programs in hospitals, identified:

The adaptation of the CISM program takes time, but, once established it may serve as a mechanism for changing professional culture, thereby permitting the framing of even normal work related, small incidents or near misses as an opportunity to provide valuable feedback to the system. (p. 178)

In presenting this research, no time parameters are specified, but a mechanism for change is suggested. Much of this inquiry topic directly correlates to organizational change. As with any change management process, there is generally a time factor associated. Therefore, it is prudent to review the CISM program in its entirety. This strategy would serve to determine what is currently in place, what needs changing, and finally, how the other recommendations can formulate the way forward for an even more effective CISM program.

**Recommendation 5: Develop a Delta Police Department force-wide systematic approach to stigma reduction.** The focus and direction of this inquiry specifically looked at the patrol section at DPD. From a research perspective, this made sense, as the patrol section has the

most sworn police officers. These same police officers begin their respective careers in patrol and then either transfer or promote to other areas of the force. Therefore, if something affects an individual police officer at the front line level, it has the ability to affect him or her throughout his/her entire career. This can impact opinions, skew norms, and create stigma based on the positive or negative way by which the original event was handled. Recommendations 1 through 4 could bring about positive outcomes, but they do not address people who are already in the system who have differing opinions. As identified in the findings and conclusions presented in Chapter 4, stigma is present within the DPD force. To address this stigma, a concerted, collaborative approach to reduction or acceptance is needed. The patrol section can serve as the model and template for organizational success in stigma reduction.

The theories of action research were applied to conduct this research inquiry. Because the identification of stigma was made by the users within the system itself, this can be used as a catalyst for change. Coghlan and Brannick (2014) said, “Many of the processes within action research, such as collaborative inquiry, reflection, joint planning and taking action, are utilized as interventions to shape how projects are evaluated in order to stimulate organizational learning” (p. 61). This point is extremely important because all of these aspects exist within those who participated in the research. Their knowledge on the topic can shape and stimulate the organizational learning. Based on my own experience, police officers like to have their own opinions and ideas heard. It is often the nature and character of their personality. Having leaders pre-positioned and supportive of cultural change can be a huge positive for organizational leaders. Goleman et al. (2013) recognized this importance, stating,

Discussions about cultural issues, the emotional reality of an organization, and how it feels to work there usually result in people feeling some ownership of the problems, the dream, and the process of getting from the real to the ideal. (p. 199)

Having a stigma-free workplace would certainly be the ideal for any organization, especially in one that is so steeped in tradition. Based on inquiry responses from both groups of supervisors, officers within the DPD recognized the value in reducing stigma. Having no stigma would mean that police officers would probably be more open to traumatic call-related discussions.

It could be rationalized that organizational stigma is a microcosm within the overall well-being system of police officers. As such, there is an opportunity for the organization to look at this as a piece of the overall delivery of the mental health priorities. By looking at organizational stigma in this manner, it can be isolated, tracked, and evaluated. Schlozman et al. (2016) said,

Stigma, however, should never be taken for granted. We have the power to change these issues, but we must be united and consistent in our goals. By addressing stigma at curricular, social, cultural, and political levels, and by coordinating these approaches, we will continue to make progress. (p. 738)

This study was based on the psychiatric community addressing stigma from a clinical perspective. This same approach for police officers and organizations could be simplistic in its direction. Stigma reduction has come a long way over the past several decades. It is just as this study indicates—continuing to make progress. The application of this approach will be addressed in the organizational implications. Tangible solutions on how the recommendations may be implemented will also be discussed.

### **Organizational Implications**

This research, which explored how supervisors would lead police officers following exposure to trauma, resulted in five organizational recommendations. The strategic application of these recommendations fit into the long-term enhancement of the mental health program that is currently being reviewed (N. Lipinski, personal communication, July 7, 2017). As the senior leader from DPD and a member of the research inquiry team, Deputy Chief Lipinski has been the anchor for this inquiry. An anchor for any project should be the steadying force that allows for inquiry and purpose for subsequent change. Senge (2014) identified that “one of the reasons a deep sense is so important for leaders is that it also provides an anchor” (p. 335). Deputy Lipinski is also in a position where the project results can be placed into a formalized action plan.

