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EXECUTIVE SUMMARY

Law Enforcement and Corrections Family Support: Development and Evaluation of a Stress  
Management Program for Officers and Their Spouses

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FINAL REPORT

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### *Introduction*

This project, funded by the National Institute of Justice (NIJ), represents a collaboration between a Police Department in West Texas and the Texas Tech University Health Sciences Center (TTUHSC) to develop and provide an innovative stress prevention and treatment program for police officers and their families. The program was designed as an eight-week program with a combination of didactic group training and group therapy for couples.

### *Methodology*

The training program consisted of three components: (1) didactic group presentations, (2) processing/treatment groups, and (3) ongoing support-groups led by peer mentors.

The experimental program included eight weeks of didactic/treatment groups. For later groups, based on feedback from participants, this was pared down to 6 weeks. Near the end of the program, a peer mentoring officer and his/her spouse/significant other was selected on the basis of group consensus and willingness to participate.

An experimental design was implemented to test the effectiveness of the program. The experimental design included: (1) randomized selection of participants, (2) random assignment to the experimental or control group, and (3) pretest/posttest/follow-up assessment. The experimental group attended the eight-week didactic/treatment groups and a smaller sample of officers and their significant others attended the peer mentoring support groups.

The experimental group included 19 participants with the following demographics: Gender (10 male, 9 female; all males were officers and all females were spouses/significant others), ages ranged from 23-58 ( $M=38.3$ ), and ethnicity (Anglo 74%, Hispanic 26%). The control group included 51 participants with the following demographics: gender (27 male, 24 female; all males and one female were officers with the remaining 23 females being

spouses/significant others), ages ranged from 24-60 ( $M=38.1$ ), and ethnicity (Anglo 92%, Hispanic 8%).

Questionnaires were provided to both experimental and control group participants prior to beginning of treatment, at completion, and again at six-month follow-up. Objective baseline data (e.g., sick leave, emergency leave, family sick leave and work performance evaluations) were also collected from departmental records prior to the treatment for each officer and at the end of the year following the officer's completion of the program.

The following hypotheses were tested:

Hypothesis 1: Officers in the experimental group will have significantly fewer work absences (e.g., sick, emergency, and family sick leave) and have better performance evaluations than those in the control group.

Hypothesis 2: Participants in the experimental group will access their employee assistance program benefits at a greater rate than those participants in the control group.

Hypothesis 3: Participants in the experimental group will report being significantly less affected by existing stressors at post-test and follow-up than participants in the control group.

Hypothesis 4: Participants in the experimental group will report significantly fewer behavioral symptoms at post-test and follow-up than participants in the control group.

Hypothesis 5: Participants in the experimental group will report a lesser number of avoidance oriented coping strategies at post-test and follow-up than participants in the control group.

Hypothesis 6: Participants in the experimental group will report increased levels of relationship satisfaction and supportive couple behaviors at post-test and follow-up than those in the control group.

### *Qualitative Methods*

The researchers decided that it was important to ask officers about their perception of the program and the factors that hindered them and other officers from participating. The goal of this portion of the study was to address concerns for future work with police officers and their families, and also to help others who face similar difficulties in their work with police couples.

#### *Qualitative Methods Part I: Surveys and Follow-up Phone Interviews*

In total, 32 officers responded to the qualitative survey: 4 from the experimental group, 12 from the control group, and 16 from the non-participating/control group. Nineteen indicated that they would be willing to participate in follow-up phone interviews.

One grand tour question was asked to all participants: "What is the general perception of the Police Family Stress Program among the officers within the police department?"

Three researchers individually reviewed the qualitative surveys/responses, phone interviews, and compiled a summary of their responses. The summary of responses was then analyzed within the guidelines of Spradley's Developmental Research Sequence (1979, 1980).

#### *Qualitative Methods Part II: Participating Officers/Significant Others Focus Group Interviews*

The purpose of the focus groups was to explore the experience of group participants. Two focus groups were conducted with a total of 5 participants (3 male and 2 female). Participants included three male police officers (2 Caucasian, 1 Hispanic) and their female significant others (1 Caucasian, 1 Hispanic). One grand tour question was asked: "What was your experience of the family stress program?"

### Results

*Hypothesis 1.* The ANOVAs computed for work absences ( $F(1, 36) = .81, p = .375$ ) and performance evaluations ( $F(1, 34) = 1.82, p = .186$ ) were not significant.

*Hypothesis 2.* The ANOVA testing EAP utilization was significant ( $F(1, 68) = 4.30, p < .05$ ). Given the difference in sample sizes between experimental and control groups, these findings reflect that approximately 26% of those in the experimental group utilized EAP services versus 6% of those in the control group. When comparing total numbers of sessions, those in the experimental group averaged 1.2 sessions per person compared to .25 per person in the control group.

