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A FINAL GRANT REPORT OF THE

LAW ENFORCEMENT ASSISTANCE & DEVELOPMENT (LEAD) PROGRAM:

REDUCTION OF FAMILIAL AND ORGANIZATIONAL STRESS

IN LAW ENFORCEMENT

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1

ABSTRACT

The nature and impact of stress and its debilitating effect on the health and performance of law enforcement officers have been well documented. These stressors are often the result of a variety of duty-related, organizational, relationship or external factors impacting on officers. Stress has also been recognized as impacting on support personnel and the families of law enforcement officers. What is less well understood is how law enforcement agencies and mental health professionals can work together to reduce and prevent stress experienced by law enforcement personnel and their families, leading to improvements in the law enforcement organization.

The Law Enforcement Assistance & Development (LEAD) Program provided for a consortium of three rural law enforcement agencies and mental health professionals to prevent and reduce stress, and to enhance the overall health of law enforcement officers and their families. The program provided a broad range of services targeted on the health and well-being of law enforcement personnel and their families. In addition, services addressed the remediation of organizational factors that contributed to the stress experienced by personnel. The overall goal, beyond increasing the health of individuals, was to enhance the health of the organizations involved. This was believed to be a more beneficial approach than a sole focus on enhancing the individual coping skills of officers.

Annual survey data from 1997-2000 showed that departmental personnel experienced significant decreases in stress-related symptoms and concerns. Results were varied (by department) regarding satisfaction with work environment and supervisory interactions. Expected results were not found for normative influence interventions.

Approximately 250 clients utilized nearly 800 clinical (stress reduction) sessions through the program. These clients reported high satisfaction with services and demonstrated significant positive change on post-counseling measures. The project maintained an active outreach program, providing over 40 outreach programs to approximately 1,300 persons. Participants reported high satisfaction with and excellent benefit from those training sessions.

This multi-dimensional approach to stress reduction across agencies resulted in generally positive outcomes on a number of measures of stress and resiliency. There were only modest positive effects on work environment and supervisory relationships. Limitations in the application of this model are discussed in the report summary.

2

TABLE OF CONTENTS

3

INTRODUCTION

Summary of the Problem

Stress is a significant part of the experience of being a law enforcement officer (Finn and Tomz, 1997). Critical incident stress alone has been reported to affect nearly 90% of emergency service workers at least once in their career (Kureczka, 1996). Critical incidents are events that have a significant and stressful impact on an individual, sufficient to overwhelm the person's typically effective means of coping (Mitchell and Everly, 1993). Despite the tremendous range and intensity of stresses experienced by officers, there have been only limited resources supplied to prevent the occurrence of stress-related difficulties and to assist officers in recovering from the impact of cumulative or traumatic stress. In rural areas such as Story County, Iowa, a number of unique factors impact on officers' access to mental health services. First, there is a limited availability of mental health professionals and only a small subset of these professionals are trained (and comfortable) in working with law enforcement officers. Second, in a small community or rural area, it is difficult for officers to feel safe and comfortable in working with mental health professionals. Often, these are the same psychologists and counselors whom the officers work with in assisting members of the community (Ballantine, Jaeger & Fitzgerald, 1996). Finally, it is difficult for officers to access psychological services without believing that administrators or fellow officers will perceive them as weak. This aspect is heightened in a small community, where (true or not) officers feel as though everyone would be aware if they sought out mental health services, particularly if those services were housed within their departments or in the hospital or clinics where these officers often perform their duties. Each of the factors noted above must be addressed in establishing psychological support services that are meaningful and effective.

Etiological factors

Stress is a complicated entity, both in its development and in its impact. No single factor, event, or experience completely explains the phenomena for an individual (Wagenaar and La Forge, 1994). Rather, debilitating stress occurs as a result of a variety of factors including:

Individual factors. A number of individual/intrapersonal factors have been related to increased stress and stress-related symptoms among officers including:

- Lack of physical fitness or diminished health lifestyle choices;
- Decreased physical abilities and health as a result of aging;
- External locus of control/sense of powerlessness;
- Low self-esteem;
- Limited training or coping skills to deal effectively with stress.

4

Duty-related factors. A range of duty-related experiences, from the mundane to the horrific, impact on the stress experienced by officers. These experiences include:

- Exposure to critical incidents or trauma. Despite a persistent belief that "Good officers are not disturbed by the violence they encounter" (Anderson and Bauer, 1987; p. 381) sustained exposure to violence has been shown to be related to stress -induced symptoms in officers. Such critical incidents are also seen as having a significant negative impact on officers' personal lives and the lives of their families (Mashburn, 1993; Weiss, et al, 1995). In rural areas, the impact of critical incident may be even more significant as officers are more likely to know the victims (Kureczka, 1996).

- Boredom alternating with intense excitement/trauma;

- Fragmentation of work, not being able to see a case through to its conclusion; and,

- Fear for personal safety.

Organizational factors. Most research and responses to stress have focused on the vulnerabilities and coping skills of the individual. However, Keita and Jones (1990) noted that factors within jobs, and within organizations themselves, have a significant impact on the health and well being of workers. Within law enforcement, some of these organizational factors include (Ayers and Flanagan, 1992):

- Competition with other officers for choice assignments and promotions, resulting in decreased support from/toward other officers;

- Perceived lack of care from administrators;

- Lack of input on decisions affecting officers;

- Administrative hassles (Storch and Panzarella, 1996);

- Fear of being perceived as weak (Anderson and Bauer, 1987);

- Long, irregular hours, inconsistent work schedules, rotating shifts, long hours;

- Policies oriented toward needs of department vs. those of officers' families (Hartsough, 1991).

Family factors. In addition to the effects of the work environment, aspects of the home/family environment may also contribute to the stress of law enforcement officers. Conversely, the stressors that law enforcement officers experience (and bring home) can have a detrimental effect on the family. This combination often sets up a devastating cycle of stress and conflict. Several factors have been found to be related to increased stress among officers and their families, including:

- Having young children and limited access to affordable child care (Storch and Panzarella, 1996);

5

- Working two jobs to support family;

- Spouses not understanding demands and impact of the job. This is often the result of officers not discussing aspects of the job with their spouses (Anderson and Bauer, 1987);

- Negative relationships with family members. Officers may become more cynical over time, developing an intensive focus on the negative aspects of the human experience, which often results in conflict at home. This may range from officers simply letting off steam at home to them becoming verbally or physically abusive to family members (Hartsough, 1991); and,

- Family members fear that the officers may be injured or killed on the job.

External factors. Finally, there are a number of factors external to the department and the officers' home lives that impact on their frustration and stress.

- Negative public image. More and more, law enforcement officers and agencies struggle with their public image, a struggle made more difficult by the high demands and responsibilities society places on officers;

- Intense scrutiny from the public and the press for any transgressions - real or perceived (Hartsough, 1991; Storch and Panzarella, 1996). Officers feel "under a microscope" by a public anticipating failure and experience little public support for their efforts;

- In addition, officers often experience significant frustration with a legal system whose actions and decisions they often do not understand or respect. Many officers comment on their frustration with a legal system that they perceive as undermining officers' determined efforts to deter crime (Jaeger, 1996).

Impact of Stress

The stressors listed above can result in stress-related symptoms through either a cumulative effect of a number of stressors over time, or an acute effect resulting from a significant or traumatic event. Nationally, the cost of stress-related psychological disorders (in medical services, compensation claims, and lost productivity) is estimated to be in the range of $50 to $100 billion dollars annually (Sauter et al, 1990). Stress resulting from the factors listed above can be seen in a variety of symptoms and consequences, including:

Impact on officer health and functioning. Stress has a direct and significant effect on the health and well being of an individual (Everly, 1990). Some of the effects of stress on law enforcement officers include (but are not limited to):

- Decreased performance, productivity, and longevity;

- Increased hostility and inappropriate aggressiveness;

- Substance abuse and dependency;

- Anxiety disorder, depression and suicide;
- Physical health problems resulting in increased use of sick leave and lost work time.

Impact on family functioning. Given the range of impact on the individual officer, it is not surprising that job-related stress would also impact on the officer's family. While, the impact of law enforcement stress on the family has only recently been researched, several common effects have been noted (Hartsough, 1991):

- Relationship dissatisfaction and conflict;
- Infidelity;
- Spousal abuse;
- Child abuse; and
- Divorce.

Based on these debilitating effects on the family, many experts strongly recommend that departments assist officers _and_ their families in dealing more effectively with stress (Anderson and Bauer, 1987; Hartsough, 1991).

Goals and Hypothesis

This project provided for the implementation and evaluation of a multi-dimensional approach to the assessment, prevention, and early reduction of stress among law enforcement personnel and their families. Areas of emphasis in this project included:

1) Individual stress reduction services and training to law enforcement personnel;

2) Stress reduction programs and services targeted specifically to spouses of law enforcement personnel; and

3) Organizational interventions to impact on factors reported to contribute to the stress of law enforcement personnel.

The primary goal of the LEAD Program was to provide, evaluate and disseminate services that reduced symptoms of individual, family and organizational stress.

Primary Hypothesis to be Evaluated

An integrated, multi-dimensional approach to ameliorating individual, family and organizational stress will result in significant and sustained reductions in stress-related symptoms among individuals and families, and will result in increased satisfaction with the work environment.

PROGRAM APPROACH

The LEAD Program developed and implemented a multi-dimensional approach to stress reduction. Program staff provided a range of services that were designed to enhance the well being of individual law enforcement personnel, their family members, and the law enforcement organizations. Services were designed to prevent stress-related concerns, reduce stress related symptoms, enhance family health, and improve organizational functioning.

SERVICES IMPLEMENTED

The LEAD Program's multi-dimensional approach included the provision of the following services:

- **24-hour Crisis Assistance.** Program staff implemented a 24-hour pager system, providing on-call/crisis intervention services to department staff and their families. All clinical staff members carried statewide pagers, and their pagers numbers were widely disseminated. This service greatly enhanced the accessibility and utilization of psychological support services by officers and their families, who found LEAD Program staff to be highly responsive to their needs.

- **Critical incident debriefing,** primarily using Mitchell's model of Critical Incident Stress Debriefing (Mitchell and Everly, 1993), was provided for officers involved in critical incidents that included, but was not limited to:

  a) Shooting of officer or suspects;

  b) Severe injury or death in the line of duty;

  c) Line-of-duty death of another officer;

  d) Exposure to other significant traumas (e.g., tactical situations, severe child/elder abuse, suicides and other unusual deaths.

  Research and experience have shown that officers receiving brief psychological interventions following critical incidents show markedly lower levels of depression, anger, and stress-related symptoms than officers not receiving such services (Bohl, 1991). This has led several departments to mandate critical incident debriefing for officers involved in significantly stressful incidents (Anderson and Bauer, 1987; Newland, 1993; Reese, 1991). Two of the three departments served in this project implemented mandatory debriefing policies, while the third maintained a voluntary policy regarding involvement in debriefings.

- **Counseling services** for law enforcement officers and their families. LEAD Program staff provided individual, couples, and family services to support officers and their families in addressing issues of concern.

- **Stress/health education for law enforcement personnel** (e.g., stress awareness and management, prevention of alcohol and other drug abuse, exercise, relaxation, and communication skills).

8

Training in communication skills (for administrators, officers and family members was identified as an important element in stress reduction in the departments involved in this project (Ballantine, Jaeger and Fitzgerald, 1996). Pre-incident training/preparation/inoculation is critical (Blau, 1994; Reese, 1991) and has been shown to be effective in preventing & reducing stress-related concerns among emergency services workers (Kagan, Kagan, and Wilson, 1995). Mashburn (1993) recommends that law enforcement administrators engage in proactive efforts to address officer stress and that in-service training should address the following:

a) Recognition and remediation of stress as it occurs;

b) Acknowledge the benefit of psychological services/de-stigmatize;

c) Develop policies for dealing with critical incidents and familiarize officers with these policies;

d) Encourage officers to support each other.

LEAD Program staff provided annual stress awareness and management training to all of the sworn officers of one of the departments. LEAD Program staff also provided extensive training in suicide prevention & early intervention for jail staff of the Sheriff's office, an area of concern that many of the jail staff found to be highly stressful.

- **Organizational consultation** to departments to identify and reduce factors (within the law enforcement agency) that contribute to staff stress. Initial consultation involved a review of policies and procedures and resulted in recommendations for the following policies which were adopted:

a) Implementation of a "cradle to grave" philosophy of service, whereby departmental staff were eligible for services from their date of hiring until 6 months following their separation from the department through resignation or termination. Retirees (and their spouses) were eligible for services throughout their life span. Families of staff who died while employed by the department were eligible for service for one year following the death of the employee. This philosophy emphasized the department's commitment to the well being of staff (and families) throughout their careers.

b) Mandatory consultation for departmental employees. All employees were required by their departmental policy to have an annual consultation with LEAD Program staff. New hires were required to have three consultations with LEAD Program staff in the first year of employment. The purpose of the consultations was to increase awareness of services and familiarity with the LEAD Program, to minimize barriers to service, to normalize use of support services, and to provide early intervention for employees that may have been experiencing stress related problems. Employee feedback was highly positive, with approximately 20% of employees requesting services beyond the mandatory consultation.

9

c) <u>Mandatory individual or group debriefing</u> for officers involved in critical incidents. As mentioned above, two of the three departments implemented this policy and the third utilizes LEAD Program staff to make debriefing services available to its employees.

d) <u>Involvement in staff development training</u>. LEAD Program staff members have developed and provided workshops designed to improve interpersonal relations and organizational effectiveness. A unit within one of the departments received a series of interventions to address concerns about individual well-being and organizational functioning.

e) <u>Mandatory field-observations for LEAD Program staff</u>. LEAD Program staff were required to engage in regular field observations ("ride-alongs") with departmental staff in the course of their duties. These ride-alongs provided excellent opportunities to personalize services, decrease misperceptions and mistrust, and learn more about the agencies served. Feedback from departmental staff indicated that these ride-alongs increased respect, trust, and confidence in LEAD Program staff, and gave LEAD Program staff a better understanding of the issues and challenges faced by law enforcement personnel.

The overall intent and effect of these practices was to increase access to and comfort with LEAD Program services, to reduce the stigma of using counseling services, to reduce stress among departmental personnel, and to improve function and quality of life.

- **Outreach through program brochure, pamphlets and newsletter.** Program staff developed and distributed program brochures and business cards to <u>all</u> law enforcement personnel and their families. Educational pamphlets on Critical Incident Stress, Grief, Depression, and Eating Disorders were developed to provide accessible information on issues perceived to be relevant to both clients and departmental staff. The LEAD Program published regular newsletters that became a popular and powerful vehicle for disseminating health education information, informing the community of program services, and soliciting input regarding program development.

- **Family Support Services**. As programs for the alleviation of cumulative and critical-incident stress in officers have become more common, it is appropriate and necessary to take the next step - the provision of services to spouses and family members of law enforcement officers (Hartsough, 1991). LEAD Program staff implemented two major tracks of family services. The first track involved development of a "family orientation program" in collaboration with the law enforcement agencies. The orientation program provided new employees and their families an opportunity to better understand the challenges and opportunities of a law enforcement career, to be trained in communication skills and stress management, to be informed of support services available to them, and provided with an opportunity to develop a support network.

The second track involved a series of workshops and social events designed to increase networking and support systems among existing staff, and assist them with areas of concern including firearms safety and competency, relationship communication skills, and stress/life management. These issues were identified through the LEAD Program recruiting a group of spouses of peace officers and meeting with them over a several week period in a focus group format. The spouses identified and prioritized needs of law enforcement spouses as they perceived those needs, and assisted in the development of spouse workshops. Similar workshops have received positive reviews in other law enforcement agencies (Flater, 1994; Super, 1994).

- **Organizational Development Services.**

   Clearly not all stress experienced by law enforcement personnel are due to personal or familial concerns. The organization's impact must also be assessed and modified to maximize the development of the organization and to increase health of employees (Kaufmann and Smith, 1995; Scrivner, 1995). The main focus in the area of organizational development was in the correction of misperceptions regarding organizational problems. Interventions in this area were expected to decrease individual stress-related symptoms and increase positive perceptions of work environment and employee morale (Quick et al, 1997).

   Correcting misperceptions of the organizational environment. In reviewing the results of pre-test surveys regarding perceptions of the work environment, it was noted that the majority of employees tended to enjoy their jobs, value their colleagues, and feel positively about the agency in which they work. However, during field observations, comments were frequently heard that expressed the belief that most employees did not enjoy their jobs, colleagues or place of work. Given the impact that these misperceptions likely had regarding employee morale, it seemed helpful to modify and correct erroneous perceptions. Therefore, LEAD Program staff implemented a process to provide more regular feedback (in newsletters, during training, in interactions) regarding employees behaviors and perceptions related to work satisfaction and morale. This was expected to support and enhance the belief (and investment) in a more positive work environment, and result in decreased stress-related concerns. The basis for this intervention stemmed from work done by Perkins and Berkowitz in the social psychology field, who found that correcting misperceptions of maladaptive behaviors (e.g., alcohol abuse) had a measurable and positive impact in both correcting the misperception and in being related to decreases in the maladaptive behaviors themselves. This "normative influence" model has become a powerful tool in other health enhancement programs.

11

Contribution to Criminal Justice Policy and Practice

The LEAD Program staff established a strong collaborative relationship with the National Institute of Justice to examine stress-related issues among law enforcement personnel and their families, to develop and implement meaningful interventions, and to assess the impact of those interventions on maintaining and enhancing the health of law enforcement families. The grant period provided opportunity and resources to establish a credible and effective program that impacted positively on the health of those it was designed to serve, and provided an exceptional test-bed for evaluating stress reduction services in county, municipal, and university law enforcement agencies. That those are rural agencies only adds to the value of the study, as the preponderance of research on stress related issues (in law enforcement) is conducted with large, metropolitan agencies. The extended duration of the grant period, allowed for longitudinal evaluation of efforts to improve both individual and organizational functioning. Indeed, as noted by Quick et al (1997) "...It takes time – sometimes as much as 1 or 2 or even 5 years – for the benefits of human resource development to have an effect on the health of an organization." (p. 150).

Benefits Expected

This study was expected to result in several positive results and benefits to the departments, officers and families involved:

- A direct impact on officers and their families in the reduction of stress-related, resulting in enhanced emotional and physical health of participants, decreased relationship conflict and increased satisfaction with the work environment.
- Greater access to and comfort with psychological services, indicated by increased use of and satisfaction with services;
- Better understanding of the processes through which stress is developed and remediated among law enforcement personnel and their families. This will provide model programs for implementation in other departments that will provide guidance for stages of implementation.
- Demonstration that a multi-dimensional approach to stress reduction would show effective results, sustained over time, with increased use of and satisfaction with services.

12

PROGRAM EVALUATION METHODS

The project director, steering committee, project staff, and program evaluation coordinators worked collaboratively to implement a program evaluation plan. The plan provided for on-going assessment of the needs of officers and families, and for obtaining regular measures of officers' stress using such scales as the:

1. Quality of Life Inventory (QOLI), available through National Computer Systems;
2. Assessment of Personal Health (APH), a survey designed by the program evaluators;
3. Assessment of Work Environment (AWE), also designed by the program evaluators,
4. Dispositional Resilience Scale (DRS), a measure of personal hardiness (resistance to stress-related concerns) based on the work of Kobasa, et al., and the
5. Relational Communication Scale (RCS), a measure designed to evaluate the quality and satisfaction with communication between supervisors and subordinates.