Deputy Chief Lipinski reviewed and endorsed the principle recommendations of this research project (personal communication, September 27, 2017). Deputy Lipinski also said that the recommendations fall in line with the HR goals being developed for 2018 at DPD. The formal presentation of the recommendations will come in the form of a business case that chronicles the inquiry process. Each recommendation will have a one-page summary completed, which will then be presented to the Police Services Board (PSB) for approval. Because there will be an organizational cost to the recommendations, it is critical that the PSB be part of the consultation. As the author of the paper, I will be utilized for this presentation to answer research-specific questions.

The training component of the recommendations will be a tiered process. As each benchmark is reached or group of individuals are educated, it will allow for the next piece of the direction to begin. Deputy Lipinski suggested that a GANTT chart be utilized to appropriately

track the recommendations. Formalized tracking would ensure that the consistency identified would be addressed before new initiatives began. This method would also allow for a generative environment of learning in addition to the cultural shift. Senge (2014) said, “While adaptive learning is possible without vision, generative learning occurs only when people are striving to accomplish something that matters deeply to them” (p. 192). The benefit for the organization is that strong contingents of supporters already exist within the patrol division. These individuals, who took part in the research, are already advocates for change, so they can be used for training delivery or strategic messaging. This research matters deeply to them.

Organizational and cultural change is often challenging. There is often times resistance to change with new programs. Despite the value of new programs such as a new mental health trajectory, some individuals may not agree with the need for something new. In anticipation of this thought process, it will be discussed with the team that is implementing the change. Burke et al. (2009) identified that “change can be accomplished by the use of group meetings in which management effectively communicates the need for change and stimulates group participation in planning the changes” (p. 362). This would also be an opportunity to utilize those who participated in the research. If involved in the group dynamic, then those who extolled the virtues of the recommendations could be the catalysts for their implementation. Based on my previous policing experience, I could also assist in the delivery of group discussions. This could serve to assuage any potential skepticism and make the implementation more seamless.

The implementation of these recommendations, from an organizational standpoint, is new and innovative. As the changes in service delivery are recognized, there may be topics that arise that require further inquiry. There may be areas that have been left out due to the sheer magnitude of the topic of mental health.

### **Implications for Further Inquiry**

The implications for future research within DPD have infinite possibilities. The focus of this study was to examine current capabilities related to post-trauma leadership of supervisors within the patrol section. The responsibility for trauma-based investigations does not begin and end with patrol, but includes a myriad of disparate resources. These resources include the supporting investigative sections that follow some investigations through to the judicial outcome. However, there is also a wide range of people who may have been partially exposed to the same initial traumatic call. These people may include, but are not limited to, paramedics, firefighters, victim services, dispatchers, and members of the public. Similar research is also applicable to these specific groups and could have been included in this inquiry. The scope of this study, however, did not allow for an inquiry that expansive.

The focus of the research was directly related to trauma-related events; however, there are more avenues that may be explored as part of the overall mental health of police officers. Further impactful study in support of this research is presented in the following sections, which are related to (a) qualitative versus quantitative research, (b) recruit resilience training, (c) police officer resilience, and (d) first-responder leadership following traumatic events.

**Qualitative versus quantitative research.** The research conducted in this study was qualitative. Supervisory experience did become a factor when correlated with knowledge or training; however, it did not affect the overall study. The data analysis portion could be expanded in future studies to include quantitative categories such as years of service and supervisory experience. This information may provide insight into other tangents for further studies. If the research were expanded to include all front line police officers, then it could include years of

experience and number of traumatic calls each member has attended. This would provide some additional considerations in the delivery of the mental health and awareness program.