*Hypothesis 3.* The ANOVA testing levels of stress was significant ( $F(1, 47) = 4.8, p < .05$ ). Group means not only reflected difference between the experimental and control groups but the decrease in stress levels reported by those in the experimental group from pre-test to follow-up. When examining the differences in the means at pre-test for both the experimental ( $M=33.4, SD=21.1$ ) and control groups ( $M=23.5, SD=14.3$ ) it's clear that those in the experimental group were more stressed than those in the control group, reflecting a bias in the selection process.

*Hypothesis 4.* The ANOVA testing behavioral symptoms was significant ( $F(1, 52) = 8.33, p < .05$ ). As was the case in hypothesis three, the means reflect both the differences between groups and the decrease in behavioral symptoms from pre-test to follow-up by those in the experimental group. When examining the differences in the means at pre-test for both the experimental ( $M=67.4, SD=23.6$ ) and control groups ( $M=59.07, SD=15.5$ ) it's clear that those in the experimental group exhibited a greater number of behavioral symptoms than those in the control group.

*Hypothesis 5.* The ANOVA was not significant ( $F(1, 54) = .04, p < .849$ ).

*Hypothesis 6.* The ANOVA was not significant ( $F(1, 43) = .02, p < .887$ ).

### ***Results Part I: Qualitative Surveys and Follow-up Phone Interviews***

***Category I: General Perception of Program.*** Most officers, regardless of what group (participating, control, or non-participating) agreed that having a police family stress program was a “good idea” and that it afforded officers and their families a place to “talk about their problems” and “see what concerns other officers and families have.”

***Category II: Factors Influencing Officer Participation in the Police Family Stress Program.*** All participants identified *money* as a major factor that influenced their decision to participate. The officers saw the reimbursement offered as “fair compensation” and equivalent to any outside compensation they would have received.

With few exceptions, officers stated that because of other obligations (e.g., job and family), they could not take *time* to participate in the program. Five officers said they chose not to take the additional time away from their family in what they referred to as “a lengthy program.”

Within the theme of *lack of trust and confidentiality*, half of the participants voiced that they did not believe that the information from program would be kept confidential. There was consensus that this information would get back to the administration and be used against them. Additionally, half of the officers interviewed believed that there would be a negative stereotype as a result of participating in the program.

In the initial qualitative survey, the police officers were split as to the origin of their stress. Two sub-themes emerged from follow-up phone interviews (e.g. *job related stress and other stressors*). Half of the participants stated that their stress was directly related to their role as a police officer. Other officers indicated that family relationships and financial issues were the main sources of their stress.

## Results Part II: Participant Focus Group Interviews

### *Category I: What was your experience of the family stress program?*

The participants described an initial hesitation when starting the group. This was due to trust issues related to having a supervisor in the group, the police force administration, and police officers' "skeptical" attitude about life. Despite this initial hesitation, all of the participants in the focus group indicated having a generally positive experience in the program.

### *Category II: What parts of the program did you find to be the most helpful?*

The program participants identified the group process as the most helpful factor in the couple groups. Specifically, the ability of the facilitators to create an open and comfortable atmosphere.

### *Category III: What parts of the program would you change or modify to be more helpful to police officers and their spouses?*

The program participants indicated that they would have appreciated more ownership of the curriculum. Participants suggested the setting be changed to a more casual setting.

### *Category IV: What was your experience of the peer-mentoring group?*

The participants indicated that the peer-mentoring group had been a positive experience for them but that they wanted more structure and guidance regarding topics to cover.

### *Category V: What factors contributed to your decision to participate in the program?*

The participants identified learning how to handle stress and understanding their spouse as a common factors contributing to their decision to participate.



*Category VI: What do you believe the general perception of the Police Family Stress Program was among officers within the department?*

The group participants identified a generally negative perception among other officers. They identified police officers' fears of being stereotyped for participating in the program and expressed fears about confidentiality.

### *Discussion*

#### *Quantitative Discussion*

Despite the limited sample size and attrition (affecting the statistical power of this study), and the complications arising from these previously discussed contextual factors, there is preliminary evidence that a program of this type may be helpful in working with police officers and their significant others. For example, the experimental group participants' utilization of employee assistance benefits increased at a statistically significant rate when compared to those in the control group. Given the existing research regarding the benefits of utilizing employee assistance programs and the impact of this utilization on both employers and employees (e.g., cost savings, employee well-being, etc.), this finding is hopeful.