Prior to administration of any surveys, the research packet was reviewed and approved by the Iowa State University Human Subjects Review Committee, as well as the chief law enforcement officers from each of the law enforcement agencies. Upon approval of those parties, all departmental staff were surveyed annually during the spring months of 1997, 1998, 1999 and 2000. Each departmental staff member was provided with a research packet containing an informed consent statement and the survey materials (see Appendix B for a sample survey packet). Employees were asked to complete the packet anonymously and to return the materials in a sealed envelope to the LEAD Program. Response rates varied slightly by year, ranging from approximately 50% to 70% of the total number of employees.

In addition to the annual surveys, a number of other methods were employed to evaluate program utilization and outcome. Evaluation of clinical services included a descriptive analysis of services provided, issues addressed, and demographics of participants served to provide a process evaluation for agencies considering implementation of similar interventions. The Quality of Life Inventory was also used to evaluate clinical outcomes for all clients who received multiple sessions of individual, couples or family counseling services.

LEAD Program staff received numerous requests for training services. Training participants were provided with opportunities to evaluate the quality and benefit of each training session. Response rates (for training evaluations) were over 90 percent.

13

PROGRAM EVALUATION RESULTS

Personal Health

Following is a synopsis of the results from the annual surveys. See Appendix C for a more extensive summation of whole sample results.

Dispositional Resilience Scale (DRS) This scale measured personality characteristics that decrease the likelihood of a person developing stress-related illnesses. Personality hardiness is a measure of how resistant to stressful events a person is. It is "a personality style that shows commitment, control, and challenge" (Maddi & Kobasa, 1984, p. 12):

Commitment: High scores indicate a person who derives strong satisfaction from and investment in their work.

Control: High scores indicate a person who believes and acts as if they can influence events around them.

Challenge: High scores indicate a person who views change as natural and as an opportunity for personal development.

There were small but statistically significant ($p< 0.05$) increases in Challenge, Control and Total resilience scores (for the full sample) over the duration of the grant period (1997-2000). This may suggest that employee's developed skills in dealing with or adapting to stress. That is, employees were reporting changes in their dispositions toward their experience of stress. They showed increased likelihood to view stressors and change as positive opportunities to develop themselves. They showed a corresponding increase in their beliefs about influencing the stressful situations they encountered. Put differently, they felt they could better shape their own destiny. Based on previous research (regarding resilience), increases in hardiness should be related to decreases in stress-related concerns.

Dispositional Resilience Scale Scores Over Time

	1997 Mean	1998 Mean	1999 Mean	2000 Mean	P<0.05
COMMITMENT	33.8	34.1	35.3	35.6	
CONTROL	32.6	33.1	34.3	34.2	*
CHALLENGE	25.3	26.5	27.1	27.2	*
TOTAL DRS	91.6	94.4	96.7	97.7	*

Note: *=Statistically significant change from 1997-2000.

Assessment of Personal Health

As noted above, given the significant increases in dispositional resilience, one would expect a corresponding decrease in stress-related symptoms and behaviors. Overall survey results showed exceptionally positive improvements over time on nearly all of the items assessed. While there were differences across departments (in the degree of health improvement), overall people were reporting significant decreases in stress-related symptoms (e.g., restlessness, frustration, headaches, muscular tension, sadness, lack of energy, etc.).

Percent of employee's stating they had often (or very often) experienced the following symptoms or behaviors in the last 30 days.

	1997	1998	1999	2000	P<0.05
Been excited or enthused about life?	60	64	70	72	*
Felt irritable or agitated?	25	20	15	14	*
Lonely or distant from other people?	18	16	12	5	*
Felt frustrated or angry?	22	17	12	9	*
Felt restless or impatient?	20	16	11	12	*
Felt proud or satisfied for accomplishing something?	59	51	55	60	
Felt nervous or anxious?	18	14	8	6	*
Been upset because someone criticized you?	7	9	2	5	**
Had common cold or flu symptoms?	10	6	6	5	*
Had an upset stomach or indigestion?	18	6	9	8	*
Experienced physical aches or pains?	21	16	15	12	
Noticed your hands felt sweaty, damp or clammy?	6	3	3	1	*
Had headaches?	16	16	10	5	*
Had muscular tension in your back or shoulders?	29	17	17	11	*
Noticed a rapid heartbeat (when not exerting self)?	10	6	5	3	*
Had shortness of breath (when not exerting self)?	5	3	1	3	
Had trouble sleeping or waking?	25	16	17	13	
Exercised for a half-hour or more at a time?	49	46	44	40	
Ate a balanced diet?	46	36	44	52	
Noticed changes in your appetite or weight?	17	11	5	6	**
Felt down or sad?	17	13	9	4	*
Had difficulty concentrating or remembering?	18	13	9	6	*
Experienced decreased sexual interest or activity?	16	12	8	6	**
Considered quitting your job?	15	11	9	8	
Felt dizzy or lightheaded?	9	3	0	3	**
Taken medication to sleep or calm down?	6	2	4	4	
Felt overly tired or a lack of energy?	21	11	13	13	*
Had pain that wouldn't go away?	13	6	6	6	
Loss of interest in things that you used to enjoy?	11	3	3	1	*
Felt life was pointless or meaningless?	9	3	1	1	*

Note: *=Statistically significant (p<0.05) change from 1997-2000
**=Statistically significant (p<0.05) change for some departments

15

Quality of Life Inventory

While the Assessment of Personal Health asked questions about specific stress-related concerns, the Quality of Life Inventory (QOLI) asked more broad questions about satisfaction with a number of life areas. This inventory was only included in the 1997 and 1998 surveys, but showed generally positive increases in life satisfaction across several dimensions including HEALTH, SELF-ESTEEM, PLAY, HELPING, and COMMUNITY. The differences over time on other dimensions were not significant.

Percent of employee's reporting satisfaction on QOLI Domains.

	1997	1998	p<0.05
HEALTH: Being physically fit, not sick, and without pain or disability.	74	82	*
SELF-ESTEEM: Liking and respecting yourself in light of your strengths and weaknesses, successes and failures, and ability to handle problems.	83	90	*
GOALS AND VALUES: Your beliefs about what matters most in life and how you should live, both now and in the future.	86	87	
MONEY: Money is made up of three things. It is the money you earn, the things you own (like a car or furniture), and believing that you will have the money and things that you need in the future.	65	60	
WORK: Your career or how you spend most of your time. You may work at a job, at home taking care of your family, or at school as a student.	86	82	
PLAY: What you do in your fee time to relax, have fun, or improve yourself.	77	84	*
LEARNING: Gaining new skills or information about things that interest you.	81	79	
CREATIVITY: Using your imagination to come up with new and clever ways to solve everyday problems or to pursue a hobby like painting, photography, or needlework.	76	72	
HELPING: Helping others in need or helping to make your community a better place to live.	74	77	*
LOVE: A very close romantic relationship with another person. Love usually includes sexual feelings and feeling loved, cared for, and understood.	75	76	
FRIENDS: People (not relatives) you know well and care about who have interests and opinions like yours.	83	82	
CHILDREN: How you get along with your child (or children).	85	77	
RELATIVES: How you get along with your parents, grandparents, brothers, sisters, aunts, uncles, and in-laws.	84	85	
HOME: Where you live. It is your house or apartment and the yard around it.	81	83	
NEIGHBORHOOD: The area around your home. Think about how nice it looks, the amount of crime in the area, and how well you like the people.	81	78	
COMMUNITY: The whole city, town, or rural area where you live (it is not just your neighborhood). It includes how nice the area looks, the amount of crime, and how well you like the people.	77	80	*

Note: *=Statistically significant (p<0.05) change from 1997-2000.

Assessment of Work Environment

Individual departments varied a great deal on this part of the survey, with some showing marked change from year to year and others showing very little change. Overall, employees reported a generally high satisfaction with their work interactions with colleagues. It was interesting to note that the department that had been most active in leadership selection and development had shown improvements in work environment, while the other two departments showed little change overall, though with some significant decreases in particular aspects of work environment, especially supervisory issues. See the appendix for the AWE results for the full sample.

Perceptions of Departmental Staff

As LEAD Program staff had contact with departmental staff members, they consistently observed that individual officers had high satisfaction with their job and their work environment. However, those same officers tended to believe that "everyone else" viewed their situation much more negatively. That is, officers (and non-sworn staff) tended to believe that others viewed the work environment more negatively than, in fact, was the case.

Research regarding health issues shows that normative misperceptions (i.e., how accurately one perceives the behavior of one's normative reference group) can influence behavior in marked ways. Simply correcting (or at least challenging) those misperceptions has been shown to have a significant positive impact on health related behaviors and was hypothesized to have a similar effect on employee morale and job satisfaction. In this instance, it was hypothesized that decreased morale may result when employees (mis)perceived that others were more dissatisfied than what was actually the case. Framed in the positive, the hope was that by correcting inaccurate negative perceptions, employee satisfaction and morale would improve.

Both the 1999 and 2000 surveys asked employees' perceptions of their colleagues regarding 7 AWE variables. Following the 1999 data collection, the data were summarized and broadly distributed to departmental staff through LEAD Program newsletters, presentations to departments and during mandatory annual contacts, with newsletters being the most commonly used intervention. Employees were again asked about their own behavior and their perceptions of their colleagues in the final data collection.

Overall, the results indicate that employees show a wide range in their perceptions about the behavior and beliefs of their colleague. They have relatively accurate perceptions of colleagues' attitudes regarding several aspects of the work environment; i.e., *The work demands placed on me are reasonable, I trust and respect the leadership in this department, I trust the people I work with,* and, *I*

17

respect my supervisor's ability.

However, people tend to significantly underestimate their colleagues' attitudes about the following items: *This department is a good place to work, I enjoy my work,* and *I feel valued as an employee.* When applied in other setting, the normative influence approach has shown measurable effects in as little as 12 months and as long as 24 months. It is possible that the normative intervention used was insufficient. It is also possible that the intervention was applied for too short of a time period to show a measure effect. In any case, the cumulative data from this study showed little correspondence between alterations of normative perceptions and changes in work satisfaction.

Percent of Employee's Who Agree or Strongly Agree

		1999	2000
This department is a good place to work.	Reported	82	85
	Perceived	71	67
I feel valued as an employee	Reported	59	66
	Perceived	64	60
The work demands placed on me are reasonable.	Reported	76	78
	Perceived	75	72
I trust and respect the leadership in this department.	Reported	64	63
	Perceived	66	61
I trust the people I work with.	Reported	65	64
	Perceived	69	67
I enjoy my work.	Reported	83	87
	Perceived	73	72
I respect my supervisor's ability.	Reported	72	67
	Perceived	67	62

Relational Communication Scale

This scale measured relational communication, or the extent to which supervisors and employees interacted well with each other. Relational communication contains eight dimensions (affection, similarity, trust, composure, formality, dominance, equality, and task-related communication). The survey responses showed that employees were generally pleased with the type of communication they had with their supervisors and that the relational communication in their departments was good, and appropriate. However, while there were significant changes (over time) on individual RCS items, there were no significant changes over time on any of the eight RCS scales. The interactions between supervisors and subordinates remained relatively stable over the course of the grant.

LEAD Program Services

Satisfaction with and perceptions of general services

These questions were contained in the annual surveys in 1998, 1999, and 2000 to assess general attitudes toward and satisfaction with LEAD Program services. Overall results indicate good satisfaction with most of the items assessed, except for the accessibility of the office location. Survey respondents appear to have been much more satisfied with the original location of the office than with the Douglas Avenue location.

Percent of survey respondents agreeing or strongly agreeing.

	1998	1999	2000
The LEAD Program has been a helpful resource for departmental employees and family members	65	61	60
The LEAD Program office location is convenient and easily accessible.	81	62	NA
LEAD Program staff are competent and approachable.	87	73	74
The LEAD Program provides quality, helpful services.	78	77	72
I would recommend LEAD Program services to others.	77	75	NA

Counseling Sessions Provided by LEAD Program Staff

See Appendix D for tables showing use of LEAD Program clinical services during each phase of the grant period. Nearly 800 counseling sessions were provided to over 275 departmental personnel and their families. Mandatory screening sessions accounted for approximately half of the total sessions provided. The remainder of the sessions were voluntary requests for counseling services. Over the course of the grant 15-20% of employees (attending mandatory screenings) requested additional voluntary sessions for themselves and/or their family members. This is compared to national surveys of EAP services that often show a 9-12% rate of service utilization by employees.

Client Satisfaction Survey Summary for the LEAD Program

At the conclusion of counseling services, all clients were provided with a satisfaction survey and invited to provide anonymous feedback regarding the services they had received. See Appendix D for a summary of client satisfaction responses. This summary shows that the vast majority (75%) of clients received fewer than 7 sessions of voluntary counseling. It also shows a very high level of satisfaction with LEAD Program services and staff, with 98% of clients reporting satisfaction with the quality of services received.

LEAD Program Clinical Outcomes Evaluation: Quality of Life Scores

In addition to being asked to complete satisfaction surveys, clients receiving ongoing counseling services (3 or more sessions) were asked to complete a Quality of Life Inventory (QOLI) at the beginning and end of counseling sessions. The initial inventory assessed the client's life satisfaction at the beginning of services and was used to assist the counseling and client in setting goals for counseling. The QOLI completed at the end was used to assess the progress made over the course of counseling. Clients showed improvement on all dimensions of the QOLI with the exception of the MONEY scale, which assessed satisfaction with their financial position. Clients showed statistically significant improvements on all of the scales marked with an asterisk on the summary chart (i.e., Health, Self-Esteem, Goals, Work, Play, Creativity, Love, and Home). See Appendix D for the Clinical Outcomes Evaluation for the Quality of Life inventory. These data show substantial positive clinical outcomes for those persons receiving multiple sessions of individual or couples counseling through the LEAD Program. Clients were provided with feedback regarding their outcome scores.

Training Sessions Provided by LEAD Program Staff

Appendix E contains a chronological listing of the formal training presentations conducted by LEAD Program staff over the duration of the grant period. Forty-one training sessions were provided to over 1,300 persons on a number of issues including stress management and dealing with difficult situations. LEAD Program staff maintained a holistic view of stress management training, concluding that unmet areas of concern would result in higher stress for employees. Therefore, LEAD Program staff did not constrain themselves to traditional stress management training.

As can be seen in Appendix E, participants in LEAD Program training sessions provided very positive evaluations of the training they received. Nearly all participants rated both the presenter and the sessions as good to excellent. Ninety percent of participants reported benefiting from the training session they attended.

Family Workshops / Social Events

The most significant challenge related to the family services aspect of the program was the lack of involvement in programs by the law enforcement community. Various attempts were made by LEAD Program staff and Family Advisory Committee members to get people involved, including mailing flyers and utilizing a calling tree in order to issue personal invitations. Calling family members gave staff and committee members an opportunity to learn about the factors associated with nonparticipation. Common issues included lack of time, preference to spend time with family, need for childcare, lack of interest, etc. Staff and committee members took these explanations into account and, when possible, made accommodations when planning future events. In order to accommodate for children, for example, staff

20

and committee members considered providing childcare or developing a program for the children. When there was involvement, workshops and social events continued to be a good way for departmental families to network and maintain supportive relationships. Many participants indicated that the educational/skills development aspect of any given program was secondary to their primary interest in socializing with other law enforcement family members. The annual interdepartmental picnics were some of the most successful social events, in terms of organization and attendance. Advisory Committee members, Family Services Advisory Committee members, and several additional personnel and family members were highly instrumental in the organization of this event. Attendance at the annual picnics was very good and all three departments were well represented by personnel and family members.

Newsletter

The quarterly newsletter was an effective method for distributing health-related information, departmental information, LEAD Program event advertisements, and general announcements to all departmental personnel and family members. A major advantage of the newsletter was the convenience with which people could access information provided by the LEAD Program. Whereas attendance at workshops was negatively affected by schedule conflicts, the newsletter was mailed directly to the homes of departmental personnel so that it was easily accessible to all family members at any time. LEAD Program staff published 9 issues of the newsletter over the course of the grant period.

An editorial board was developed and staffed by departmental personnel and family member volunteers. The board provided general guidance as to what article topics were of most interest to departmental personnel and families, and assisted in the completion of the various tasks involved in preparing each issue for publication. Direct feedback from readers was very positive and provided board members with topic ideas for future issues. Personnel requested the addition of the column, "Employee News," which was added to the newsletter and served as a convenient way for people to learn about events occurring in the lives of their colleagues from other departments (i.e., marriages, graduations, etc.). A contact person from each department was recruited to provide the information for the Employee News column, which was an effective and efficient way of gathering this information. The editorial board invited departmental personnel and faculty members at Iowa State University to submit articles for publication, which was an effective way of gathering a variety of informative articles from a variety of sources. Topics covered in the newsletter included health promotion, stress management, and organizational issues.

The newsletter also served as good way to provide personnel with meaningful synopses of the LEAD Program surveys they completed. The editorial board was met with one major challenge, which was to include more articles written by departmental personnel. Although it was departmental personnel

21

who made this request, few were willing to write and submit articles. In order to include articles/information by personnel, departmental divisions were asked to submit articles. Additionally, LEAD Program staff interviewed departmental personnel and developed an article composed of interview results. Finally, the "Ask the Chief" column was developed through which the Chief from each department addressed questions raised by departmental personnel.

Field Observations

Over 60 field observations were conducted during the course of the grant period. These provided LEAD Program staff opportunities to develop a positive rapport with departmental personnel and learn more about their work environment, including the common challenges and rewards faced by personnel. Field observations provided personnel an opportunity to learn more about LEAD Program services and staff. The benefits of the ride-alongs easily outweighed the drawback of having staff members out of the office for extended periods of time. Often, the field observations provided LEAD Program staff an opportunity to interact with personnel who indicated no interest in, or intention of, utilizing LEAD Program services. During the field observations, said personnel would often engage in an informal, solutions-focused discussion of their concerns with LEAD Program staff. Few, if any, major drawbacks were associated with the field observation component of the LEAD Program. The level of interest in accommodating a rider varied among officers, but LEAD Program staff encountered no strong, overt reluctance or refusals.

SUMMARY AND DISCUSSION

Feedback from constituents and users of services provide strong support for the efficacy of the LEAD Program. Surveys, clinical data and training evaluations showed high satisfaction with services and generally positive outcomes related to services, supporting the value of a multi-dimensional approach to individual, family and organizational stress reduction. The multi-dimensional approach showed several advantages:

- Program staff members were able to reach a large (in effect, total) percentage of the department on a personal basis. Mandatory contacts, field observations and family service social events provided opportunities for less formal, non-clinical interactions with personnel who would otherwise have avoided the program. Such interactions provided opportunities to develop rapport with personnel and to discuss the full range of services provided by the program.

- Through the provision of such a wide range and variety of services, personnel become more familiar (and comfortable) with program staff members. This facilitated the clinical and debriefing processed (i.e., more confidence and trust in staff, less resistance). Further, the multi-dimensional approach allowed for staff to provide valuable services that focused on preventative measures associated with critical incident stress and general stress management. That is, non-clinical contacts (through outreach and social contacts) provided insight to the needs of individuals, and sub-groups of the organizations. This would have been much more difficult to achieve through the provision of clinical services only.