**Recruit resilience training.** Creating an organization of mental health and resiliency advocates starts at the initial recruitment phase. Responding to a traumatic call for service does not distinguish for experience, and even the newest police officer may be asked to lead in some capacity. Therefore, knowledge specific to post-trauma leadership would be beneficial to all officers regardless of experience. Supervisors who may have the experience in leading their respective members often receive CISM or other relevant training well after it may have been applicable. If introduced early in a career of a police officer, then research topics such as emotional intelligence could be accurately assessed. This would be invaluable to understand how an introduction of emotional intelligence at the start of the career in the organization affects future leaders. It could also impact the overall mental health model for the organization. Addressing areas such as absenteeism or other risk factors that appear in the R2MR assessment continuum could possibly correlate to better mental health awareness. Early intervention and training could be a key to success.

**Organizational resilience.** Resilience is an area that has been studied thoroughly in policing. Topics such as mindfulness, meditation, and yoga are being explored at national and international levels. These techniques and areas of study reinforce the struggles that police services have with their police officers. It transcends financial implications and speaks to the importance of individuals. It would be invaluable to have a database that tracks what police services are doing throughout the world as related to mental health. Police officers rely on best practises and lessons learned to conduct operations more effectively, and it should be no different when it comes to the mental health of all of their people.

**First-responder leadership following traumatic events.** The entire focus of this research was based on the policing lens. However, when a traumatic call is received, it is processed as a team event. Police, fire, and ambulance all respond collectively to the same incident, yet most times process it differently. Agency-specific CISDs take place without consultation with other responding agencies. Trauma is trauma. A holistic approach to leading people following any similar type event should not be autonomous. I suggest that leadership principles continue to be explored and employed depending on their value and not on what uniform proposed the change. This is an area that lacks traction, but would have far-reaching value to the first responder communities as a whole.

### **Thesis Summary**

My primary focus in this research was to understand the concept of leading police officers following exposure to trauma. Although the study started out as something that was difficult to understand and quantify, it became specific in nature. The results showed the importance of understanding, at an individual level, the effects of traumatic calls on police officers. This individual part intertwined with organizational understanding and support. As revealed through the literature review and participant input, adverse reactions to bad things were normal and to be expected.

In this report, the impact of the findings and conclusions in formulating the recommendations was discussed. The ideals spoke to the organizational parts of the system and how each recommendation would serve to further advance mental health strategies. The answering of the inquiry question and sub-questions ultimately provided a roadmap for organizational improvements at many levels. The recommendations addressed both micro- and

macro-level initiatives. With continued review and modifications, the organizational health would benefit in the next many years.

Additionally, this research could serve as a blueprint for other organizations that are similar in service delivery or construct. The recommendations are simple to deliver and track so long as the senior leadership is willing to accept the direction. Police officer mental health begins at the front line and permeates throughout the organization. A systematic approach to betterment can actually begin at the ground level. The police officers at the front line are the first line of defence. Therefore, it is a natural direction to begin at the bottom and work upward.

Police officers join the ranks of this profession to help people and make a difference. They are often forgotten in the discussions and media attention on the aftermath of the crime itself. This research simply takes a step back and asks the question: What about the police officer who had to respond to that call? I wonder if they're okay? Someone needs to ask that question each and every time an officer responds to a bad call.