Regarding stress, there is evidence that the program decreased the stress levels of those in the experimental group when compared to those in the control group. Although the experimental group means were both higher at pre and at post than the control group, there was a downtrend in stress levels reported by the experimental group. Additionally, the experimental group's level of stress decreased from a high of 33.4 at pre-test to a low of 27 at post-test, with the clinical cut-off being 29. The control group's level of stress remained constant from pre to post. These finding should be interpreted with caution given that the control group's level of stress was significantly lower ( $F(1, 62) = 4.55, p < .05$ ) at pre-test than the experimental group's level of stress. Even

though there were two levels of randomization in the selection process, final participation was dependent upon the officer and his/her spouse volunteering to attend the program.

A similar decrease was found in the overall level of psychological distress reported by the participants in the experimental group when compared to those in the control group from pre to post. Again, these findings should be interpreted with caution given that the control group's level of distress was lower at pre-test (not statistically significant ( $F(1, 67) = 3.9, p = .053$ )), than those in the control group. Similarly, as stated above regarding sampling and stress levels, those in the experimental group appear to have been highly distressed (scoring 67.4 on the Global Severity Index of the BSI, where the clinical cut-off is 50), motivated to receive treatment, and benefited from the intervention (as evidenced by a reduced score of 57 on the Global Severity Index of the BSI).

There were no significant findings with regard to avoidance coping and couple supportive behaviors between the two groups and the mean trends provided no additional insight.

#### *Qualitative*

The two-part qualitative portion of the study revealed that participants had an overall positive experience of the program. More importantly, the qualitative analysis revealed several factors that contributed to participants' decisions about participation in the program. These factors included money, time and other commitments, lack of trust in police administration and confidentiality, the lack of awareness of the program, and the fear of being stereotyped as weak.

#### *Recommendations for Recruiting Efforts*

Recruiters of such programs need to anticipate that police officers may need incentives in order to encourage their participation. It is suggested that the amount of reimbursement might be equivalent to the amount of money they would earn if on the job.

For many of the police officers, there appeared to remain concerns that information in the program would get back to those higher in the chain-of-command, and somehow be used against them. Based on the feedback received the following recommendations are offered.

Program developers may consider how closely they are aligned with the administration and consider assessing the level of trust officers have with the current administration of the department. Where trust is low, professionals may want to consider promoting trust through more specific discussions regarding confidentiality and allow for more officer feedback regarding the collection and storage of information. Program developers may wish to recruit police officers to assist in breaking down barriers of distrust. Program developers may consider having more of a “non-mental health professional” presence in the department. Additionally, program developers should consider ways in which significant others might be directly contacted and informed about the program.

Within the police culture, there seems to exist a stereotype in relation to those individuals who access “mental health” services. These stereotypes appeared to hinder participation in the program and emerged as a theme in the qualitative feedback received from the officers. Given the information received from the officers as part of this study and the researchers’ history of working with officers in their academy training, it seems clear that such stereotypes need to be more fully addressed as part of an officer’s initial training.

#### *Recommendations to Improve Program Effectiveness*

Program developers should carefully select those who facilitate the groups. It is important that facilitators have a working understanding of police officer culture and have experience working with problems unique to this profession. Given that participants identified the group process as being helpful, group facilitators should have training in group dynamics and

experience in group facilitation. When working with police officers and their significant others it is critical that group facilitators have training and experience in working with couples.

Furthermore, if the choice is made to include a police officer on the training team, the police officer should be exposed to both group dynamics and have a cursory understanding of the impact and treatment of mental health issues.

The participants expressed a desire to have more ownership of the curriculum presented as part of the group meetings. Program developers may consider adding additional time at the beginning of the program to review the curriculum. At the end of a particular group, the planned curriculum for the next week could be reviewed so that relevant areas could be more fully developed as part of the next group discussion. Additionally, program developers should consider allowing participants to have more input in the location of group meetings. Despite training, peer mentors expressed the need for more guidance in the mentoring process. Thus, program professionals should consider providing additional first hand guidance and more extensive training and supervision to the peer mentors

#### *Limitations*

As discussed throughout this report, the size of the sample was a problem, limiting statistical power. Research is needed where larger numbers of participants can be examined and comparisons made with other standardized treatments/modalities. Although differences between officers and their spouses would be important to consider on the majority of the assessments conducted in this study, sample sizes are too small to statistically examine these differences. Further, instruments used to collect data in this study were not law enforcement normed making tentative the interpretation of clinical cut-off scores. Future studies should include longitudinal

data collection and analysis methodologies and incorporate the recommendations listed above to refine the curriculum for any future application of the program.

Given that participants were able to self-select for treatment after the initial randomization phases and officers and spouses were paid for their participation, it is difficult to know whether this study benefited those officers and spouses most in need. However, it can be argued that the vast majority of officers and spouses who participated in the experimental group were highly motivated to receive treatment given they agreed to receive services prior to the offer of any financial reimbursement. Further, in an effort to increase retention of the didactic material presented, an evaluation procedure (e.g. feedback forms or tests of knowledge) should be incorporated as part of any future use of this program protocol.

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