- Providing clinical services to the family members of personnel was an indirect, yet powerful and valuable way of serving personnel, and therefore, the law enforcement organizations. In some cases, departmental employees were not in need of counseling, but had family members who were interested in utilizing services. Such employees were appreciative that services were available to their loved ones and would often, following counseling, report the positive outcomes they associated with their family member's experience with the LEAD Program. In addition to supporting an improved quality of life for the identified client, a flexible provision of services enabled improved rapport with departmental personnel, and indirectly benefited their lives and the organizations for which they worked

- The multi-dimensional approach fit well with the dynamic nature of the law enforcement organizations, work environments, and individuals. The flexible nature of a multi-dimensional program allowed LEAD Program staff to shift their focus to the unique needs and concerns of a given department. This likely enhanced the perceived value and, ultimately, the utilization of program services. A minor drawback to this approach involved requests for services that were

23

outside the parameters of the program. Lead Program staff were still of assistance in these situations through clarifying the need and helping to locate a resource that would effectively fill that need. The important advantage was that a flexible program could more easily become an integral part of the department and work environment, which was more regularly utilized than a static program with a more narrow focus.

- Finally, personal responsibility of constituents to provide program staff with direction facilitated the buy-in process, contributed to their sense of ownership, and boosted their commitment to the program / program objectives. We believe this "buy in" happened more quickly and easily as a result of the multi-dimensional, non-pathological approach taken by LEAD Program staff members.

Limitations

The significant limitation of the LEAD Program was the cost in sustaining an adequately staffed, multi-dimensional program that was focused on the needs of law enforcement personnel and families. The three departments ranged in size from 32-50 sworn personnel, with a combined sworn and civilian staff of less than 250 persons. Neither the collective consortium of departments, nor any of the individual departments, could absorb the cost of sustaining LEAD Program services without continued support from external sources. Several options were explored including adding other departments to the consortium, assessing fees for some services, corporate sponsorship, and additional grant support.

As the three constituents were the primary law enforcement agencies in the county, there were few viable options in adding agencies. All other agencies in the county consisted of fewer than 8 officers each; therefore there was not significant financial incentive for those departments to "buy in". Neither the steering nor advisory committees were supportive of implementing fees for services; believing that the costs of recovering minimal fees would be prohibitive and those larger fees would decrease access to service. Corporate sponsorship was dismissed due to concerns about potential conflict of interest. Finally, additional grant support was strongly discouraged as it was seen as negatively affecting the perceived stability of the program. In fact, the program had already experienced such problems during a delay in the funding cycle between the original and supplemental grants. That experience resulted in some constituents expressing their reluctance to invest in (and utilize) a service that "might not be here tomorrow". These criticisms should not be viewed as global statements about the appropriateness of a given option for a given program. Rather, they are presented as issues for consideration as programs look to the future for their funding and stability.

No cookbook approach

This program was designed and implemented to meet the unique needs of three, small, rural law enforcement agencies. All elements of the program, from it's organizational structure, management,

24

staffing, needs assessment, service provision and evaluation were designed to address the unique constellation of needs presented by the constituent agencies. Through consultation and discussion with stress management staff (from across the country), it became clear that no one approach could, nor would, be effective for all law enforcement agencies. Therefore, those who seek to develop and implement stress reduction plans for their personnel and/or families, should conduct careful and thorough needs assessment. Based on that assessment, and a strong understanding of the people and organizations to be served, program managers can draw on the experiences of the LEAD Program (and other similar programs from across the country). There is a strong and understandable motivation to "not re-invent the wheel", when it comes providing support services. However, it is equally important to be sure that the wheel fits before attempting to use it. Otherwise, significant effort and resources may be expended to fix problems generated by the very services intended to decrease stress in the organization.

25

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APPENDIX A: ACKNOWLEDGEMENTS

The LEAD Program Staff would like to thank the following individuals for their participation on LEAD Program Committees. It is through the efforts, vision and dedication of these persons that the LEAD Program enjoyed its success.

STEERING COMMITTEE
Chief Dennis Ballantine
Sheriff Paul Fitzgerald
Director Loras Jaeger

ADVISORY COMMITTEE
Betty Butterbaugh
Jean Craighton Rewerts
Ann Cutts
Janet Crudele
Amy DeLashmutt
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Nancy Schultz
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Shelly Thomas

EDITORIAL BOARD
Ann Cutts
Amy DeLashmutt
Jean Craighton Rewerts
Audrey Wheeler

28

APPENDIX B: SAMPLE SURVEY

Law
Enforcement
Assistance &
Development Program

Informed Consent Statement

This information is provided to help you decide whether you wish to participate in a research project that is designed to increase understanding of the health and well-being of law enforcement personnel and their families. Your participation would consist of completing several brief questionnaires which are a follow-up to surveys administered in Spring of 1998. It will take approximately 20 minutes to complete the questionnaires.

The information obtained from persons participating in this research project will be used to evaluate the services that have been provided by the *LEAD Program*. The research will also increase the general knowledge regarding the health and well-being of law enforcement personnel.

While some questions in the surveys are of a personal nature and may cause some mild discomfort in answering, any risks to you are minimal. All of your answers will be treated with strict regard for **confidentiality**. Do **NOT** put your name on any of the survey materials, even if there is a space for you to do so. Your name will not be connected with any part of the information coming out of this research. Summaries of the research project will report group data only.

Your responses will **NOT** be used to evaluate your work performance in any way. Your individual responses will **NOT** be released to other personnel in your department. Only *LEAD Program* staff will have access to your responses.

Participation in this research, while strongly encouraged, is completely voluntary. You may withdraw from participating at any time without penalty. If you have any questions or concerns about the surveys, or how the data will be used, contact any of the *LEAD Program* staff at the phone number listed above.

DIRECTIONS FOR COMPLETING THE SURVEYS

1. Do not write your name or social security number anywhere on the research materials.

2. Complete all of the surveys in the packet. Note that the final set of questions in the packet may not apply to you. Read the instructions carefully.

3. You may complete the surveys in any order. **Please be honest and candid in your responses.**

3. When you have completed the surveys, place your completed surveys in the envelope provided and return it to the *LEAD Program* staff member. If no one from the LEAD Program is present when you complete the surveys, seal them in the envelope provided and return the envelope to the departmental secretary. The secretary will hold the surveys and turn them in to a LEAD Program staff member.

Sample Survey

For the following questions, circle the number of the response that fits you best or, if a blank is provided, fill in the requested information.

1. **Gender:**   (1) Female   (2) Male

2. **Age:**_____

3. **Marital Status:** (1) Single   (4) Separated/Divorced
                   (2) Engaged   (5) Widowed
                   (3) Married   (6) Other (specify)_____

4. **Ethnic Background:**   (1) African American   (4) Hispanic American
                            (2) Asian American   (5) Native American Indian
                            (3) Caucasian American   (6) Other (specify)_____

5. **Department:**   (1) Ames Police Department
                       (2) ISU Dept. of Public Safety
                       (3) Story County Sheriff's Office

6. **Division:**   (1) Administration   (6) Jail
                    (2) Animal Control   (7) Parking
                    (3) Civil   (8) Patrol
                    (4) Communications/Dispatch   (9) Records/Clerical
                    (5) Detectives/Investigations   (10) Reserve

7. **Rank (if sworn)** (1) Officer/Deputy
                          (2) Corporal
                          (3) Sergeant
                          (4) Lieutenant
                          (5) Captain
                          (6) Associate Director, Chief Deputy, or Assistant Chief
                          (7) Chief, Director, or Sheriff

8. **Years of Service with this Department:**_____

9. **Years of Service in Law Enforcement:**_____

31

Assessment of Work Environment

Circle the number that best describes your response to each item

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	This department is a good place to work.	1	2	3	4	5
2.	My job is interesting and challenging.	1	2	3	4	5
3.	I feel valued as an employee.	1	2	3	4	5
4.	There are good opportunities for advancement.	1	2	3	4	5
5.	I have adequate equipment and resources to do my job.	1	2	3	4	5
6.	Staff are rewarded for doing a good job.	1	2	3	4	5
7.	I respect my supervisor's ability.	1	2	3	4	5
8.	This department cares about it's employees.	1	2	3	4	5
9.	My equipment is reliable.	1	2	3	4	5
10.	The work demands placed on me are reasonable.	1	2	3	4	5
11.	My supervisor supports my decisions.	1	2	3	4	5
12.	I trust and respect the leadership in this department	1	2	3	4	5
13.	My input is welcomed by my supervisor.	1	2	3	4	5
14.	My supervisor(s) make good decisions.	1	2	3	4	5
15.	The performance evaluations I have received are fair assessments of my work.	1	2	3	4	5
16.	Disciplinary actions are fair and appropriate.	1	2	3	4	5
17.	My supervisor shows favoritism for some employees.	1	2	3	4	5
18.	Supervisors clearly communicate their expectations.	1	2	3	4	5
19.	Policies and procedures are clearly written.	1	2	3	4	5
20.	I have received adequate training to do what is expected of me.	1	2	3	4	5
21.	I trust the people I work with.	1	2	3	4	5
22.	I would like to spend my career in this department.	1	2	3	4	5
23.	I am satisfied with my rate of pay.	1	2	3	4	5
24.	I enjoy my work.	1	2	3	4	5
25.	I feel respected by my colleagues and supervisors.	1	2	3	4	5

Assessment of Personal Health

How often have you done, felt or experienced each of the following <u>in the past 30 days</u>?	<u>Never</u>	<u>Seldom</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
26. Been excited or enthused about life?	0	1	2	3	4
27. Felt irritable or agitated?	0	1	2	3	4
28. Lonely or distant from other people?	0	1	2	3	4
29. Felt frustrated or angry?	0	1	2	3	4
30. Restless or impatient?	0	1	2	3	4
31. Felt proud or satisfied for accomplishing something?	0	1	2	3	4
32. Nervous or anxious?	0	1	2	3	4
33. Been upset because someone criticized you?	0	1	2	3	4
34. Had common cold or flu symptoms?	0	1	2	3	4
35. Had an upset stomach or indigestion?	0	1	2	3	4
36. Experienced physical aches and pains?	0	1	2	3	4
37. Noticed your hands felt sweaty, damp or clammy?	0	1	2	3	4
38. Had headaches?	0	1	2	3	4
39. Had muscular tension in your neck, back, or shoulders?	0	1	2	3	4
40. Noticed a rapid heart beat (when not exerting yourself)?	0	1	2	3	4
41. Had shortness of breath (when not exerting yourself)?	0	1	2	3	4
42. Had trouble sleeping or waking?	0	1	2	3	4
43. Exercised for a half-hour or more at a time?	0	1	2	3	4
44. Ate a balanced diet?	0	1	2	3	4
45. Noticed changes in your appetite or weight?	0	1	2	3	4
46. Felt down or sad?	0	1	2	3	4
47. Had difficulty concentrating or remembering?	0	1	2	3	4
48. Experienced decreased sexual interest or activity?	0	1	2	3	4
49. Considered quitting your job?	0	1	2	3	4
50. Felt dizzy or lightheaded?	0	1	2	3	4
51. Taken medication to sleep or calm down?	0	1	2	3	4
52. Felt overly tired or a lack of energy?	0	1	2	3	4
53. Had pain that wouldn't go away?	0	1	2	3	4
54. Loss of interest in things you used to enjoy?	0	1	2	3	4
55. Felt life was pointless or meaningless?	0	1	2	3	4

33

Dispositional Resilience Scale

Below are statements about life that people often feel differently about. Circle a number to show how you feel about each one. Read the items carefully and indicate how much you think each one is true in general. There are no right or wrong answers; just give your own honest opinions.

		False, Not True	Slightly True	Mainly True	Very True
1.	Most of my life gets spent doing things that are worthwhile	0	1	2	3
2.	Planning ahead can help avoid most future problems	0	1	2	3
3.	Trying hard doesn't pay, since things still don't turn out right	0	1	2	3
4.	No matter how hard I try, my efforts usually accomplish nothing	0	1	2	3
5.	I don't like to make changes in my everyday schedule	0	1	2	3
6.	The "tried and true" ways are always best	0	1	2	3
7.	Working hard doesn't matter, since only the bosses profit by it	0	1	2	3
8.	By working hard you can always achieve your goals	0	1	2	3
9.	Most working people are simply manipulated by their bosses	0	1	2	3
10.	Most of what happens in life is just meant to be	0	1	2	3
11.	It's usually impossible for me to change things at work	0	1	2	3
12.	New laws should never hurt a person's pay-check	0	1	2	3
13.	When I make plans, I'm certain I can make them work	0	1	2	3
14.	It's very hard for me to change a friend's mind about something	0	1	2	3
15.	It's exciting to learn something about myself	0	1	2	3
16.	People who never change their minds usually have good judgment	0	1	2	3
17.	I really look forward to my work	0	1	2	3
18.	Politicians run our lives	0	1	2	3
19.	If I'm working on a difficult task, I know when to seek help	0	1	2	3
20.	I won't answer a question until I'm really sure I understand it	0	1	2	3
21.	I like a lot of variety in my work	0	1	2	3
22.	Most of the time, people listen carefully to what I say	0	1	2	3
23.	Daydreams are more exciting than reality for me	0	1	2	3
24.	Thinking of yourself as a free person just leads to frustration	0	1	2	3
25.	Trying your best at work really pays off in the end	0	1	2	3

34

Dispositional Resilience Scale

Below are statements about life that people often feel differently about. Circle a number to show how you feel about each one. Read the items carefully and indicate how much you think each one is true in general. There are no right or wrong answers; just give your own honest opinions.

		False, Not True	Slightly True	Mainly True	Very True
26.	My mistakes are usually very difficult to correct	0	1	2	3
27.	It bothers me when my daily routine gets interrupted	0	1	2	3
28.	It's best to handle most problems by just not thinking of them	0	1	2	3
29.	Most good athletes and leaders are born, not made	0	1	2	3
30.	I often wake up eager to take up my life wherever it left off	0	1	2	3
31.	Lots of times, I don't really know my own mind	0	1	2	3
32.	I respect rules because they guide me	0	1	2	3
33.	I like it when things are uncertain or unpredictable	0	1	2	3
34.	I can't do much to prevent it if someone wants to harm me	0	1	2	3
35.	People who do their best should get full support from society	0	1	2	3
36.	Changes in routine are interesting to me	0	1	2	3
37.	People who believe in individuality are only kidding themselves	0	1	2	3
38.	I have no use for theories that are not closely tied to facts	0	1	2	3
39.	Most days, life is really interesting and exciting for me	0	1	2	3
40.	I want to be sure someone will take care of me when I'm old	0	1	2	3
41.	It's hard to imagine anyone getting excited about working	0	1	2	3
42.	What happens to me tomorrow depends on what I do today	0	1	2	3
43.	If someone gets angry at me, it's usually no fault of mine	0	1	2	3
44.	It's hard to believe people who say their work helps society	0	1	2	3
45.	Ordinary work is just too boring to be worth doing	0	1	2	3

Please answer the following questions about LEAD Program services and staff.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
46.	The LEAD Program has been a helpful resource for departmental employees and family members.	1	2	3	4	5
47.	The LEAD Program office location is convenient and easily accessible.	1	2	3	4	5
48.	LEAD Program staff are competent and approachable..	1	2	3	4	5
49.	The LEAD Program provides quality, helpful services.	1	2	3	4	5
50.	I would recommend LEAD Program services to others.	1	2	3	4	5

Relational Communication Scale

Below are a series of statements about conversations you have with your supervisor. For each one, please circle a number from 1 to 7, depending on the degree to which you agree or disagree with the statement. A 7 means you *strongly agree*, a 6 means you *agree*, a 5 means you *agree somewhat*, a 4 means you are *neutral or unsure*, a 3 means you *disagree somewhat*, a 2 means you *disagree*, and a 1 means you *strongly disagree*. You may circle 1, 2, 3, 4, 5, 6, or 7. Please complete all items.

		Strongly Disagree	Disagree	Disagree Somewhat	Neutral or Unsure	Agree Somewhat	Agree	Strongly Agree
1.	He/she attempts to persuade me.	1	2	3	4	5	6	7
2.	He/she considers us equals.	1	2	3	4	5	6	7
3.	He/she seems to desire further communication with me.	1	2	3	4	5	6	7
4.	He/she wants discussions to be informal.	1	2	3	4	5	6	7
5.	He/she wants me to trust him/her.	1	2	3	4	5	6	7
6.	He/she makes me feel he/she is similar to me.	1	2	3	4	5	6	7
7.	He/she is interested in talking to me.	1	2	3	4	5	6	7
8.	He/she tries to move the conversation to a deeper level.	1	2	3	4	5	6	7
9.	He/she is open to my ideas.	1	2	3	4	5	6	7
10.	He/she has the upper hand in the conversations.	1	2	3	4	5	6	7
11.	He/she is not attracted to me.	1	2	3	4	5	6	7
12.	He/she is more interested in social conversation than the task at hand.	1	2	3	4	5	6	7
13.	He/she is honest in communicating with me.	1	2	3	4	5	6	7
14.	He/she acts like we are good friends.	1	2	3	4	5	6	7
15.	He/she does not want a deeper relationship between us.	1	2	3	4	5	6	7
16.	He/she feels relaxed talking with me.	1	2	3	4	5	6	7
17.	He/she tries to gain my approval.	1	2	3	4	5	6	7
18.	He/she is willing to listen to me.	1	2	3	4	5	6	7
19.	He/she does not treat me as an equal.	1	2	3	4	5	6	7
20.	He/she seems to care if I like him/her.	1	2	3	4	5	6	7
21.	He/she is comfortable interacting with me.	1	2	3	4	5	6	7
22.	He/she finds the conversations stimulating.	1	2	3	4	5	6	7
23.	He/she tries to control the interactions.	1	2	3	4	5	6	7
24.	He/she shows enthusiasm while talking to me.	1	2	3	4	5	6	7
25.	He/she is intensely involved in our conversations.	1	2	3	4	5	6	7

36

Relational Communication Scale

		Strongly Disagree	Disagree	Disagree Somewhat	Neutral or Unsure	Agree Somewhat	Agree	Strongly Agree
26.	He/she makes the interaction very formal.	1	2	3	4	5	6	7
27.	He/she communicates coldness rather than warmth.	1	2	3	4	5	6	7
28.	He/she wants the discussion to be casual.	1	2	3	4	5	6	7
29.	He/she is sincere.	1	2	3	4	5	6	7
30.	He/she is very work-oriented.	1	2	3	4	5	6	7
31.	He/she does not try to win my favor.	1	2	3	4	5	6	7
32.	He/she acts bored by our conversations.	1	2	3	4	5	6	7
33.	He/she wants to stick to the main purpose of the interactions.	1	2	3	4	5	6	7
34.	He/she wants to cooperate with me.	1	2	3	4	5	6	7
35.	He/she is calm and poised with me.	1	2	3	4	5	6	7
36.	He/she seems nervous in my presence.	1	2	3	4	5	6	7
37.	He/she is more interested in working on the task at hand than having social conversations.	1	2	3	4	5	6	7
38.	He/she feels very tense talking to me.	1	2	3	4	5	6	7
39.	He/she does not attempt to influence me.	1	2	3	4	5	6	7
40.	He/she is interested in talking with me.	1	2	3	4	5	6	7
41.	He/she creates a sense of distance between us.	1	2	3	4	5	6	7

The following questions ask about **your perceptions** of your colleagues.