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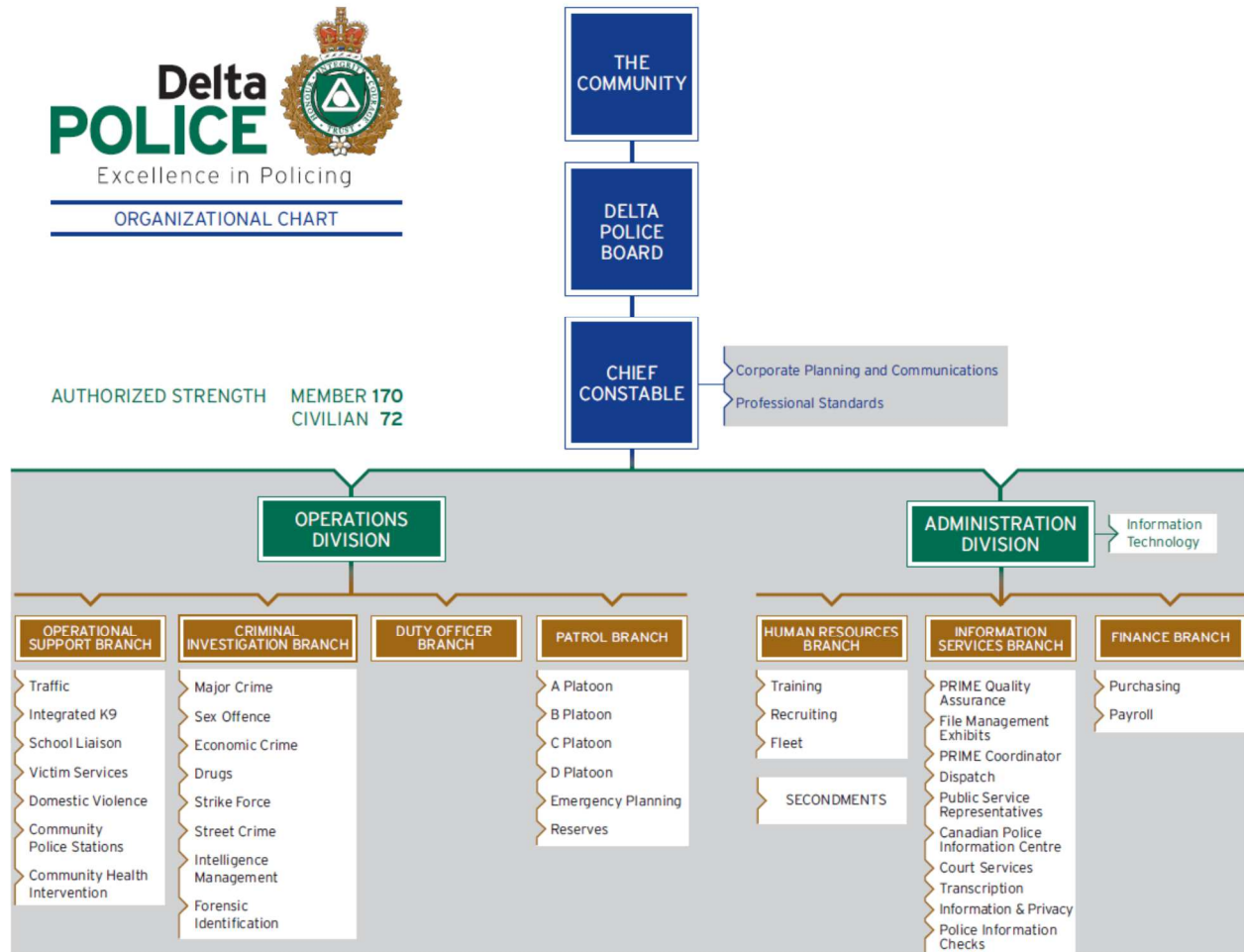
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**Appendix A: Delta Police Department Organizational Chart**



Note: *Organizational Chart of Delta Police Department* (n.d.). Retrieved from

[http://deltapolice.ca/documents/about/dpd\\_org\\_chart.pdf](http://deltapolice.ca/documents/about/dpd_org_chart.pdf)

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## **Appendix B: Inquiry Team Member Letter of Agreement**

In partial fulfillment of the requirement for a Master of Arts in Leadership Degree at Royal Roads University, Cam Kowalski (the Student) will be conducting an inquiry research study at DPD to explore how might the Delta Police Department, British Columbia, strengthen the capabilities of front line supervisors to lead police officers following a critical incident or traumatic event. The Student's credentials with Royal Roads University can be established by calling Dr. Catherine Etmanski, Director, School of Leadership, at [phone #] or email [email address].

### **Inquiry Team Member Role Description**

This project is incredibly important as it serves as a continuing study into the overall mental health of members of not only DPD, but nationally. Your role in the project is an integral part of the research based on your own unique experience. You have been selected to participate in this capacity based on this experience. As a volunteer Inquiry Team Member assisting the Student with this project, your role may include one or more of the following: providing advice on the relevance and wording of questions and letters of invitation, supporting the logistics of the data-gathering methods, including observing, assisting, or facilitating the learning circle, or reviewing analysis of data, to assist the Student and the DPD's organizational change process. In the course of this activity, you may be privy to confidential inquiry data. I truly appreciate your participation in this research project.

### **Confidentiality of Inquiry Data**

In compliance with the Royal Roads University Research Ethics Policy, under which this inquiry project is being conducted, all personal identifiers and any other confidential information generated or accessed by the inquiry team will only be used in the performance of the functions of this project, and must not be disclosed to anyone other than persons authorized to receive it, both during the inquiry period and beyond it. Recorded information in all formats is covered by this agreement. Personal identifiers include participant names, contact information, and any other personally identifying information.

### **Bridging Student's Potential or Actual Ethical Conflict**

Every effort has been made by the Student to mitigate any power over issues with prospective participants. In situations where potential participants in a work setting report directly to the Student, you, as a neutral third party with no supervisory relationship with either the Student or potential participants, may be asked to work closely with the Student to bridge this potential or actual conflict of interest in this study. Such requests may include asking the Inquiry Team Advisor to: send out the letter of invitation to potential participants, receive letters/emails of interest in participation from potential participants, independently make a selection of received participant requests based on criteria you and the Student will have worked out previously, formalize the logistics for the data-gathering method, including contacting the participants about the time and location of the interview or focus group.

This strategy means that potential participants with a direct reporting relationship will be assured they can confidentially turn down the participation request from their supervisor (the Student), as this process conceals from the Student which potential participants chose not to participate or simply were not selected by you, the third party, because they were out of the selection criteria range. Inquiry Team members asked to take on such 3rd party duties in this study will be under the direction of the Student and will be fully briefed by the Student as to how this process will work, including specific expectations, and the methods to be employed in conducting the elements of the inquiry with the Student's direct reports, and will be given every support possible by the Student, except where such support would reveal the identities of the actual participants.

Personal information will be collected, recorded, corrected, accessed, altered, used, disclosed, retained, secured and destroyed as directed by the Student, under direction of the Royal Roads Academic Supervisor.

Inquiry Team Members who are uncertain whether any information they may wish to share about the project they are working on is personal or confidential will verify this with Cam Kowalski, the Student. Your participation is truly appreciated and together you are contributing to the future well-being of members across the country.

Statement of Informed Consent:

I have read and understand this agreement.

---

Name (Please Print)

---

Signature

---

Date

**Appendix C: Letter of Invitation to Participate in a Survey**

June 26, 2017

Hello,

My name is Melissa Granum and I would like to invite you to be part of a research project that is being conducted at the Delta Police Department. This project is part of the requirement for Cam Kowalski's Master's degree in Leadership at Royal Roads University, and is sponsored by Neil Dubord, Chief of Police.

The objective of the research project is to explore how the Delta Police Department, British Columbia might strengthen the capabilities of front line supervisors to lead police officers following a critical incident or traumatic event. Your name was chosen as a prospective participant because you have been identified as patrol sergeant, acting sergeant or previous patrol sergeant at DPD. It is the front line supervisors that are the first line of defence to support the members of each patrol watch. Your specific input could help to advance police officer mental wellbeing.

This phase of my research project will consist of an anonymous survey and is estimated to take approximately 20 minutes to complete. This survey will remain open for until July 21, 2017.

The survey preamble attached to this email contains further information about the study and will enable you to make a fully informed decision on whether or not you wish to participate. Please review this information before proceeding.

You are not required to participate in this research project. If you choose to participate, you are free to withdraw at any time without prejudice. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence. Regardless of whether you choose to complete the survey or withdraw at any time, data will not be cached or retained once your web browser window is closed. Once the 'Submit' button is pressed, no data can be extracted from your computer. In addition, you are free to skip any questions within the survey that you do not wish to answer.

Please feel free to contact me at any time should you have additional questions regarding the project and its outcomes.

You can access the survey at: <<URL>>

Thank you!