A. What <u>percent</u> of your department's staff <u>do you think</u> believe that this department is a good place to work?   _____ %

B. What <u>percent</u> of your department's staff <u>do you think</u> feel valued as employees?

        _____ %

C. What <u>percent</u> of your department's staff <u>do you think</u> believe that the work demands placed on them are reasonable?

        _____ %

D. What <u>percent</u> of your department's staff <u>do you think</u> have trust and respect for the leadership in the department?

        _____ %

E. What <u>percent</u> of your department's staff <u>do you think</u> trust the people they work with?   _____ %

F. What <u>percent</u> of your department's staff <u>do you think</u> enjoy their work?

        _____ %

G. What <u>percent</u> of your department's staff <u>do you think</u> respect their supervisor's ability?

        _____ %

37

APPENDIX C: SURVEY RESULTS

38

ASSESSMENT OF PERSONAL HEALTH
Whole Sample

Following are employee's responses regarding their personal health in the past 30 days.

APH26   **Been excited or enthused about life?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	9	6	4	0
Sometimes	31	30	26	28
Often or Very Often	60	64	70	72

APH27   **Felt irritable or agitated?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	16	21	25	25
Sometimes	59	59	60	61
Often or Very Often	25	20	15	14

APH28   **Lonely or distant from other people?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	52	53	64	68
Sometimes	30	31	25	27
Often or Very Often	18	16	12	5

APH29   **Felt frustrated or angry?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	28	31	34	43
Sometimes	50	51	55	48
Often or Very Often	22	17	12	9

APH30   **Felt restless or impatient?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	32	38	47	47
Sometimes	48	47	42	42
Often or Very Often	20	16	11	12

ASSESSMENT OF PERSONAL HEALTH
Whole Sample

Following are employee's responses regarding their personal health in the past 30 days.

APH31   **Felt proud or satisfied for accomplishing something?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	7	10	2	6
Sometimes	34	39	43	34
Often or Very Often	59	51	55	60

APH32   **Felt nervous or anxious?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	42	51	56	59
Sometimes	40	35	37	35
Often or Very Often	18	14	8	6

APH33   **Been upset because someone criticized you?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	54	57	72	69
Sometimes	39	34	26	26
Often or Very Often	7	9	2	5

APH34   **Had common cold or flu symptoms?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	71	82	78	83
Sometimes	19	13	16	12
Often or Very Often	10	6	6	5

APH35   **Had an upset stomach or indigestion?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	57	70	68	79
Sometimes	24	24	23	13
Often or Very Often	18	6	9	8

ASSESSMENT OF PERSONAL HEALTH
Whole Sample

Following are employee's responses regarding their personal health in the past 30 days.

APH36   Experienced physical aches or pains?

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	46	48	48	52
Sometimes	33	37	37	36
Often or Very Often	21	16	15	12

APH37   Noticed your hands felt sweaty, damp or clammy?

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	76	88	91	93
Sometimes	18	9	6	6
Often or Very Often	6	3	3	1

APH38   Had headaches?

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	54	65	64	70
Sometimes	30	19	27	25
Often or Very Often	16	16	10	5

APH39   Had muscular tension in your back or shoulders?

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	38	53	43	51
Sometimes	33	29	39	38
Often or Very Often	29	17	17	11

APH40   Noticed a rapid heartbeat (when not exerting yourself)?

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	75	84	86	85
Sometimes	16	11	10	12
Often or Very Often	10	6	5	3

ASSESSMENT OF PERSONAL HEALTH
Whole Sample

Following are employee's responses regarding their personal health in the past 30 days.

APH41   Had shortness of breath (when not exerting yourself)?

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	85	92	91	92
Sometimes	10	6	8	5
Often or Very Often	5	3	1	3

APH42   Had trouble sleeping or waking?

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	52	57	56	59
Sometimes	23	27	27	28
Often or Very Often	25	16	17	13

APH43   Exercised for a half-hour or more at a time?

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	25	19	25	27
Sometimes	26	35	31	33
Often or Very Often	49	46	44	40

APH44   Ate a balanced diet?

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	23	20	14	12
Sometimes	31	45	42	36
Often or Very Often	46	36	44	52

APH45   Noticed changes in your appetite or weight?

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	63	69	76	65
Sometimes	20	20	19	29
Often or Very Often	17	11	5	6

ASSESSMENT OF PERSONAL HEALTH
Whole Sample

Following are employee's responses regarding their personal health in the past 30 days.

APH46   **Felt down or sad?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	49	58	70	75
Sometimes	35	29	21	21
Often or Very Often	17	13	9	4

APH47   **Had difficulty concentrating or remembering?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	52	66	64	67
Sometimes	31	21	28	27
Often or Very Often	18	13	9	6

APH48   **Experienced decreased sexual interest or activity?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	68	72	79	78
Sometimes	16	17	13	17
Often or Very Often	16	12	8	6

APH49   **Considered quitting your job?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	72	71	79	80
Sometimes	14	18	13	12
Often or Very Often	15	11	9	8

APH50   **Felt dizzy or lightheaded?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	83	91	93	93
Sometimes	8	7	7	4
Often or Very Often	9	3	0	3

43

ASSESSMENT OF PERSONAL HEALTH
Whole Sample

Following are employee's responses regarding their personal health in the past 30 days.

APH51   **Taken medication to sleep or calm down?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	88	94	89	88
Sometimes	6	5	7	8
Often or Very Often	6	2	4	4

APH52   **Felt overly tired or a lack of energy?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	46	61	64	63
Sometimes	33	28	24	24
Often or Very Often	21	11	13	13

APH53   **Had pain that wouldn't go away?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	78	81	86	85
Sometimes	10	13	9	9
Often or Very Often	13	6	6	6

APH54   **Loss of interest in things that you used to enjoy?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	75	81	86	87
Sometimes	15	17	12	12
Often or Very Often	11	3	3	1

APH55   **Felt life was pointless or meaningless?**

	1997 %	1998 %	1999 %	2000 %
Seldom or Never	85	86	96	97
Sometimes	6	11	3	2
Often or Very Often	9	3	1	1

QUALITY OF LIFE INVENTORY
Whole Sample

Following are employee's responses regarding their satisfaction with various aspects of life.

HEALTH: Being physically fit, not sick, and without pain or disability.

	1997 %	1998 %
Dissatisfied	22	18
Neutral	4	0
Satisfied	74	82

SELF-ESTEEM: Liking and respecting yourself in light of your strengths and weaknesses, successes and failures, and ability to handle problems.

	1997 %	1998 %
Dissatisfied	15	9
Neutral	2	1
Satisfied	83	90

GOALS AND VALUES: Your beliefs about what matters most in life and how you should live, both now and in the future.

	1997 %	1998 %
Dissatisfied	11	13
Neutral	4	1
Satisfied	86	87

MONEY: Money is made up of three things. It is the money you earn, the things you own (like a car or furniture), and believing that you will have the money and things that you need in the future.

	1997 %	1998 %
Dissatisfied	20	30
Neutral	14	9
Satisfied	65	60

WORK: Your career or how you spend most of your time. You may work at a job, at home taking care of your family, or at school as a student.

	1997 %	1998 %
Dissatisfied	11	15
Neutral	4	3
Satisfied	86	82

PLAY: What you do in your fee time to relax, have fun, or improve yourself.

	1997 %	1998 %
Dissatisfied	21	16
Neutral	2	0
Satisfied	77	84

LEARNING: Gaining new skills or information about things that interest you.

	1997 %	1998 %
Dissatisfied	15	18
Neutral	4	3
Satisfied	81	79

CREATIVITY: Using your imagination to come up with new and clever ways to solve everyday problems or to pursue a hobby like painting, photography, or needlework.

	1997 %	1998 %
Dissatisfied	14	20
Neutral	11	8
Satisfied	76	72

45

QUALITY OF LIFE INVENTORY
Whole Sample

Following are employee's responses regarding their satisfaction with various aspects of life.

HELPING: Helping others in need or helping to make your community a better place to live.

	1997 %	1998 %
Dissatisfied	18	16
Neutral	8	7
Satisfied	74	77

LOVE: A very close romantic relationship with another person. Love usually includes sexual feelings and feeling loved, cared for, and understood.

	1997 %	1998 %
Dissatisfied	21	24
Neutral	4	0
Satisfied	75	76

FRIENDS: People (not relatives) you know well and care about who have interests and opinions like yours.

	1997 %	1998 %
Dissatisfied	13	16
Neutral	5	2
Satisfied	83	82

CHILDREN: How you get along with your child (or children).

	1997 %	1998 %
Dissatisfied	8	10
Neutral	8	14
Satisfied	85	77

RELATIVES: How you get along with your parents, grandparents, brothers, sisters, aunts, uncles, and in-laws.

	1997 %	1998 %
Dissatisfied	13	13
Neutral	4	2
Satisfied	84	85

HOME: Where you live. It is your house or apartment and the yard around it.

	1997 %	1998 %
Dissatisfied	15	15
Neutral	4	2
Satisfied	81	83

NEIGHBORHOOD: The area around your home. Think about how nice it looks, the amount of crime in the area, and how well you like the people.

	1997 %	1998 %
Dissatisfied	10	13
Neutral	10	10
Satisfied	81	78

COMMUNITY: The whole city, town, or rural area where you live (it is not just your neighborhood). It includes how nice the area looks, the amount of crime, and how well you like the people.

	1997 %	1998 %
Dissatisfied	14	12
Neutral	10	8
Satisfied	77	80

46

ASSESSMENT OF WORK ENVIRONMENT
Whole Sample

Following are employee's observations of various aspects of their work environment.

AWE1   This department is a good place to work.

	1997 %	1998 %	1999 %	2000 %
Disagree	7	7	9	6
Neutral	15	10	10	9
Agree	78	83	82	85

AWE2   My job is interesting and challenging.

	1997 %	1998 %	1999 %	2000 %
Disagree	3	7	6	3
Neutral	7	7	12	12
Agree	90	85	82	85

AWE3   I feel valued as an employee.

	1997 %	1998 %	1999 %	2000 %
Disagree	17	17	22	19
Neutral	19	19	19	15
Agree	64	63	59	66

AWE4   There are good opportunities for advancement

	1997 %	1998 %	1999 %	2000 %
Disagree	43	40	36	35
Neutral	26	29	38	34
Agree	31	30	26	32

AWE5   I have adequate equipment and resources to do my job.

	1997 %	1998 %	1999 %	2000 %
Disagree	14	15	16	11
Neutral	17	20	17	21
Agree	68	65	68	68

ASSESSMENT OF WORK ENVIRONMENT
Whole Sample

Following are employee's observations of various aspects of their work environment.

AWE6   Staff are rewarded for doing a good job.

	1997 %	1998 %	1999 %	2000 %
Disagree	29	31	27	26
Neutral	27	28	23	27
Agree	44	41	50	47

AWE7   I respect my supervisors ability.

	1997 %	1998 %	1999 %	2000 %
Disagree	15	20	14	12
Neutral	13	18	13	21
Agree	72	63	72	67

AWE8   This department cares about its employees.

	1997 %	1998 %	1999 %	2000 %
Disagree	19	18	21	20
Neutral	23	22	20	20
Agree	58	60	59	60

AWE9   My equipment is reliable.

	1997 %	1998 %	1999 %	2000 %
Disagree	9	7	13	11
Neutral	10	16	11	9
Agree	82	77	75	80

AWE10   The work demands placed on me are reasonable.

	1997 %	1998 %	1999 %	2000 %
Disagree	9	6	5	6
Neutral	11	13	19	16
Agree	81	81	76	78

48

ASSESSMENT OF WORK ENVIRONMENT
Whole Sample

Following are employee's observations of various aspects of their work environment.

AWE11   My supervisor supports my decisions.

	1997 %	1998 %	1999 %	2000 %
Disagree	8	11	7	8
Neutral	22	19	19	23
Agree	70	70	74	69

AWE12   I trust and respect the leadership in this department

	1997 %	1998 %	1999 %	2000 %
Disagree	20	20	17	20
Neutral	15	21	19	17
Agree	64	58	64	63

AWE13   My input is welcomed by my supervisor.

	1997 %	1998 %	1999 %	2000 %
Disagree	11	17	12	13
Neutral	17	15	17	20
Agree	72	68	71	67

AWE14   My supervisor(s) make good decisions.

	1997 %	1998 %	1999 %	2000 %
Disagree	14	15	11	8
Neutral	13	22	17	29
Agree	74	64	71	63

AWE15   The performance evaluations I have received are fair assessments of my work.

	1997 %	1998 %	1999 %	2000 %
Disagree	14	15	12	11
Neutral	16	20	16	16
Agree	70	65	72	72

49

ASSESSMENT OF WORK ENVIRONMENT
Whole Sample

Following are employee's observations of various aspects of their work environment.

AWE16   **Disciplinary actions are fair and appropriate.**

	1997 %	1998 %	1999 %	2000 %
Disagree	27	24	28	23
Neutral	30	28	28	27
Agree	43	49	44	50

AWE17   **My supervisor shows favoritism for some employees.**

	1997 %	1998 %	1999 %	2000 %
Disagree	38	33	34	34
Neutral	18	32	31	24
Agree	44	35	34	41

AWE18   **Supervisors clearly communicate their expectations.**

	1997 %	1998 %	1999 %	2000 %
Disagree	29	25	19	22
Neutral	28	28	21	32
Agree	43	47	60	46

AWE19   **Policies and procedures are clearly written.**

	1997 %	1998 %	1999 %	2000 %
Disagree	18	8	14	10
Neutral	19	14	14	27
Agree	63	78	71	63

AWE20   **I have received adequate training to do what is expected of me.**

	1997 %	1998 %	1999 %	2000 %
Disagree	7	8	10	5
Neutral	18	12	9	15
Agree	75	80	82	80

ASSESSMENT OF WORK ENVIRONMENT
Whole Sample

Following are employee's observations of various aspects of their work environment.

AWE21   I trust the people I work with.

	1997 %	1998 %	1999 %	2000 %
Disagree	15	22	14	13
Neutral	28	24	21	23
Agree	57	54	65	64

AWE22   I would like to spend my career in this department.

	1997 %	1998 %	1999 %	2000 %
Disagree	9	15	14	13
Neutral	20	18	27	22
Agree	71	68	59	64

AWE23   I am satisfied with my rate of pay.

	1997 %	1998 %	1999 %	2000 %
Disagree	32	32	31	30
Neutral	17	23	21	25
Agree	51	45	49	44

AWE24   I enjoy my work.

	1997 %	1998 %	1999 %	2000 %
Disagree	3	6	2	4
Neutral	8	7	15	9
Agree	89	87	83	87

AWE25   I feel respected by my colleagues and supervisors.

	1997 %	1998 %	1999 %	2000 %
Disagree	17	14	15	10
Neutral	22	25	24	24
Agree	61	61	61	66

51

PERCEPTIONS OF DEPARTMENTAL STAFF

Whole Sample

Following are employee's perceptions of how other staff view their department.

PERCEPTION42 What percent of your department's staff do you think believe that this department is a good place to work?

	1999 %	2000 %
0-25%	6	8
26-50%	16	22
51-75%	35	33
76-100%	42	38

PERCEPTION43 What percent of your department's staff do you think feel valued as employees?

	1999 %	2000 %
0-25%	9	13
26-50%	27	30
51-75%	31	27
76-100%	34	30

PERCEPTION44 What percent of your department's staff do you think believe that the work demands placed on them are reasonable?

	1999 %	2000 %
0-25%	6	6
26-50%	9	13
51-75%	32	34
76-100%	53	46

PERCEPTION45 What percent of your department's staff do you think have trust and respect for the leadership in the department?

	1999 %	2000 %
0-25%	14	14
26-50%	19	23
51-75%	21	32
76-100%	45	32

PERCEPTION46 What percent of your department's staff do you think trust the people they work with?

	1999 %	2000 %
0-25%	8	12
26-50%	18	18
51-75%	29	28
76-100%	44	41

PERCEPTION47 What percent of your department's staff do you think enjoy their work?

	1999 %	2000 %
0-25%	3	5
26-50%	12	15
51-75%	42	29
76-100%	42	51

PERCEPTION48 What percent of your department's staff do you think respect their supervisor's ability?

	1999 %	2000 %
0-25%	12	15
26-50%	20	22
51-75%	26	28
76-100%	41	35

52

RELATIONAL COMMUNICATION SCALE
Whole Sample

Following are employee's observations of interactions with their supervisor.

RCS1   He/she attempts to persuade me.

	1999 %	2000 %
Disagree	29	39
Neutral	30	18
Agree	41	44

RCS2   He/she considers us equals.

	1999 %	2000 %
Disagree	37	26
Neutral	15	11
Agree	49	63

RCS3   He/she seems to desire further communication with me.

	1999 %	2000 %
Disagree	23	20
Neutral	24	23
Agree	52	57

RCS4   He/she wants discussions to be informal.

	1999 %	2000 %
Disagree	7	12
Neutral	20	4
Agree	73	84

RCS5   He/she wants me to trust him/her.

	1999 %	2000 %
Disagree	4	2
Neutral	18	7
Agree	79	91

RCS6   He/she makes me feel he/she is similar to me.

	1999 %	2000 %
Disagree	24	21
Neutral	26	19
Agree	50	60

RCS7   He/she is interested in talking to me.

	1999 %	2000 %
Disagree	19	16
Neutral	14	9
Agree	66	75

RCS8   He/she tries to move the conversation to a deeper level.

	1999 %	2000 %
Disagree	37	32
Neutral	29	32
Agree	35	36

Note: Due to rounding error, sum of columns may not equal 100%.

54

RELATIONAL COMMUNICATION SCALE
Whole Sample

Following are employee's observations of interactions with their supervisor.

RCS9 He/she is open to my ideas.

	1999 %	2000 %
Disagree	17	16
Neutral	14	14
Agree	69	70

RCS10 He/she has the upper hand in the conversations.

	1999 %	2000 %
Disagree	34	33
Neutral	26	19
Agree	40	47

RCS11 He/she is not attracted to me.

	1999 %	2000 %
Disagree	16	7
Neutral	38	50
Agree	46	43

RCS12 He/she is more interested in social conversation than the task at hand.

	1999 %	2000 %
Disagree	72	72
Neutral	15	21
Agree	13	7

RCS13 He/she is honest in communicating with me.

	1999 %	2000 %
Disagree	18	16
Neutral	11	11
Agree	71	74

RCS14 He/she acts like we are good friends.

	1999 %	2000 %
Disagree	24	19
Neutral	25	26
Agree	51	54

RCS15 He/she does not want a deeper relationship between us.

	1999 %	2000 %
Disagree	15	14
Neutral	43	32
Agree	42	54

RCS16 He/she feels relaxed talking with me.

	1999 %	2000 %
Disagree	6	11
Neutral	16	11
Agree	78	79

Note: Due to rounding error, sum of columns may not equal 100%.

RELATIONAL COMMUNICATION SCALE
Whole Sample

Following are employee's observations of interactions with their supervisor.

RCS17 He/she tries to gain my approval.

	1999 %	2000 %
Disagree	26	44
Neutral	37	23
Agree	37	33

RCS18 He/she is willing to listen to me.

	1999 %	2000 %
Disagree	12	16
Neutral	11	4
Agree	78	81

RCS19 He/she does not treat me as an equal.

	1999 %	2000 %
Disagree	55	56
Neutral	22	23
Agree	22	21

RCS20 He/she seems to care if I like him/her.

	1999 %	2000 %
Disagree	21	26
Neutral	42	23
Agree	38	51

RCS21 He/she is comfortable interacting with me.

	1999 %	2000 %
Disagree	14	11
Neutral	11	7
Agree	75	82

RCS22 He/she finds the conversations stimulating.

	1999 %	2000 %
Disagree	19	15
Neutral	35	35
Agree	46	51

RCS23 He/she tries to control the interactions.

	1999 %	2000 %
Disagree	38	35
Neutral	31	29
Agree	30	36

RCS24 He/she shows enthusiasm while talking to me.

	1999 %	2000 %
Disagree	16	13
Neutral	18	15
Agree	66	73

Note: Due to rounding error, sum of columns may not equal 100%.

RELATIONAL COMMUNICATION SCALE
Whole Sample

Following are employee's observations of interactions with their supervisor.

RCS25 He/she is intensely involved in our conversations.

	1999 %	2000 %
Disagree	21	13
Neutral	20	26
Agree	58	62

RCS26 He/she makes the interactions very formal.

	1999 %	2000 %
Disagree	69	73
Neutral	20	11
Agree	11	16

RCS27 He/she communicates coldness rather than warmth.

	1999 %	2000 %
Disagree	73	75
Neutral	12	15
Agree	16	11

RCS28 He/she wants the discussion to be casual.

	1999 %	2000 %
Disagree	7	15
Neutral	26	11
Agree	67	75

RCS29 He/she is sincere.

	1999 %	2000 %
Disagree	19	13
Neutral	15	11
Agree	67	76

RCS30 He/she is very work-oriented.

	1999 %	2000 %
Disagree	10	7
Neutral	16	17
Agree	75	76

RCS31 He/she does not try to win my approval.

	1999 %	2000 %
Disagree	17	18
Neutral	32	35
Agree	51	47

RCS32 He/she acts bored by our conversations.

	1999 %	2000 %
Disagree	66	69
Neutral	20	20
Agree	14	11

Note: Due to rounding error, sum of columns may not equal 100%.

57

RELATIONAL COMMUNICATION SCALE
Whole Sample

Following are employee's observations of interactions with their supervisor.

RCS33 He/she wants to stick to the main purpose of the interactions.

	1999 %	2000 %
Disagree	26	22
Neutral	34	35
Agree	40	43

RCS34 He/she wants to cooperate with me.

	1999 %	2000 %
Disagree	13	13
Neutral	17	9
Agree	71	78

RCS35 He/she is calm and poised with me.

	1999 %	2000 %
Disagree	12	7
Neutral	9	9
Agree	79	84

RCS36 He/she seems nervous in my presence.

	1999 %	2000 %
Disagree	73	86
Neutral	18	11
Agree	9	4

RCS37 He/she is more interested in working on the task at hand than having social conversations.

	1999 %	2000 %
Disagree	37	36
Neutral	28	16
Agree	34	47

RCS38 He/she feels very tense talking to me.

	1999 %	2000 %
Disagree	73	87
Neutral	21	7
Agree	6	6

RCS39 He/she does not attempt to influence me.

	1999 %	2000 %
Disagree	40	38
Neutral	24	22
Agree	36	40

RCS40 He/she is interested in talking with me.

	1999 %	2000 %
Disagree	17	15
Neutral	20	13
Agree	64	73

RCS41 He/she creates a sense of distance between us.

	1999 %	2000 %
Disagree	55	62
Neutral	18	15
Agree	26	24

Note: Due to rounding error, sum of columns may not equal 100%.

LEAD PROGRAM SERVICES & STAFF

Whole Sample

Following are employee's evaluations of LEAD Program Services

LEAD46 The LEAD Program has been a helpful resource for departmental employees and family members.

	1998 %	1999 %	2000 %
Disagree	4	5	7
Neutral	31	34	33
Agree	65	61	60

LEAD47 The LEAD Program office location is convenient and easily accessible.

	1998 %	1999 %
Disagree	12	2
Neutral	8	36
Agree	81	62

LEAD48 LEAD Program staff are competent and approachable.

	1998 %	1999 %	2000 %
Disagree	4	2	4
Neutral	9	25	22
Agree	87	73	74

LEAD49 The LEAD Program provides quality, helpful services.

	1998 %	1999 %	2000 %
Disagree	3	3	4
Neutral	20	20	24
Agree	78	77	72

LEAD50 I would recommend LEAD Program services to others.

	1998 %	1999 %
Disagree	4	4
Neutral	19	21
Agree	77	75

APPENDIX D: CLINICAL SERVICES AND OUTCOMES

60

CLIENTS SERVED BY LEAD PROGRAM STAFF

Service	Phase 1 1/1/97 – 6/30/97			Phase 2 7/1/97-12/31/97			Phase 3 1/1/98-6/30/98			Phase 4 7/1/98-12/31/98			Phase 5 1/1/99-6/30/99			Phase 6 7/1/99-12/31/99			Phase 7 1/1/00-6/30/00			Total	Total By Department		
	APD	DPS	SCSO	APD	DPS	SCSO	APD	DPS	SCSO	APD	DPS	SCSO	APD	DPS	SCSO	APD	DPS	SCSO	APD	DPS	SCSO		APD	DPS	SCSO
Mandatory Screening	0	10	0	26	14	13	16	17	31	0	0	4	12	5	44	20	21	10	4	4	29	280	78	71	131
Mandatory Brief Contact	0	0	0				13	3	12	0	0	0	4	0	10	22	11		0	0	26	110	44	14	52
Individual Counseling	5	1	3	15	7	5	5	1	7	4	0	1	6	0	5	9		2	3	1	1	76	41	11	24
(Employees)	(5)	(1)	(2)	(11)	(6)	(2)	(5)	(1)	(3)	(2)	(0)	(0)	(4)	(0)	(2)	(1)	(1)	(1)	(1)	(1)	(1)	(50)	(29)	(10)	(11)
(Family Members)	(0)	(0)	(1)	(4)	(1)	(4)	(0)	(0)	(4)	(2)	(0)	(1)	(2)	(0)	(3)	(2)	(0)	(1)	(2)	(0)	(0)	(26)	(12)	(1)	(13)
Assessment	0	0	3	4	1	0	0	0	0		0	1	0	0	0	0	0	0	1	0	0	11	6	1	4
Couples Counseling	0	2	0				2	4	4				4	0	0			2	2	0	0	34	18	8	8
Crisis Intervention	2	2	0	3	0	4	2	0	1	1	1	1	0	0	1		0		0	0	0	20	9	3	8
Family Counseling	0	2	0	3	0		4	0	0	0	0	0	2	0	0	0	0	0	0	0	3	17	9	2	6
Group Debriefings	0	0	0	2	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	2	4	0
Individual Debriefings	0	0	0	2	0	0	1	0	0				0	0	0		0		0	0	0	9	9	0	0
Voluntary Screenings	4	2	1				7	3	1	0	0	0	5	0	0			0	3	0	0	37	24	7	6
(Employees)	(4)	(0)	(1)	(3)	(0)	(0)	(2)	(1)	(1)	(0)	(0)	(0)	(3)	(0)	(0)	(0)	(0)	(0)	(1)	(0)	(0)	(16)	(13)	(1)	(2)
(Family Members)	(0)	(2)	(0)				(5)	(2)	(0)	(0)	(0)	(0)	(2)	(0)	(0)				(2)	(0)	(0)	(21)	(11)	(6)	(4)
Total By Department	11	19	7				50	28	56				33	5	60				13	5	59	600	240	121	239
Total By Phase	37						134						98						77				600		

Note: Numbers in parenthesis are subsets of the main categories, i.e., Individual Counseling and Voluntary Screenings

61

COUNSELING SERVICES PROVIDED BY LEAD PROGRAM STAFF

Service	Phase 1 1/1/97 – 6/30/97			Phase 2 7/1/97-12/31/97			Phase 3 1/1/98-6/30/98			Phase 4 7/1/98-12/31/98			Phase 5 1/1/99-6/30/99			Phase 6 7/1/99-12/31/99			Phase 7 1/1/00-6/30/00			Total	Total By Department		
	APD	DPS	SCSO	APD	DPS	SCSO	APD	DPS	SCSO	APD	DPS	SCSO	APD	DPS	SCSO	APD	DPS	SCSO	APD	DPS	SCSO		APD	DPS	SCSO
Mandatory Screening	0	10	0				16	18	34				12	5	45				4	4	29	289	79	73	137
Mandatory Brief Contact	0	0	0				13	3	12				4	0	10				0	0	27	111	44	14	53
Individual Counseling	25	6	5				9	1	17				23	0	9				13	6	1	245	156	28	61
(Employees)	(25)	(6)	(2)				(9)	(1)	(6)	(4)	(0)	(0)	(7)	(0)	(2)				(2)	(6)	(1)	(158)	(114)	(22)	(22)
(Family Members)	(0)	(0)	(3)				(0)	(0)	(11)	(3)	(0)	(4)	(16)	(0)	(7)				(11)	(0)	(0)	(87)	(42)	(6)	(39)
Assessment	0	0	3				0	0	0				0	0	0				1	0	0	11	6	1	4
Couples Counseling	0	3	0				2	4	5				10	0	0				1	0	0	50	30	10	10
Crisis Intervention	2	2	0				2	0	1				0	0	1				0	0	0	20	10	3	7
Family Counseling	0	4	0				4	0	0				1	0	0				0	0	4	16	6	4	6
Group Debriefings	0	0	0				0	0	0				0	0	0				0	0	0		1	1	0
Individual Debriefings	0	0	0				1	0	0				0	0	0				0	0	0		9	0	0
Voluntary Screenings	4	2	1				5	3	1				5	0	0				3	0	0	35	22	7	6
(Employees)	(4)	(0)	(1)				(2)	(1)	(1)				(3)	(0)	(0)				(1)	(0)	(0)	(16)	(13)	(1)	(2)
(Family Members)	(0)	(2)	(0)				(3)	(2)	(0)				(2)	(0)	(0)				(2)	(0)	(0)		(9)	(6)	(4)
Total By Department	31	27	9				52	29	70				55	5	65				22	10	61		363	141	284
Total By Phase	67						151						125						93				788		

Note: Numbers in parenthesis are subsets of the main categories, i.e., Individual Counseling and Voluntary Screenings

62

Client Satisfaction Survey Summary for the
LEAD Program

Following is a summary of client feedback following conclusion of counseling services. All clients who received ongoing, voluntary counseling services (through the LEAD Program) were provided with a client satisfaction survey.

Client age:
  Average client age was 36.8 years.
  Clients ranged from 13 to 55+ years of age.

Client gender:
  62% Female
  38% Male

***LEAD Program* services used:**
  68% Individual counseling
  30% Couples or family counseling
  2%   Other (crisis intervention, career counseling, etc.)

Number of sessions with counselor:
  30% 1 - 2 sessions
  28% 3 - 4 sessions
  17% 5 - 6 sessions
  15% 7 - 9 sessions
  10% 10 + sessions

	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
The *LEAD Program* office location was convenient and accessible.	*0%*	*2%*	*2%*	*53%*	*43%*
The *LEAD Program* office was a comfortable and attractive place.	*0%*	*0%*	*2%*	*50%*	*48%*
The hours services were available were convenient for me.	*0%*	*0%*	*2%*	*45%*	*53%*
I received services in a timely manner.	*0%*	*0%*	*0%*	*27%*	*73%*
I was informed of the scope and limits of confidentiality.	*0%*	*0%*	*3%*	*41%*	*56%*
I felt that my counselor was sensitive to issues of confidentiality.	*0%*	*0%*	*0%*	*32%*	*68%*
I felt respected by my counselor.	*0%*	*0%*	*0%*	*30%*	*70%*
My counselor was competent and knowledgeable.	*0%*	*0%*	*2%*	*35%*	*63%*
My counselor and I identified helpful goals for counseling.	*0%*	*2%*	*2%*	*33%*	*63%*
I made satisfactory progress on the goals I set for counseling.	*0%*	*2%*	*10%*	*45%*	*43%*
The services I received have helped me make positive changes.	*0%*	*2%*	*12%*	*43%*	*43%*
If I needed further counseling, I would use *LEAD Program* services again.	*0%*	*0%*	*5%*	*30%*	*65%*
I would recommend *LEAD Program* services to someone else.	*0%*	*0%*	*5%*	*27%*	*68%*
Overall, I am satisfied with the quality of service I received.	*0%*	*0%*	*2%*	*28%*	*70%*

CLINICAL OUTCOMES EVALUATION:
QUALITY OF LIFE INVENTORY SCORES

□ PreTest   ■ PostTest
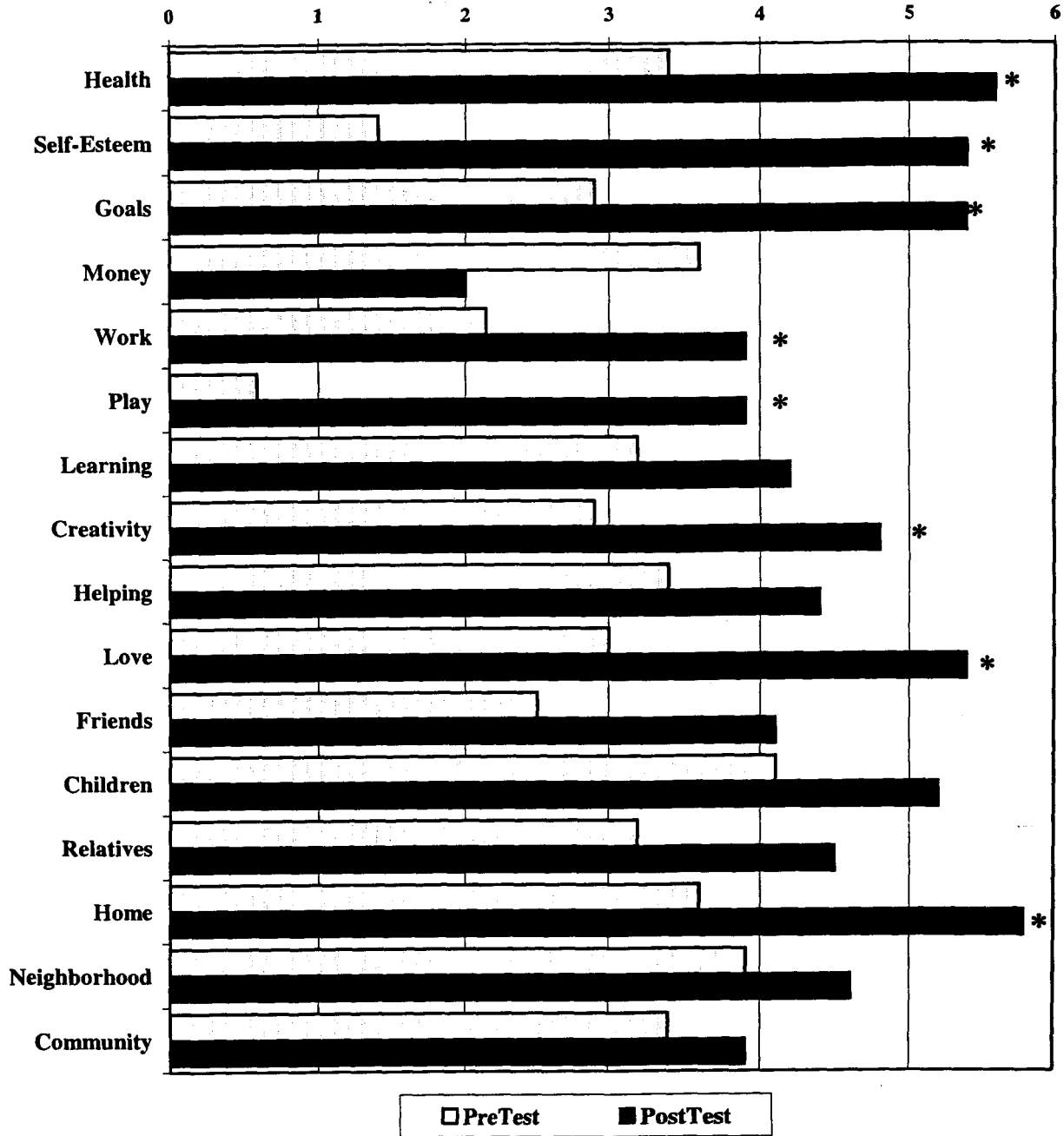
Note: *=Statistically significant (p<0.05) difference at post-test. Higher QOLI score indicates higher satisfaction with life quality.