Name: Melissa Grnaum

Email: [email address]

### **Appendix D: Survey Letter of Information**

Thank you for accessing this anonymous survey invitation from Melissa Granum.

My name is Cam Kowalski, and this research project is part of the requirement for a Master of Arts in Leadership at Royal Roads University. My relationship to Royal Roads University is an outside researcher and not an employee of the organization. My credentials with Royal Roads University can be established by contacting Dr. Catherine Etmanski, School of Leadership, at [phone #] or email [email address]. You may also contact my Academic Supervisor, Dr. Vernon White, at [email address].

#### **Purpose of the study and sponsoring organization**

The purpose of my research project is to explore how might the Delta Police Department, British Columbia strengthen the capabilities of front line supervisors to lead police officers following a critical incident or traumatic event.

#### **Your participation and how information will be collected**

The research will consist of answering questions in this confidential, anonymous electronic survey and is anticipated to take approximately 20 minutes to complete. The raw data will be summarized or aggregated in an anonymous format. The questions include asking about your experience in leading constables following a traumatic event, the critical incident debriefing process and your suggestions on future strategic direction. The data collected from all surveys will be used to create questions for a learning circle to be conducted with patrol sergeants from the same five lower mainland detachments. The questions do not ask you to provide any identifying information, and the survey instrument will collect no email information and will be strictly anonymous.

#### **Benefits and risks to participation**

All currently serving patrol sergeants, acting sergeants or previous patrol sergeants within the Delta Police Department will be invited to participate. A summary of the findings and recommendations from this study will be presented to the Chief of Police and Senior Management Team members at the conclusion of this study. This project is intended to strengthen capabilities, and thus the questions and conversation are explored topics in an appreciative and positive manner, thus, there is not expected to be a risk in participating.

#### **Real or Perceived Conflict of Interest**

I am conducting this research as a master's student at Royal Roads University, and all efforts have been made to eliminate any issues related to rank so there is no real or perceived conflict of interest. To conduct certain portions of the research, I have utilized a civilian member for those participating in the research. If any areas of concern are identified during the research, I will consult with the inquiry team, academic advisor or ethics board to explore methods to further

mitigate any conflicts. I disclose this information here so that you can make a fully informed decision on whether or not to participate in this study.

### **Confidentiality, security of data, and retention period**

I will work to protect your privacy throughout this study. All information I collect will be maintained in confidence with hard copies (e.g., consent forms) stored in a locked filing cabinet in my home. Electronic data (such as survey results) will be stored on a password-protected thumb drive. The data collected will be scrubbed from the survey tool thirty days following the collection of the data after having been downloaded to an analysis tool. Information will be recorded electronically and, where appropriate, summarized in anonymous format in the body of the final report. At no time will any specific comments be attributed to any individual. All documentation will be kept strictly confidential. The date for destroying the raw data collected from conducting this study will be two years from the time of graduation, expected to be January 2018.

### **Sharing results**

In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master of Arts in Leadership degree, I will also be sharing my research findings with the Chief and senior leadership team at DPD, my inquiry team, and my academic supervisor at Royal Roads University. The final Thesis will be available on the Royal Roads University website and academic databases but no individual will be identified in any report or publication. It is also possible that this data may be reused in a subsequent research study for publication; however, it will be presented in an aggregated and anonymous format protecting the identity of all participants. All survey respondents will have an opportunity to access the final report.

### **Procedure for withdrawing from the study**

You are not required to participate in this research project. If you choose to participate, you are free to withdraw at any time without prejudice. Regardless of whether you choose to complete the survey or withdraw at any time, data will not be cached or retained once your web browser window is closed. Once the 'Submit' button is pressed, no data can be extracted from your computer. In addition, you are free to skip any questions within the survey that you do not wish to answer.

Your completion of this survey will constitute your informed consent. Thank you for your participation in this endeavour. This topic is of great importance organizationally and speaks directly to the mental health of those you lead.