64

APPENDIX E: OUTREACH AND TRAINING EVALUATIONS

SUMMARY OF TRAINING EVALUATIONS
1997-2000

Participant evaluation of the presenter(s):

	Poor	Fair	Average	Good	Excellent	NA
Enthusiasm or energy	0%	1%	10%	46%	43%	0%
Knowledge about subject	0%	0%	4%	28%	67%	0%
Presentation style	0%	2%	12%	47%	39%	0%
Discussion leading style	0%	2%	9%	46%	41%	2%

Participant evaluation of the training session:

	Poor	Fair	Average	Good	Excellent	NA
Organization	0%	0%	5%	54%	41%	0%
Information covered	0%	1%	7%	47%	45%	0%
Visuals	1%	4%	21%	42%	27%	5%
Handouts	0%	2%	17%	47%	32%	2%
Overall	0%	1%	8%	49%	42%	0%

Participant evaluation of how much they benefited from the training session:

Not At All	Not Much	Undecided	Somewhat	Very Much
0%	3%	6%	48%	42%

66

TRAINING PROVIDED BY LEAD PROGRAM STAFF
January 1, 1997 – December 31, 1997

TITLE	PRESENTER(S)	DATE	LOCATION	CLIENTELE	NUMBER OF PARTICIPANTS	LENGTH OF PROGRAM
LEAD Program Services	Deisinger	January 23	Ames	DPS Command staff	8	.5 Hr
Stress Management	Deisinger Hikiji	February 18	Nevada	SCSO Personnel	17	3.5 Hrs
Stress Management	Deisinger Hikiji Krishnan	February 21	Nevada	SCSO Personnel	12	3.5 Hrs
Stress Management	Deisinger Hikiji Krishnan	February 24	Nevada	SCSO Personnel	21	3.5 Hrs
Stress Management in Law Enforcement	Deisinger	March 6	Ames	FBI National Academy Associates	100	1 Hr
Preventing Re-victimization of Domestic Abuse Victims	Deisinger	April 7	Des Moines	Law Enforcement & DHS workers	150	1 Hr
Stress Management	Hikiji Krishnan	April 7	Nevada	SCSO Reserve Officers	18	3 Hrs
Consulting with Law Enforcement Agencies	Deisinger	April 17	ISU	Psychology Graduate Students	7	2 Hrs
Orientations to the LEAD Program	Hikiji Krishnan	May	Depts. & Army Reserve Building	APD, DPS, & SCSO Personnel	Total of 111	.5 Hr
Critical Incident Debriefing	Deisinger	May 22	Ames	FEMA Mass Fatality Workshop	100	2 Hrs
Leading Small Group Discussions	Hikiji Krishnan	July 15	ISU "Get a Grip" Conference	High School & College Student Volunteers	30	1 Hr
Making A Referral	Krishnan	September 25	LEAD Program	Advisory Committee	7	1 Hr
Critical Incident Stress Management for Supervisors	Deisinger	October 7	Ames	APD Personnel	14	.5 Hr
Stress Management	Hikiji Krishnan	October 14	Ames IA State Police Assoc. Conference	IA State Police Association Auxiliary	35	1 Hr
Stress and Law Enforcement	Deisinger	October 17	Iowa Psychological Assoc. Conference	Psychologists	85	1.5 Hrs
Use of LEAD Program Services/ Role of Debriefing in Reducing Stress	Deisinger	November 3	ISU Armory	DPS Supervisors	12	.75 Hr

** APD - *Ames Police Department;* **DPS** - *Iowa State University Department of Public Safety;* **SCSO** - *Story County Sheriff's Office*

67

TRAINING PROVIDED BY LEAD PROGRAM STAFF
January 1, 1998 – December 31, 1998

TITLE	PRESENTER(S)	DATE	LOCATION	CLIENTELE	NUMBER OF PARTICIPANTS	LENGTH OF PROGRAM
Suicide Prevention in the Jail Setting	Deisinger Hikiji Krishnan	January 20, 23, 26	Story County Hospital	SCSO Jail Deputies and Matrons	25	4 Hrs
Working as Team Members	Hikiji Krishnan	January 20	LEAD Program	APD Personnel	4	4.5 Hrs
Working as Team Members (Part 2)	Hikiji Krishnan	March 5	LEAD Program	APD Personnel	4	3 Hrs
Tune Up	Hikiji Krishnan	March 29	Ames	Departmental Spouses	10	4 Hrs
Tune Up	Hikiji Krishnan	April 2	Ames	Departmental Spouses	8	4 Hrs
Interdepartmental Picnic	LEAD Program	June 6	Ames River Valley Park	Departmental Families	Approx. 100	6 Hrs
Defensive Tactics	Officer Alton Poole (DPS)	June 13	ISU Armory	Departmental Spouses	6	3.5 Hrs
Defensive Awareness	Officer Howard Snider (APD)	June 16	ISU Armory	Departmental Spouses	4	3 Hrs

** *APD - Ames Police Department;   DPS - Iowa State University Department of Public Safety;   SCSO - Story County Sheriff's Office*

68

TRAINING PROVIDED BY LEAD PROGRAM STAFF
January 1, 1999 – December 31, 1999

TITLE	PRESENTER(S)	DATE	LOCATION	CLIENTELE	NUMBER OF PARTICIPANTS	LENGTH OF PROGRAM
Suicide Prevention in the Jail Setting	Hikiji	January 12, 15, 27	Nevada Fire Station and Story County Courthouse	Jail Deputies and Matrons	Approx. 18	2 Hrs
Critical Incident Stress & Families	Deisinger Hikiji Laird	February 21	10th Annual Winter Fire School	Fire Service & EMS Employees and Spouses	48	4 Hrs
Individual and Organizational Stress Management	Hikiji Laird	March 26	LEAD Program Office	APD Personnel	3	4 Hrs
Critical Incident Stress & Families	Hikiji Laird	April 10	Iowa State Reserve Law Officers' Association Conference	Wives of Iowa Reserve Law Officers	3	1.5 Hrs
Defensive Tactics	Officer Alton Poole (DPS)	June 8	I.S.U. State Gym	Wives and Significant Others of Officers	5	2 Hrs
Interdepartmental Picnic	LEAD Program	June 12	Moore Memorial Park, Ames	Departmental Families	Approx. 100	5 Hrs
Suicide Prevention in the Jail Setting	Hikiji Laird	July 22	Story County Jail Annex	Newly Hired Civilian Detention Officers	4	4 Hrs
I Love A Cop	Dr. Ellen Kirschman	October 15	I.S.U. Memorial Union	Law Enforcement Families and Mental Health Professionals	53	2 Hrs
Strengthening the Shield Conference	Phil Ascheman, Ph.D. Scott Chadwick, Ph.D. Eva Christiansen, Ph.D. Paul Fitzgerald, M.C.J. Loras Jaeger, M.A. Ellen Kirschman, Ph.D. E.A. (Penny) Westfall, J.D.	October 16	I.S.U. Memorial Union	Law Enforcement Administrators and Mental Health Professionals	30	7 Hrs
Suicide Prevention in Jail Setting	Laird	December 2	Story County Annex	Detention Officer and Dispatcher	2	2 Hrs
Managing Stress in Law Enforcement Families	Laird	December 9	Iowa Department of Public Safety	Departmental Spouses	43	3 Hrs

** *APD - Ames Police Department;   DPS - Iowa State University Department of Public Safety;   SCSO - Story County Sheriff's Office*

69

TRAINING PROVIDED BY LEAD PROGRAM STAFF
January 1, 2000 – June 30, 2000

TITLE	PRESENTER(S)	DATE	LOCATION	CLIENTELE	NUMBER OF PARTICIPANTS	LENGTH OF PROGRAM
Suicide Prevention	Laird	January 5	LEAD Program Office	Dispatcher	1	2 Hrs
Suicide Prevention, Crisis Intervention, and Death Notification	Deisinger Laird	January 25, 28, 31	Ames Army Reserve Center	Dispatcher, Sworn Officer / Deputy, Detention Officer	Approx. Total of 75	3 Hrs
Firearms Safety and Training Program	Izaak Walton NRA Certified Instructors	January 15 & February 5	Izaak Walton League Stagecoach Road	Families and Spouses	Total of 9	4 Hrs
Assertiveness Training	Laird	February 8	LEAD Program Office	APD Personnel	5	2.5 Hrs
Suicide Prevention	Laird	February 16	SCSO Annex	Detention Officers	4	2 Hrs
Assertiveness Training Follow-up	Laird	March 14	LEAD Program Office	APD Personnel	5	2 Hrs

** APD - Ames Police Department;   DPS - Iowa State University Department of Public Safety;   SCSO - Story County Sheriff's Office

70

APPENDIX F: SAMPLE LEAD PROGRAM MATERIALS AND NEWSLETTERS.

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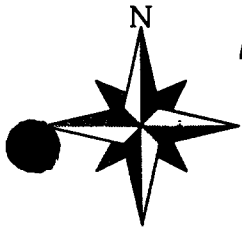
The LEADER:
Newsletter from the LEAD Program

Greetings from the Director...
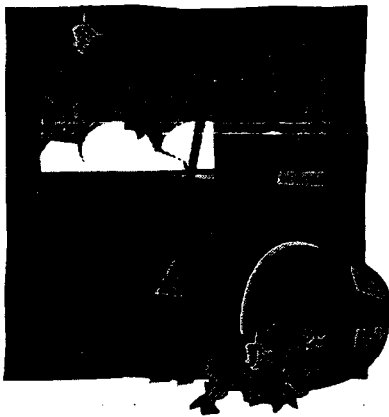
Well, Summer has drifted away and Fall is upon us yet again. It is time to get prepared for the coming changes. Time to get out the winter clothes and shift things around in the closets at home to make room for those warm flannel shirts, wool sweaters and long johns. It seems like I only just got out the shorts and t-shirts!

Just as the seasons come and go, bringing storm and calm, so too do our organizations go through evolutions of change. I am sure we can all relate to the storm that comes in our departments with difficult change or change that never seems to end. In all of the turmoil it is easy to lose sight of those changes that challenge us and help us grow, and to only focus on the ones that seem to make life more difficult.

This edition of The LEADER discusses a variety of aspects of how organizations change and grow. We will talk about some of the strengths that your departments show time and again, and we will talk about positive ways to better enact change. Ways that foster growth rather than stunting it. Ways that make individuals and organizations stronger and more cohesive rather than more fragmented.

On October 15, we will enjoy a visit from Dr. Ellen Kirschman, author of "I Love a Cop", one of the most insightful and helpful resources for law enforcement families that I have seen. Please join us in welcoming Ellen and learning from her experience of over 20 years of working to strengthen law enforcement families.

We look forward to continuing to serve you through the LEAD Program. I encourage you to utilize our services to build on the strengths of you, your departments, and your families. Take advantage of the counseling, training, and activities offered. Don't wait for the blizzard to snow you in. Take steps to be prepared to weather the storm.

Regards,
Gene

Editorial Board

Amanda Laird, *Chief Editor*
Ann Cutts, *Editor*
Amy DeLashmutt, *Editor*
Lori Hikiji, *Editor*
Audrey Wheeler, *Editor*

Featured in this edition:

ORGANIZATIONAL ISSUES

PAGE 2
♦ Article: Employees Comment on Work Environment

PAGE 3
♦ Article: Supervision ~ Making the Most of It

PAGE 4
♦ Article: Law Enforcement Organizations
♦ Coming in December...

PAGE 5
♦ Article: Spouse Recommends Kirschman's "I Love a Cop"
♦ Article: Performance Coaching

PAGE 6
♦ Employee News

PAGE 7
♦ Family Services Advisory Committee
♦ Advisory Committee Corner
♦ Check It Out...
♦ Letter to the Editor...

Organizational Issues

Employees Comment on Work Environment

Many of you have been kind enough to share with LEAD Program staff members your insights and suggestions regarding your work environment. Several general themes arose throughout our interactions with personnel of the departments we serve. Some of the positive aspects that employees appreciate about their work environment include:

- Training opportunities provided by the department.
- There are plenty of opportunities for employees to gain further professional experience, take on additional responsibilities, and expand their role within the department. (Survey results indicate that 89.6% of employees agree that their job is interesting and challenging.)
- Job security and benefits.
- Feeling of camaraderie among co-workers. Officers have indicated a feeling of trust in and appreciation for the fact that any one of his or her colleagues will back him or her up when needed. This sense of camaraderie seems to be strongest among people of the same shift and division.
- Administration/supervisors take time to get input on how things are going and listen to recommendations for possible solutions, and are generally approachable and receptive to feedback from employees. (Survey results indicate that 71.7% of employees agree that their input is welcomed by their supervisor.)

Employee suggestions for improving the work environment:
- Consistency in the implementation of policies contribute significantly to employee morale. By employing and enforcing a standard set of policies, the organization instills in employees a sense of security and trust that all situations will be treated fairly and consistently. (Survey results indicate that 42.5% of employees agree that their supervisor shows favoritism for some employees.)
- Employees greatly appreciate immediate and candid feedback. It's not fun to hear critical feedback from a supervisor or a supervisee, but when it's presented in a constructive and respectful manner, it contributes to a better, well-informed employee. The feedback helps employees know if they are doing their job properly and gives them a clearer picture of where they stand in the department. (Survey results indicate that 44.4% of employees

agree that their supervisors clearly communicate their expectations.)
- Employees appreciate supervisors who model professionalism by refraining from the discussion of personnel issues with inappropriate or uninvolved parties. For example, an administrator who refrains from discussing the conduct of one officer with another officer. It was indicated that trust and respect in one's supervisor is in jeopardy when a supervisee hears something negative about a colleague from his/her supervisor. (What makes for "good gossip" can ultimately lead to a decrease in trust and morale.)
- Employees value a supervisor who is more than an authority figure, but who demonstrates s/he is an *effective leader* by:
  > Not asking supervisees to do something that s/he would not do him/herself. Employees question a leader who puts him/herself above the task at hand.
  > Having experience and knowing what his/her supervisees are going through. Employees feel a supervisor is more credible and reliable if s/he has encountered enough events to be able to anticipate and accommodate for the needs and concerns of his/her supervisees.
  > Being consistent with his/her supervisees. Employees appreciate a supervisor who sets forth clear expectations of his/her supervisees, provides honest feedback about the work of his/her supervisees, and implements fair and consistent consequences when disciplinary actions are warranted. (Survey results indicate that 43.4% of employees agree that disciplinary actions are fair and appropriate.)
- Once feedback has been given or assessments have been conducted,

1997 - 1998 LEAD Program Survey Results

This department is a good place to work. — 78.3

My job is interesting and challenging. — 89.6

I trust and respect the leadership in this department. — 65.1

I feel valued as an employee. — 62.2

I enjoy my work. — 89.7

% of employees who agree or strongly agree

Supervision ~ Making The Most Of It

I have served as a supervisor at ISU's Department of Public Safety Parking Division since 1987. I could not function without the student field officers. They do the actual work, and as I like to tell them, they make me look really good! I would like to think I have great people skills and that I am a natural leader, but if the truth be known, I have had a lot of help along the way.

All supervisors at Iowa State University are given the opportunity to enroll in Training and Development's "Supervisory 12 Plus" educational program. This is a two-year program offering a variety of classes, of which 12 specific ones are mandatory for graduation. I was fortunate to be among the first group of graduates. This program is an extremely helpful tool for supervisors. Not only do we increase our knowledge, but we are also given opportunities to network with other supervisors across campus. I have pulled from this pool of fellow supervisors numerous times when I needed advice or assistance (or at times a shoulder to cry on). It seems someone out of this group has already faced a similar problem or situation that I might encounter. I have made a lot of friends at ISU through this

> "...I will go the extra mile for a boss who shows me respect..."

organization. I credit Training and Development along with my department for giving me the tools to perform my job well.

I like to think I have earned the respect of the students I supervise. I try never to ask them to do anything I would not do myself. We work side by side in tough situations, traffic control before and after football games or concerts and in the worst of weather. We get the job done and hopefully have fun in the process. The one thing I think that earns their respect is the fact I appreciate the knowledge they have and are willing to share with me. They are from the computer generation, having grown up with computers. I am slightly older (Loras's age) and not as comfortable with computers. The student staff are great about pitching in to help show me new, better ways of doing my job. They are bright and full of energy, always looking for better, easier ways to do the job. I have definitely learned as much from them, (if not more) than I have taught them.

On the other side of the coin, I will try to address my role as an employee who works for a supervisor. I have worked at ISU for 23 years. Therefore, I have had quite a few supervisors to answer to. I have learned a lot from

> "If I am to be trusted in the role of a supervisor, let me do the job."

them. One of the things I discovered was that I will go the extra mile for a boss who shows me respect and who allows me to do my job without interference. I expect guidance, but balk at someone who interferes and shows no respect for my knowledge. If I am to be trusted in the role of a supervisor, let me do the job.

I would like to add at this time, that the Parking Division has never run more smoothly in my years here than it has since Loras Jaeger was named our director. I hope I am correct in stating that his philosophy is to get the job done, but to have fun along the way. We spend too many hours here not to enjoy it.

We have now come full circle. I enjoy my job. Therefore, hopefully, the staff I supervise enjoys theirs.

Marcia Clendenen,
Parking & Transportation Supervisor
Iowa State University
Department of Public Safety

Employees Comment on Work Environment (continued)

employees would like to see administration take a more active and expedient role in implementing changes to accommodate for indicated needs and concerns. It was indicated that employees would prefer to try some changes and reassess as needed rather than wait long periods of time with no indication of when changes may occur.

Overall, people seem to be enjoying their work and seem to have a strong

investment in their department. Whether you talk to someone who plans to stay until retirement or to someone who is keeping their career options open, one thing is clear: most people care about the department they work for and for the people they work with. Many are interested in doing what it takes to make the department a better place to work. Statistics for this article were collected from the 1997-1998 LEAD Program Whole

Sample Survey Results and reflect the opinions of all respondents from Ames Police Department, ISU Department of Public Safety, and Story County Sheriff's Office. What are your reactions to these findings? What solutions do you have to offer your department? We invite you to submit your comments, concerns, and suggestions to a LEAD Program staff member or to an editorial board member of *The LEADER.*

Law Enforcement Organizations

When you hear that someone has been appointed to the head of a law enforcement agency, it is generally someone with many years of experience. The reason for this is not that the person is smarter than younger employees; generally they are not. It's because they should have gained wisdom from experience. In the words of Oscar Wilde, "experience is the name everyone gives to their mistakes."

I have held some type of law enforcement supervisory position for the past 26 years. It has been a wonderful experience. We are living in the most exciting time of the greatest country on the planet. We in law enforcement can and are making a difference. We are improving the quality of life for those we serve and hopefully we will leave this world a better place to live than when we entered it.

What have these many years taught me about the law enforcement organization? There are many issues that come to mind such as the changing roles of law enforcement, motivation, communication styles, goal setting and professional development but I thought I would limit my comments to the following:

"Overwhelmingly, people that work in law enforcement are hard working, good people."

• Overwhelmingly, people that work in law enforcement are hard working, good people. They take their job seriously and do many good deeds that go unnoticed. I have heard countless examples over the years of law enforcement employees and their families helping others. They do it without the desire to be recognized, but rather to give of themselves to make the lives of others better.

• When we hire a law enforcement employee, we also must include the employee's family. When the significant other understands what we do, he/she is more willing to "buy into" the demands placed upon us. The LEAD Program, picnics,

other social events and ride-along programs are examples of how we have tried to bring the family aspect into law enforcement.

• NEVER forget the long-term employee. Organizational history is important to any job but very important in law enforcement. My mistake in the first few years at ISU DPS was not to call more upon the wisdom of those who have been around to see what worked in the past and where there were barriers to progress. We need to hire bright and well-educated employees but we also need to keep those that have given so much for many years.

• Ronald Reagan was quoted as saying, "Surround yourself with the best people you can find, delegate authority and don't interfere." If we truly want to develop a great organization we must allow people to grow and yes, make mistakes. Only by risking mistakes can we become leaders. I'm sometimes criticized for not being firmer on mistakes that are made or for not providing more clear direction to employees assigned new tasks. Overwhelmingly, I have found over the years that employees given general instructions about a project will rise to the task and do exemplary work.

"If we truly want to develop a great organization we must allow people to grow and yes, make mistakes."

• This is a stressful job. Rotating shifts, crazy work hours, mandatory overtime, mandatory training, court, etc. are hard on the body and the mind. I have found stress is very similar in both the city and university law enforcement agencies in which I have been employed. In both agencies I pushed for fitness training, along with education on nutrition and dieting. Research has shown that one of the best ways to handle stress is through exercise.

Exercise also makes us more fit so we are able to help our fellow officer (employee) during a physical confrontation. I dislike the fitness tests we do each six months but it makes all of us better people. I also learned from my city policing experience that discipline should not be part of the fitness program. Incentives, such as recreation passes, various pieces of fitness clothing and a more fit body are the motivators of choice.

• Finally, we spend much of our life at work. It should be fun and fulfilling. When it is no longer either, we should have the courage to help change the organization or move to an organization that better fits our needs. There is nothing wrong with realizing the "fit" just isn't there.

Director Loras Jaeger
Iowa State University
Department of Public Safety

➡ **Coming in December...**

Look for these articles in the next issue of The LEADER:

◆ An article focused on organizational change, the process of change and how to manage it.

◆ Ask the Chief: Submit any questions you would like addressed by your command officer before December. Look for the Chief's response in the next issue.

◆ Check it Out...More recommended websites. If you have one to recommend to our readers, contact an editorial board member.