**Appendix E: Survey Questions**

1. How many years total service have you been a police officer?
2. How long have you been in a supervisory position?
3. Have you been provided training or education or resources on how to lead following a traumatic event? (Y/N)
  - Was this DPD training? (Y/N)
  - Briefly describe (e.g., title, length, training provided) the training provided.
  - Was it helpful? (Y/N)
4. Have you ever personally supervised someone who has been involved in a critical incident or traumatic event? If so, approximately how many would you consider to have been traumatic?
5. Have you ever participated in a critical incident debriefing? If yes, what was it like for you? In what ways was it helpful or harmful?
6. What would you have liked to have known before you conducted or were part of a critical incident/traumatic event?
7. What training or continuing education would you like to be provided with as a leadership tool regarding critical incidents or traumatic events?
8. If you have led a team through a critical incident or traumatic event do you feel that you received the appropriate support from your supervisor? Please provide further details on aspects that may have been done differently?
9. In your view, what leadership approaches help members cope with a critical incident?
10. Do you have any additional comments or ideas, which you feel would be beneficial to this research or the organization on this topic?

**Appendix F: Letter of Invitation to Participate in a Learning Circle**

July 10, 2017

Dear Staff Sergeant:

My name is Cam Kowalski, and I would like to invite you to participate in a research project I am conducting. This research project is part of the requirement for a Master of Arts in Leadership at Royal Roads University, and is sponsored by Neil Dubord, Chief of Police, Delta Police Department. My relationship to Royal Roads University is an outside researcher and not an employee of the organization. My credentials with Royal Roads University can be established by contacting Dr. Catherine Etmanski, Director, School of Leadership, at [phone #] or email [email address]. You may also contact my Academic Supervisor, Dr. Vernon White, at [email address].

**Purpose of the study and sponsoring organization**

The purpose of my research project is to explore how the Delta Police Department, British Columbia might strengthen the capabilities of front line supervisors to lead police officers following a critical incident or traumatic event.

**Your participation and how information will be collected in a learning circle format**

A learning circle is a method that enables peers to share their wisdom in a group, collaborative setting. This research method dates back centuries and is a part of the indigenous peoples' heritage. It is also a method that allows for uninterrupted thoughts on a topic of importance which this research project embodies. The method is steeped in tradition, which is also the reason that it was selected as it most closely respects the history and tradition of our organization. This part of my research will consist of open-ended questions. Each individual will have an opportunity to discuss their respective feelings related to the inquiry questions without interruption. When an individual has finalized their comments, the next person in the circle will be provided with their opportunity and so on until the circle has been completed. It is imperative that the circle remain silent while the person is speaking. Prior to the conclusion of the circle, each person will have an opportunity to provide new relevant information for the questions provided before the circle is officially closed. Additionally, the group will have a final opportunity to summarize what they have heard during the learning circle process. The learning circle is anticipated to last two hours and it will be audio recorded; however, it will be summarized or aggregated in an anonymous format in the final report. A professional transcriptionist, who has signed a confidentiality agreement, will transcribe the audio file. The anticipated questions will utilize your experience in leading patrol watches following a traumatic event, the critical incident debriefing process and your suggestions on future strategic direction. The data collected from interviews will be used to identify themes and contribute to recommendations contained in the final report.

**Benefits and risks to participation**

A summary of the findings and recommendations from this study will be presented to the Chief of Police and Senior Management Team at the conclusion of this study. This project is intended to strengthen capabilities for supervisors to lead following exposure to traumatic events and, thus, the questions and conversation are explored topics in an appreciative and positive manner. The findings of the research may also contribute to updated training, information or policy related to the betterment of the members of our organization. Accordingly, your participation in the study will have long term benefit based on your contribution. As a result, there is not expected to be a risk in participating, however if sensitive matters are discussed which require additional support, psychological and peer support will be available.

**Real or Perceived Conflict of Interest**

I am conducting this research as a master's student at Royal Roads University. I have reviewed any areas which may contain possible conflict of interest situations such as rank issues and have made all possible efforts to eliminate these issues so there is no real or perceived conflict of interest. I disclose this information here so that you can make a fully informed decision on whether or not to participate in this study.

**Confidentiality, security of data, and retention period**

I will work to protect your privacy throughout this study. All information I collect will be maintained in confidence with hard copies (e.g., consent forms) stored in a locked filing cabinet in my home. Electronic data (such as transcripts or audio files) will be stored on a password-protected or encrypted computer. Information will be recorded in hand-written format and audio taped, and, where appropriate, summarized in anonymous format in the body of the final report. At no time will any specific comments be attributed to any individual unless specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. Raw data will be kept for the duration of the study, expected to be complete by January 2018, at which time it will be destroyed within one year.

**Sharing results**

In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master of Arts in Leadership degree, I will also be sharing my research findings with the Chief and senior leadership team at DPD, my inquiry team, and my academic supervisor at Royal Roads University. It is also possible that this data may be reused in a subsequent research study for publication; however, it will be presented in an aggregated and anonymous format protecting the identity of all participants and the DPD. All participants will have an opportunity to access the final report.

**Procedure for withdrawing from the study**

You are not required to participate in this research project and may withdraw at any time. If you choose to withdraw prior to completion of the learning circle, information will still be included in the study due to the group aspect of this method.

By replying directly to the e-mail request for participation you indicate that you have read and understand the information above, and have agreed to participate in this research study. To ensure that you give your free and informed consent to participate in this project, you will be asked to sign the “INFORMED CONSENT TO PARTICIPATE IN A LEARNING CIRCLE” form.

Feel free to contact me at any time should you have additional questions regarding the project and its outcomes.

Please keep a copy of this information letter for your records.

Thank you!

**Name:** Cam Kowalski

**Email:** [email address]

**Telephone:** [phone #]

**Appendix G: Informed Consent to Participate in a Learning Circle**

July 24, 2017

Dear Staff Sergeant:

My name is Cam Kowalski, and I would like to invite you to participate in a research project I am conducting. This research project is part of the requirement for a Master of Arts in Leadership at Royal Roads University, and is sponsored by Neil Dubord, Chief of Police, Delta Police Department. My relationship to Royal Roads University is an outside researcher and not an employee of the organization. My credentials with Royal Roads University can be established by contacting Dr. Catherine Etmanski, Director, School of Leadership, at [phone #] or email [email address].

**Purpose of the study and sponsoring organization**

The purpose of my research project is to explore how might the Delta Police Department, British Columbia strengthen the capabilities of front line supervisors to lead police officers following a critical incident or traumatic event.

**Your participation and how information will be collected**

The research will consist of open-ended questions. The learning circle is anticipated to last two hours and it will be audio recorded; however, it will be summarized or aggregated in an anonymous format in the final report. A professional transcriptionist, who has signed a confidentiality agreement, will transcribe the audio file. This project is intended to strengthen capabilities for supervisors to lead following exposure to traumatic events and, thus, the questions and conversation are explored topics in an appreciative and positive manner. The data collected from the learning circle will be used to identify themes and contribute to recommendations contained in the final report.

By signing this form, you agree that you are over the age of 19 and have read and understood the LETTER OF INVITATION TO PARTICIPATE IN AN LEARNING CIRCLE for this study. Your signature states that you are giving your voluntary and informed consent to participate in this project. Please indicate your agreement to be audio recorded by checking the statement applicable.

- I consent to the audio recording of the learning circle.
- I commit to respect the confidential nature of the learning circle by not sharing information about the other participants.

– OR –

- I do NOT consent to being audio recorded during my participation in this learning circle; however, I do consent to hand-written notes being taken throughout the interview.
- I commit to respect the confidential nature of the learning circle by not sharing information about the other participants.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Date (yyyy/mm/dd):

**Appendix H: Learning Circle Questions**

1. Please share a story where you have had to lead a group following a particularly unpleasant event and how you were able to do this? Explain who was involved and how you felt?
  - When did this take place?
  - What was the experience like for you?
  - How confident did you feel to be able to adequately provide support to your members?
2. What supports and tools could you have been provided to lead members who were exposed to trauma?
3. What knowledge do you feel that front line supervisors possess to manage traumatic events?