Spouse Recommends Kirschman's "I Love a Cop"

While my husband Todd, our two sons, and I were on a recent trip to the Quad Cities to visit our families, I was finally able to take the time to read a book that I have borrowed from the LEAD Program office. I found _I Love a Cop_ by Ellen Kirschman, Ph.D., to be very intriguing.

As I read chapter three, "Growing Old in a Young Person's Profession," I had a feeling of déjà vu. The more that I read, the more I was convinced that the chapter was based upon Todd's experiences and feelings of being a cop. Somewhere just west of Newton I found myself reading to Todd the different phases that officers reportedly go through during their career. Listening to phase one, Todd laughed, as if caught eating candy prior to dinner. Phase two, he was smiling and

shaking his head in agreement. Listening to phase three, Todd became more serious, appearing to hang onto every word that I was reading from Ellen's book.

> _"... I strongly believe that this book should be read by all new officers, partners or spouses, and parents."_

It was at this point that I continued to read to myself, almost as if I knew the unspoken questions between us. When does phase four begin? Do all officers go through the same phases, even though each person in uniform wearing a badge is a very different person?

Although I didn't read every chapter, I strongly believe that this book should be read by all new officers, partners or spouses, and parents. Any person to whom this officer would

possibly turn to for support, or upon whose lives the profession would have any influence.

The loved ones of peace officers are fortunate to have Dr. Kirschman and her published knowledge of cops to make a difficult profession easier on their families.

Annette Gohlmann,
Wife of Officer Todd Gohlmann,
Ames Police Department

Performance Coaching

It has been proven that employees are more dedicated, work harder, and remain in a position longer if their work is valued, appreciated, and recognized by their superiors. To retain good employees, supervisors need to create positive working relationships with their employees. To facilitate this, supervisors can implement the management technique of performance coaching. Performance coaching is a managerial style based on a set of roles that seeks to get desired results from employees by building an environment of trust, honesty, open-mindedness, and the willingness to accept honest feedback from employees. To make the transition from supervisor to performance coach, supervisors need to establish clear expectations of their employees, create working environments free from fear, encourage excellence, ask questions, and allow employees to make mistakes and govern their own performance. Most importantly, supervisors need to provide employees with clear, objective feedback of their work performance. Without regular, honest feedback, employees are left unaware of their weaknesses and mistakes

and continue to perform in an unsatisfactory manner.

In addition, supervisors need to not only act as supervisors but also as trainers, counselors, mentors and confrontors. If supervisors take a more active role as trainer and mentor, they can emphasize the type of characteristics they want in an employee and set the example for exemplary performance. Supervisors also need to spend time counseling and confronting their employees, helping them to make better career and performance choices. By taking the time to understand what makes an employee tick, a supervisor can tailor feedback and career suggestions to the individual employee creating a more productive, satisfied employee.

If supervisors are willing to go beyond the role of manager and become performance coaches, not only will the employee and supervisors benefit, but the organization as a whole will excel, resulting in a more positive and loyal workforce.

Reference: Gilley, J.W., Boughton, N.W., & Maycunich, A., (1999). _The performance challenge._ Reading, MA: Perseus Books.

Drawing by
Officer Joel Swanson, ISU DPS
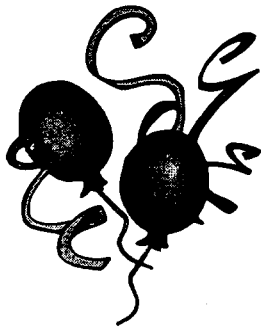
Employee News...

Please let us know of any fun and exciting events you would like to share with our readers!
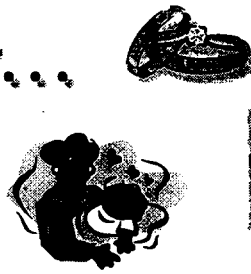
Ames Police Department

Congratulations to...

Mike Smith, grandfather of Katlyn Maree. Katlyn was born June 23rd! And to **Jan Stoeffler**, new grandmother of Kiley Ellen, born June 19th!

Thank You... Jan Schmitt from APD, Joyce White from ISU DPS, and Jan Stivers from SCSO for providing the information for this column!

Hello Everyone,

I would like to take this opportunity to let you know that I have wonderful news to share! As many of you have already guessed, I am expecting. My husband, Lonnie, and I are very much looking forward to the arrival of our new baby in mid-December. It is with great anticipation that we have decided when the happy event occurs, I will be staying home with our baby as a full-time mom. Therefore, I will be saying good-bye to the LEAD Program. I appreciate the opportunities I have had to work with many of you on various projects, committees, and in counseling. I hope that what I have contributed has been helpful and that you all continue to maintain or move toward a lifestyle of health and happiness. I also hope to someday hear that the LEAD Program services you value will continue into the future in a way that will assist you with that goal. Please feel free to contact me with any questions, feedback, or requests for services as I will be working on tying up loose ends before my departure on December 1st (if all goes as planned). Take care and best wishes for the future to you all!!!

Sincerely,
Lori Hikiji

ISU Department of Public Safety

Congratulations to...

Peggy and Bill Best, who were married on July 16th, 1999. Congratulations and Best Wishes! And to **Marcia Clendenen,** who is a proud new grandmother of twins! Zachary and Kaylee were born on August 2nd, to Jeff and Missy Clendenen of Boone! And to **Gene and Maureen Deisinger** who adopted a baby boy, Jason David, who was born June 16th!

Story County Sheriff's Office

Congratulations to...

Jennifer Holmes, former Deputy in the Jail. Jennifer has taken the newly created position of Training Officer at Story County. She works with administration to coordinate training and documentation to meet the mandatory and optional training needs of the staff. Jennifer is also President of the Iowa Association of Women Police. And to **Mike Miller,** former deputy in the Jail. Mike has been re-assigned to the Road and is currently in training. Good luck, Mike!

We have five new employees we would like to introduce, four of whom are Detention Officers: **John Asmussen** resides in Ames. John is currently working toward the completion of his Master's degree. **Scott Clauson** lives in Huxley and is engaged to marry Jamie Williams. **Suzanne Owens** lives in Ames. Suzy is a former Ames Police Department intern and is a graduate of Iowa State University. Her degree is in psychology. **Jeff Titus** is a former Story County Reserve officer. Jeff, his wife, Miriam, and their two children, Jana and Brian, live and farm in the Collins area. We also have a new Telecommunicator on board: **Brad Stitzell** joined us in August. Brad and his wife, Melissa, live in Ames. Brad is also on the STAR TEAM.

On behalf of the LEAD Program and our readers, WELCOME!

Family Services Advisory Committee

The Family Services Advisory Committee is happy to announce that we have a new member from Story County, Shelly Thomas. Welcome, Shelly!!! We said good-bye to one of our members, Deb Foster, who resigned her position recently. Thanks for all your contributions, Deb! We'll miss you. We're still looking for a second person from Story County who would like to join the committee. Recently, we have been foregoing meetings and corresponding via phone and e-mail to accommodate our busy schedules and plan events. The Self-Defense workshop in June was a fun and educational time for those who attended. Our instructor, Officer Alton Poole, and his assistant, Officer Jeremy Ryal, wore us out while we practiced a variety of punches, kicks, and self-defense techniques. There has not yet been a follow-up training due to low enrollment. We do plan to offer firearms safety and training courses in the next few months and are looking for ways to schedule convenient times for those who are interested. And, of course, we are all excited about Ellen Kirschman's visit in October. We hope all of the peace officers and family members can attend the program "I Love A Cop" on Friday evening, October 15th from 7-9 p.m.

Advisory Committee Corner

The LEAD Program Advisory Committee continues to keep busy assisting with events, advising LEAD Program staff, and contemplating the future of the LEAD Program.

We are pleased to announce that the 2nd Annual Interdepartmental Picnic was a success! It is estimated that approximately 100 people attended and a good time was had by all. We look forward to seeing you all there again next year!! There has even been some preliminary discussion about organizing an additional interdepartmental get-together at another time of year. We'll keep you posted on this. Please let a committee member know if you are interested in helping.

The LEAD Program "passed" another NIJ Site Visit with flying colors. Vince Talucci, Law Enforcement Family Services Grant Manager, came on August 3-4th to see how things are going and to make suggestions for the continued services and future of the LEAD Program. He was very impressed by what we're doing here and hopes we can continue. Funding will likely not be forthcoming from NIJ, however, because their focus has shifted from peace officers to corrections officers. We will be receiving a detailed report from Vince in the near future that all are welcome to read.

The LEAD Program Advisory Committee continues to discuss the future of the program and how to maximize the approximately nine months we have left in this grant period. If you have any input or would like to attend an Advisory Committee meeting as a guest, contact any committee member or any LEAD Program Staff member. We look forward to your feedback!

We would all like to extend a big *Thank You* to Amy DeLashmutt, who has contributed so much to the LEAD Program as a member of the Advisory Committee and as a member of *The LEADER* Editorial Board. Amy has relinquished her duties on these committees, and we will miss her at our meetings.

As of printing time, we are in the process of looking for a spouse from ISU DPS who would like to join our Advisory Committee. We are also looking for volunteers to join *The LEADER* Editorial Board. Please let a LEAD staff member or a committee member know if you are interested.
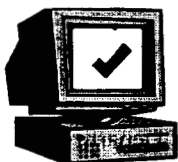
Check It Out...

Here are some websites that may be helpful or interesting to you as a member of the law enforcement community. Please let us know of any sites you would recommend for the next edition of *The LEADER*.

✓ **www.workhealth.org**
The Job Stress Network is the homepage of the Center for Social Epidemiology, a nonprofit foundation. This website provides the latest information on work-related stress and job strain, health-related outcomes of job strain, and strategies for the prevention of work-related stress.

✓ **www.policefamilies.com**
This website, developed by Dr. Ellen Kirschman and Dr. Lorraine Greene, is supported by a grant from the National Institute of Justice (Grant #98-FS-YX-0004: On-Line Education Resources and Support for Law Enforcement Families). As stated on the homepage, Policefamilies.com is designed to "provide law enforcement families with essential psychological information and improved access to family support services." This website has something for everyone, including online curricula, discussion forums for sharing concerns and solutions, and a chat room for children.

Letter to the Editor...

Care to comment on what you read in this issue? Write it down and send it in. *With your permission*, we will consider your comments for publication in the next issue. Send your comments to :

**The LEAD Program
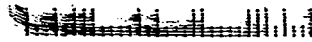416 Douglas, Suite 205
Ames, IA 50010
(515) 233-9444**

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*Law
Enforcement
Assistance &
Development Program*

416 Douglas Avenue
Suite 205
Ames, IA 50010

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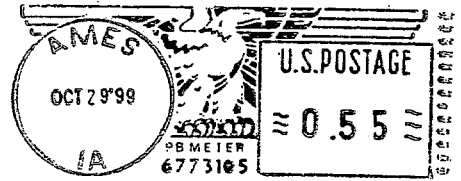
Vincent Talucci
National Institute of Justice
U.S. Department of Justice
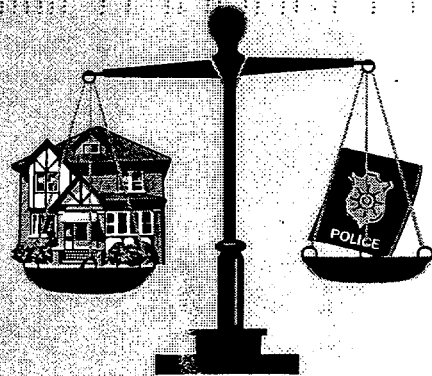810 Seventh Street, NW
Washington, DC 20531

The LEADER
October, 1999

"I LOVE A COP"

An evening for law enforcement families focused on balancing home and the badge.

Join us for an evening with
Dr. Ellen Kirschman, author of
"I Love a Cop: What Police Families Need to Know"
and nationally known clinical psychologist
who specializes in law enforcement issues.

**See page 5 for more information on Dr. Kirschman's book,
"I Love a Cop: What Police Families Need to Know"**

WHO: All peace officers & family members of APD, DPS, SCSO & surrounding counties.

WHAT: A program on enhancing the health and well-being of law enforcement families.

WHEN: Friday, October 15th
7:00 – 9:00 p.m.

WHERE: Campanile Room, Memorial Union
Iowa State University

Dr. Kirschman's presentation will:

- Identify the stressors of living in a law enforcement family. Ellen will offer her views and facilitate discussion regarding the "hazardous work habits" and unique stressors faced by law enforcement families; and,

- Discuss strategies for coping effectively with these stressors and maximizing the strengths of the family.

LEAD PROGRAM STAFF

Dr. Gene Deisinger, Project Director

Dr. Deisinger is a licensed clinical psychologist and a certified health service provider who has consulted with law enforcement regarding pre-employment evaluations, promotional evaluations, and critical incidents for several years. He specializes in the treatment of both traumatic stress and substance abuse, and has conducted training programs on a variety of issues related to mental health.

Lori Hikiji, Counselor

Ms. Hikiji is a mental health counselor with a master of arts degree from the University of Northern Iowa. She has provided a variety of psychological services, including crisis interventions, brief counseling, substance abuse screenings, and consultation regarding stress management and interpersonal communication.

Usha Krishnan, Counselor

Ms. Krishnan is a mental health counselor with a background in clinical and counseling psychology. She has provided individual consultations in the areas of personal and career issues and crisis intervention. She has specialized in the prevention and management of stress for the past several years.

N

Law Enforcement Assistance & Development Program

Aspen Business Park
510 S. 17th Street, Suite 108A
Ames, IA 50010
Phone: 515-233-9444
Fax: 515-233-9443

ABOUT THE PROGRAM

The Law Enforcement Assistance and Development (LEAD) Program is a demonstration project funded through the National Institute of Justice. The purpose of the project is to develop, implement, and assess stress-reduction programs that are designed to benefit law enforcement personnel (peace officers, dispatchers, parking enforcement officers, support staff, etc.) and their families. LEAD Program staff members are health advocates who are dedicated to assisting law enforcement personnel in effectively managing personal and duty-related stressors.

SERVICES AVAILABLE

❑ Organizational consultation to identify and minimize environmental factors that contribute to stress of personnel.

❑ Training programs and materials focused on the overall enhancement of employees' health.

❑ Critical incident debriefing for departmental personnel involved in critical incidents.

❑ 24-hour crisis assistance for departmental personnel and their immediate families.

❑ Individual and family counseling services.

❑ Career counseling and leadership development.

ELIGIBILITY FOR SERVICES

All current employees of the Ames Police Department, the Iowa State University Department of Public Safety, the Story County Sheriff's Office; and members of their immediate family, are eligible for LEAD program services.

FEES

Basic counseling or educational services provided by LEAD Program staff are available to employees and their immediate families at no cost. Nominal fees may be assessed to cover costs of any diagnostic testing or assessment. Fees may also be assessed if longer term counseling services are needed, or the client may be referred to other providers for services. In all cases, LEAD Program staff will discuss any fees with clients and assist each client in obtaining services.

ACCESSING SERVICES

Persons wanting to use services may contact LEAD Program staff at (515) 233-9444. Office hours will be by appointment. In the case of an emergency, LEAD Program staff can be reached via pager 24 hours a day:

Dr. Gene Deisinger:	**239-4344**
Lori Hikiji:	**239-0880**
Usha Krishnan:	**239-4254**

CONFIDENTIALITY

All services provided by LEAD program staff (e.g. individual or family counseling, stress management, career counseling) are strictly confidential. No information regarding a client will be released without the express, written permission of the client(s). Under state law, exceptions to confidentiality may apply in cases of:

- Abuse of a dependent child or adult;
- Imminent threat of serious harm or death to self or others, or
- Court ordered releases of records.

In situations where an employee is mandated to obtain counseling, the chief law enforcement official of the department may ask to be informed about the employee's use of counseling. However, **NO** information will be released by LEAD Program staff to anyone without a release of information form signed by the employee and indicating the specific information the employee wants to be released.

LEAD Program staff will address issues of confidentiality with all persons using services.

PROGRAM EVALUATION

LEAD Program staff are committed to providing services that meet the highest standards of the profession. To that end, all clients using LEAD Program services will be asked to provide feedback regarding services received. This information will be used to monitor and continually enhance the quality of services provided.

Critical Incident Stress Debriefing

A debriefing is designed to decrease the impact of a traumatic incident and assist people in recovering from the stress associated with the event. It is usually done within 24-72 hours of the incident and is conducted by a mental health professional, often with the assistance of emergency services workers who are trained in debriefing. The debriefing may be done individually or in groups, depending on the number of people affected by the incident.

Debriefing have been shown to decrease the occurrence of PTSD and to help people return to their duties more completely, quickly and effectively.

Debriefing helps people through providing them with:

1. Accurate information about the incident, as well as about trauma and stress-related concerns;
2. Support from co-workers so that people know they aren't alone in their reactions;
3. Time and opportunity to vent feelings, thoughts, and reactions that the person experienced during and following the event; and finally,
4. Coping skills to better manage trauma and stress and to prevent debilitating health concerns.

The debriefing team will often follow-up with people one or more times following the incident and help connect them with other support services as appropriate.

Other Resources

If you have recently experienced a critical incident, or are struggling to recover from a previous one, you are encouraged to contact any of the following resources:

Law Enforcement Assistance & Development Progarm

Office phone:	515-233-9444
Dr. Gene Deisinger (pager):	515-239-4344
Lori Hikiji (pager):	515-239-0880
Usha Krishnan (pager):	515-239-4254

The *LEAD Program* offers a wide variety of confidential counseling and debriefing services to emergency services personnel in central Iowa.

Ames/Mid-Iowa Critical Incident Response Team

Program Coordinator: 515-239-2011

Managing Critical Incident Stress
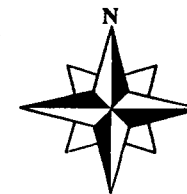
*Law Enforcement Assistance & Developm**t** Program*

Defining a Critical Incident

A critical incident is any event that is outside the typical range of experience for a person; and has sufficient impact (or is likely to have sufficient impact) that it overwhelms a person's usually effective coping abilities.

Typical critical incidents would include, but not be limited to:

- Line-of-duty deaths
- Incidents involving the use of deadly force or other life-threatening decisions
- Serious line-of-duty injuries to self or co-worker(s)
- Suicide or unexpected death of co-worker(s)
- Protracted incidents involving strong emotions over long periods of time (e.g., natural disasters, hostage situations, etc.)
- Incidents where there is a strong connection with the victim(s)
- Serious injury or death of a civilian, especially involving children
- Involvement in a number of moderately stressful incidents resulting in a cumulative effect.

Exposure to critical incidents increases a person's risk of developing Post-Traumatic Stress Disorder (PTSD), a highly debilitating condition affecting as many as 15% of emergency services workers. The risk of developing PTSD can be greatly reduced through increasing awareness of stress symptoms and through practicing regular stress management.

Signs of Critical Incident Stress

Physical signs of stress:
- ❏ Fatigue or weakness
- ❏ Nausea or vomiting
- ❏ Muscle tremors or twitches
- ❏ Chest pain or difficulty breathing
- ❏ Elevated blood pressure/heart rate
- ❏ Profuse sweating or chills

Cognitive signs of stress
- ❏ Poor concentration, memory, or attention
- ❏ Poor problem solving or decision-making
- ❏ Hypervigilance or being easily startled
- ❏ Decreased awareness of surroundings
- ❏ Intrusive and disturbing thoughts or images

Emotional signs of stress
- ❏ Irritability and Agitation
- ❏ Depression, grief or anxiety
- ❏ Fear or apprehension
- ❏ Suspiciousness or paranoia
- ❏ Uncertainty or guilt
- ❏ Emotional outbursts
- ❏ Intense anger

Behavioral signs of stress
- ❏ Prolonged withdrawal from others
- ❏ Changes in appetite
- ❏ Changes in sleep patterns
- ❏ Increased alcohol use
- ❏ Restlessness or pacing
- ❏ Aggressiveness or impatience
- ❏ Increased sick leave

Preventing Stress-Related Concerns

The following suggestions can help people decrease their risk of developing stress-related concerns and help them better manage feelings of stress that do develop:

- ❏ Keep a regular sleep pattern and get ample rest. You may need more sleep than usual following a critical incident.
- ❏ Eat regularly and nutritionally. Several small meals through the day may be better than 2-3 large ones.
- ❏ Exercise regularly. Aerobic exercise, three times a week (or more) has a significant impact on reducing symptoms of stress
- ❏ Take time for yourself. Keep doing the things that you enjoy.
- ❏ Socialize with others outside of the emergency services profession. Avoid withdrawing from family and friends.
- ❏ Avoid use of alcohol, caffeine, nicotine (or other drugs)
- ❏ Set realistic goals and expectations for recovering from critical incidents. Keep in mind that you are having normal reactions to abnormal events.
- ❏ Talk to supportive colleagues, family, friends, clergy, or counselors
- ❏ Actively participate in debriefings following critical incidents.

> *"Stress is like concrete. The longer it sets, the harder it is to work with."*
> - Dr. Jeff Mitchell, Founder
> International Critical Incident Stress Foundation

DEPRESSION

How can I help a Depressed Spouse/Colleague

The very nature of depression interferes with a person's ability or desire to get help. Depression saps physical energy level and makes a person feel tired, worthless, helpless, and hopeless. It also has serious effects on a person's self-esteem. Sometimes, depressed people may need encouragement from family and friends to seek treatment to ease their pain.

In helping a depressed person:
⇒ Do not try to "cheer up" the individual.
⇒ Do not criticize or shame, as feelings of depression cannot be helped.
⇒ Do not sympathize and claim that you feel the same way s/he does.
⇒ Try to avoid getting angry with the person.
⇒ Encourage the person to resume any activities that they have previously enjoyed

If feelings of depression continue to persist, encourage the person to seek medical and/or counseling services. Accompanying the person may be helpful, if the person is uncomfortable seeking services on his or her own. All suicidal thoughts, words or acts should be taken seriously. Seek professional help immediately. Crisis counselors are available through:

LEAD Program   (515) 233-9444
     Pagers numbers are as follows:
     Gene Deisinger   239-4344
     Lori Hikiji   239-0880
     Usha Krishnan   239-4254
Or
Richmond Center   232-5811
if outside of Ames, call   1-800-830-7009

Treatment

With available treatment, nearly 90 percent of people with serious depression - even those with the most severe forms - can improve significantly. Symptoms can be relieved, usually in a matter of weeks. Intervention at an early phase is very important in decreasing the severity of symptoms. Many people benefit from brief sessions in counseling or psychotherapy.

For moderate to severe depression, a combination of counseling and medication has shown to be most effective. Several types of medications are available, none of them habit-forming. People with severe depression tend to respond rapidly and consistently to medication. Research is also being conducted on the use of full-spectrum light for the treatment of seasonal depression.

Help can be obtained from:

◆ Psychologists and counselors
◆ Psychiatrists and physicians
◆ Community mental health centers
◆ Hospital or outpatient psychiatric clinics
◆ Family/social service agencies
◆ Support and self-help groups
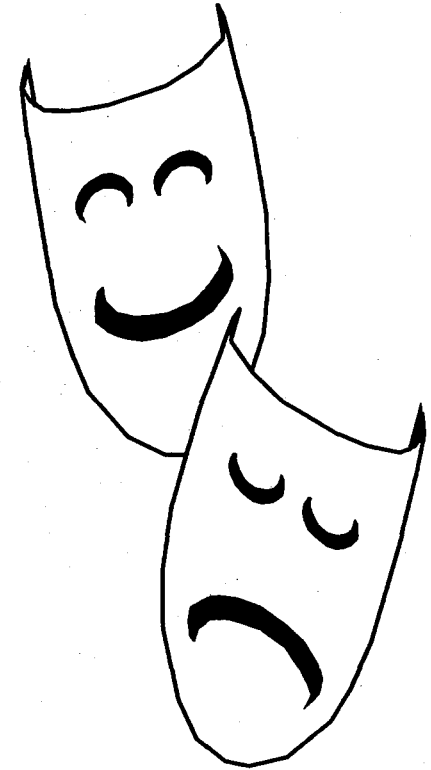
LEAD Program
Aspen Business Park
510 S. 17th Street, Suite 108A
Ames, IA 50010
Phone: (515) 233-9444
Fax: (515) 233-9443

People commonly talk about "feeling blue" or being in a bad mood, which lasts for a small period of time and minimally interfering with day to day life. Depression is more than a temporary phase of "blue" moods or a period of grief after a loss. It significantly affects thoughts, feelings, behaviors, and physical health. Depressed persons tend to reflect their feelings in their thinking by focusing more on the negative aspects of their life.

A serious form of depression involves intense feelings of sadness and hopelessness which stays for a longer period of time. A severely depressed person may experience mood swings which feel like a 'emotional rollercoaster' of highs and lows. Disappointment, sadness, loneliness, self-doubt, isolation and guilt are other features that are commonly associated with depression.

Approximately 17.5 million people (nearly 1 out of every 7 people) in the U.S. suffer from depression. Without treatment, depression in different forms can last for months, years, or a lifetime. Depression is highly treatable! Nearly 90% of depressed people respond to treatment and experience some relief from their symptoms. The treatment may involve counseling, medication or a combination of both.

Causes of Depression:

Depression is one type of response to events that may or may not be within a person's control. Such events can include death of a loved one, divorce, frustration at one's workplace, or relationship problems etc. In some situations, feelings of frustration and anger may accompany depression.

Some people also report obvious mood changes with the change in the weather conditions or more so with the changes in the intensity of light. Depression can exist without any obvious cause, and often people find themselves struggling to understand it.

In general, depression may be viewed as a response to physical and psychological stresses. Identifying and understanding the underlying causes is a helpful step in learning to cope with depression.

Symptoms of Depression Can Include:

- ❑ persistent sad or "empty" mood
- ❑ loss of interest or pleasure in ordinary activities, including sex
- ❑ decreased energy, fatigue
- ❑ sleep disturbances (insomnia, early-morning waking, or oversleeping)
- ❑ eating disturbances (significant change in appetite or weight)
- ❑ difficulty concentrating, remembering, making decisions
- ❑ feelings of guilt, worthlessness, helplessness
- ❑ thoughts of death or suicide, suicide attempts
- ❑ irritability
- ❑ excessive crying
- ❑ unexplained aches and pains

Effects of Depression on Work:

- ❑ absenteeism
- ❑ decreased memory and concentration
- ❑ complaints of unexplained aches and pains
- ❑ safety problems, accidents
- ❑ alcohol and drug abuse
- ❑ cynicism

How Can I Help Myself:

1. *Stop and think*. The first step is to candidly acknowledge your mood fluctuations and/or the frequency of negative feelings experienced. Mild depression should not be ignored and should be attended to if it interferes with your satisfaction towards life
2. *Examine and identify.* It is important to examine your feelings and try to identify possible factors that may be related to them. (e.g. relationship issues with family or friends, work frustrations or financial troubles).
3. *Discuss.* Sharing and discussing problems may lighten the burden and responsibility you feel in attempting to help yourself. Talking with others helps in obtaining a different perspective in understanding your personal situation.
4. *Seek Assistance.* Getting professional help from a physician or counselor is a hard step for some people but can help in relieving personal distress.

Other Strategies:
- *Set* realistic goals
- *Engage* in regular exercise
- *Maintain* a regular diet and sleep pattern
- *Socialize* with others
- *Decrease* negative comments about yourself
- *Increasing* positive self-statements
- *Experiment* with a new activity

HELPING YOURSELF

♠ Attend to your immediate physical and health needs. Good self-care habits needs to be exercised especially during this stressful time.

♠ Postpone any major decision-making until you feel ready.

♠ Look through the recommended readings list in this brochure to find resources that might fit your needs.

♠ Familiarize yourself with common beliefs and stereotypes that may hinder your healing process.

♠ Talk about the loss to supportive others (family members, friends, clergy and counselors).

HELPING CHILDREN

♠ Talk to children about grief and loss in a way they can understand. This process can be very helpful, as they may struggle to understand the complexity of the event. Examples can be helpful when conveying loss and sadness to a child (for instance, a child may be able to relate to losing a favorite toy).

♠ Teach them to express emotions by being a role-model for them.

♠ Talk about death in concrete terms by refraining from using euphemisms (e.g. "Grandpa went to sleep." , may induce fears of sleeping in a child).

HELPING THE BEREAVED:

♠ Attend to your own physical and emotional needs, especially if you are grieving too.

♠ Acknowledge that there is no best way of handling grief. Stay away from predetermining the pattern of the grief process.

♠ Be available to listen and provide support. This may help your own healing process.

♠ Avoid cliches and any other statements that may minimize the loss. (e.g. "You must be strong." or "At least he did not suffer too much.").

♠ Read books and utilize community resources may help in the process of healing from loss.

COMMUNITY RESOURCES:

♠ Church and other religious/spiritual institutions.

♠ Counseling Services.

♠ Support groups that are offered through hospitals, clinics and other agencies.

RECOMMENDED READINGS:

♠ "When Bad Things Happen to Good People" by H.S. Kushner. New York: Schocken Books.

♠ "The Grief Recovery Workbook" by J.W. James & F. Cherry. New York: Harper and Row Publishers.

♠ "Good Grief" by G. E. Westberg. Philadelphia: Fortress Press.

♠ "Life After Loss" by B. Deits. Fisher Books.

ARE YOU GRIEVING??

LEAD PROGRAM
510 South 17th Street, Suite 108 A
Ames, IA 50010
Phone: (515) 233-9444
Fax: (515) 233-9443

Through childhood, we learn that happiness comes from acquiring things (grades, friends etc.) in our lives. A good part of our lives is devoted to building a home and relationships, and establishing ourselves in this world. When we lose anything we treasure, we must endure a significant adjustment which may throw us into an upheaval of emotions or cause us to feel emotionally numb. It often makes us question ourselves and the meaning in our lives. Deeper losses sometimes cause us to reflect on the different aspects of our lives. This may lead us to re-evaluate our priorities and gain a better sense of what makes us happy.

Death is not the only reason we grieve. We face minor losses in our everyday lives but the kind of loss that is likely to affect us the most, is one that causes changes in our behavior and life e.g. losing eyesight, losing a pet, or death of a loved one. Grief is an expected part of any major life change, e.g. divorce, empty-nest or loss of a job. It is an important growth process where we learn to deal with the uncertainities of life.

There is no single way of recovering from loss and grief. It is an uncomfortable process that may be accompanied by unsettling feelings and anxious thoughts. Perhaps the most important part in grieving is to be ourselves. Understanding the grief process and educating ourselves on the misconceptions of grieving can be helpful in coming to terms with not only our personal struggles but also help family and friends cope through the grieving process.
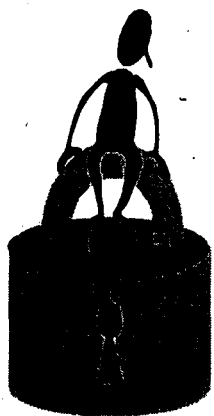
UNDERSTANDING REACTIONS

The goal of the grieving process is to achieve some form of resolution. Each of us reacts differently while struggling to comprehend our loss. Dr. Kubler-Ross has developed a five phase model to help us understand the grief process:

DENIAL: You may find it hard to accept the reality of the loss. This may last from a few moments to an indefinite time period. Some people may withdraw from usual contacts and desire to isolate themselves.

ANGER: You may begin to acknowledge the loss and express anger towards the deceased person, God, the world or others. Some people experience guilt associated with the loss (e.g. guilt related to not being present at the time of death/loss.).

BARGAINING: In this phase, you may try your best to change the reality of the situation by offering to alter some aspect of yourself or your life, if the loss could be reversed (e.g. "I'll go to church every Sunday if only I could have my ___ back. ").

DEPRESSION: When you begin to realize that the loss is final and that it cannot be reversed, a feeling of hopelessness and sadness is likely to set in. You may feel the need to "let go" of the event, but find it difficult to move on.

ACCEPTANCE: Slowly, you will begin to accept the loss and move on with your own life. The anger, frustration, and sadness will begin to fade away and you will become more accepting of reality.

It is important to remember that every person goes through these phases differently, in terms of the order and duration. You may even find yourself re-experiecing these phases at different times in your life.

COMMON BELIEFS AND MYTHS

Some people believe that it is inappropriate to laugh or react in ways that are different from crying. Because there are personal and cultural differences of recovering from grief, it's preferable to avoid stereotyping how people should grieve.

Some friends and family may make statements like "You must be strong", "It was God's will", or "You have to get on with your life". Such statements may not help the griever, but interfere with the process of healing, as they may prevent the bereaved person from expressing their feelings and reactions.

Some people also believe that time alone can heal the pain. Its important to keep in mind that conscious effort along with time helps us deal with the mixed emotions and frustration associated with grief.

As children, we are rarely taught how to cope with loss, and often learn that loss can be replaced (e.g. replacing a pet in the home). But, trying to "fix" the loss by only replacing it, often interferes with expressing our sadness. It is important to experience and express the grief that is affecting us and our family members.

> There is no single pattern of healing from grief. Being conscious of your personal grief process and talking to people is helpful is speeding the process of recovery.

Treatment And Resources

Self-help: It becomes very important for a person with an eating disorder to acknowledge his or her current problem. The next step is to seek services from an experienced professional, whether a doctor or psychologist. Its is a good idea to get a "check-up" done, if you suspect that you may have an eating problem.

Medical services: A complete physical examination including lab tests will often be necessary. In extreme cases, person who is out of control and extremely weak will require temporary hospitalization.

Psychological services: Counseling is helpful in understanding and alleviating the symptoms. It may include individual and/or group therapy. It may involve some testing to determine the intensity of the eating problem.

Education: The treatment process may also be supplemented by nutrition education, discussion of eating habits and food selection. Such programs are offered by hospitals and community mental health agencies

National Organization:

National Association of Anorexia Nervosa and Associated Disorders (ANAD), P.O. Box 271, Highland Park, IL 60035, (312) 831-3438.

How can I help someone who has an eating disorder

Here are a few ways to help help a child, friend or family member:

1. People with eating disorders may be extremely self-conscious about their eating habits. It is important not to spy or nag them as it may only increase discomfort and force them to be even more secretive.
2. Encourage the person to seek professional help, instead of volunteering to help the person control eating by hiding food or keeping them away from binge eating. Over a period of time, the person may become more resentful and the behavior may become more destructive.
3. It is important to comfort and listen to the person in times of distress. One of the best ways to help someone is to reach out to that person as a friend instead of focusing on his or her eating behavior.
4. Be supportive and share factual information through pamphlets and brochures with the person. Let the person know that you care. Allow the person to acknowledge that the problem exists and believe that there is hope.

Books
- *Making Peace With Food by Susan Kano.* New York: Harper and Row, 1996.
- *The obsession: Reflections on the Tyranny of Slenderness* by Kim Cherin. New York: Harper and Row, 1981
- *The Slender Balance: Causes and Cures for Bulimia, Anorexia and the Weight-Loss/Weight-Gain Seesaw.* New York: Harper and Row, 1983
- *The Golden Cage* by Hilde Bruch. Harvard University Press.

Developed by the Law Enforcement Assistance Development Program.

EATING DISORDERS

causes, symptoms and available resources

LEAD Program
Aspen Business Park
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Ames, IA 50010
Phone: (515) 233-9444
Fax: (515) 233-9443

There has been much ado about eating disorders in the past couple of decades. Eating disorders are characterized by severe disturbances in eating behavior and a general distorted perception regarding body shape and weight. In attempting to reach one's weight expectations, such persons often indulge in inappropriate compensatory behaviors such as self-induced vomiting, misuse of laxatives, diuretics or other medications, fasting, strict dieting or excessive exercise.

Typically, such eating behaviors start during teen years as a normal and seemingly harmless way to lose weight. In some people this behavior leads to severe weight loss and physical problems arising as a result of malnutrition. If proper attention is not given to these symptoms, the eating process may become self-destructive in nature.

Anorexia Nervosa and Bulimia Nervosa are the two commonly known eating disorders. *Anorexia Nervosa* is characterized by a refusal to maintain a minimally normal body weight and distorted perception of body weight. *Bulimia Nervosa* is characterized by repeated episodes of binge eating followed by purging or adopting other method of releasing the food or calories from the body.

> It has been estimated that one out of one hundred women may become anorexic. Five to twenty out of one hundred college age women are estimated to develop bulimia. Men have also been found to develop similar features, but in smaller numbers.

Types of eating disorders?

Anorexia Nervosa: Persons with this disorder refuse to maintain their body weight at or above a minimal normal weight, usually 85% or less of the recommended body weight. They have an intense fear of becoming fat and a distorted sense of their actual body weight and shape. They often deny the seriousness of their situation. In some women, menstruation ceases and a number of physical ailments associated with malnutrition can occur. Severe weight loss can exert tremendous effects on the person's social and/or work life.

> Physical effects of eating disorders can range from mild to serious. Lowered heart rate, low blood pressure, decreased metabolic rate and sensations of coldness particularly in the extremities are other features associated with eating disorders.

Bulimia Nervosa: Persons with this disorder experience recurrent episodes of binge eating followed by purging through vomiting, excessive exercise or through the use of laxatives. Persons with bulimia are often of normal weight or may be slightly overweight. This pattern of binging-purging can be in response to a stressor, consuming the person's time, energy and money. People with bulimia may feel guilty and become more depressed after a binge episode. It also tends to impair one's personal relationships and interferes with other activities ultimately leading to depression, isolation and lowered self-esteem.

Causes of eating disorders:

<u>Biological factors:</u> There is some research that suggests that eating disorders may develop as a response to an inherited predisposition to mood swings and depression. Antidepressant medication has been found to be helpful in controlling the binge-purge cycle.

<u>Psychological factors</u>: Profiles of individuals with eating disorders indicate that they are compliant, perfectionist persons with low self-esteem and problems with assertiveness. It has been speculated that indulging inappropriate eating behaviors may be one way of attempting to gain control over one's life through controlling one's body. High expectations from self and other people is another factor that might contribute to this problem. In some cases, there is high level of anxiety or depression, and therefore the binge eating and purging cycle may be one method of relieving immediate anxiety from a stressful situation.

<u>Social Factors:</u> Over the past couple of decades there has been excessive emphasis in our culture for women to have slim bodies and men to have large muscular structures. A slim or muscular figure is considered ideal and perceived as desirable by society. When individuals give in to social expectations, they tend to be trapped in a self-destructive pattern of eating disorders.

> Excessive exercise is becoming a more acceptable and common way of burning the calories after binge eating.