AFTER THE ATTACK: POLICE PERSPECTIVES ON PROMOTING RESILIENCY FOLLOWING THE 2015 SAN BERNARDINO ATTACK

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AFTER THE ATTACK: POLICE PERSPECTIVES ON PROMOTING

RESILIENCY FOLLOWING THE 2015 SAN BERNARDINO ATTACK

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Hannah Capps

June 2019

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Approved by:

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ABSTRACT

The purpose of this study was to provide an exploration of the experiences and perceptions of law enforcement officers who responded to the December 2nd, 2015 San Bernardino Attacks, specifically addressing what interventions and factors they found helpful in promoting their well-being following the attack. To do this, eight semi-structured interviews were held with officers who either were involved in the scene at the Inland Regional Center or were involved in the shoot-out with the attackers later that day. From these interviews several themes emerged, including: the importance of social support, critique of department responses, unique characteristics of law enforcement culture, and stigma against seeking mental health treatment among law enforcement officers. Recommendations based on these findings for social work practice, law enforcement departments, and further research were discussed.

DEDICATION

This research is dedicated to the fourteen people who lost their lives at the

Inland Regional Center on December 2nd, 2015. You are not forgotten.

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CHAPTER ONE:

INTRODUCTION

Problem Formulation

Following a disaster, law enforcement officers are mobilized to the scene to work alongside other first responders (including firefighters, emergency medical technicians, and other rescue workers) in neutralizing threats, assisting the wounded, and counting the dead. Disasters police respond to range from natural disasters like wildfires, tornadoes, and hurricanes, to man-made disasters, such as incidents of terrorism and mass shootings. Scenes of bravery are publicized through mass media, but the aftermath of a disaster for police first responders is much less often brought to light.

One such disaster took place on December 2nd, 2015 in San Bernardino, California. Two individuals perpetrated a mass shooting at a holiday celebration for San Bernardino County Department of Public Health employees at the Inland Regional Center (IRC). Fourteen people were killed in the shooting, and 22 others were seriously injured. Following a pursuit, the suspects were apprehended and killed in a shoot out with police that left two officers injured. At the time of the shooting, it was the deadliest terror attack in the United States since 9/11. Dozens of police from various local agencies responded either directly to the Inland Regional Center or took part in the shoot-out with the suspects (Braziel, Straub, Watson & Hoops, 2016).

The psychological and emotional impacts following responding to a such an event are wide-ranging. Most first responders experience transient symptoms of distress such as sleep disturbances, nightmares, anxiety, and temporary increased use of substances such as alcohol and tobacco (Benedek, Fullerton & Ursano, 2007). However, many first responders experience more long-lasting or severe symptoms up to and including diagnosable psychological disorders such as Post-Traumatic Stress Disorder. The exact number of first-responders experiencing PTSD following disasters is not clear due to most studies being smaller in scale and utilizing self-reports, but one systematic review of first responders following man-made violent disasters found PTSD rates ranging from 1.3-22% (Wilson, 2015).

Despite what is known about the negative psychological impact trauma can have on police and other first responders, there is not a standard protocol on what kind of psychological care should be provided following a traumatic event. Oftentimes, police departments may provide counselors for officers to speak to, but officers may be reluctant to speak to these professionals for a number of reasons, including worry that speaking to a department-supplied counselor could result in detrimental effects on their employment. Department-provided counseling can also be risky for the department, as any information about emotional issues following a trauma could create liability in the future, for example, if an officer were to be implicated in a use of force violation. This

reluctance to seek help can also be reinforced by police culture itself- a mistrust of "civilians" and stigma against seeking help (Yeager & Roberts, 2015).

Purpose of the Study

The purpose of this research was to expand the literature available on the lived experiences of police first responders following a large-scale traumatic event. An exploration of what police officers that responded to the San Bernardino Attack experienced and found helpful in the aftermath of the attack will help social workers be more prepared to treat first responders following any future attacks, shootings, natural disasters, or other traumatic events. This research builds the base of knowledge about disaster protocol, which will allow for more specific descriptive and explanatory studies in the future. This research also aligns with the National Association of Social Workers' Ethical Principles, particularly upholding the values of Service and Competence (NASW, 2017).

To collect this information, individual, semi-structured interviews were performed with law enforcement officers who were either present at the IRC or the shootout with the suspects following the attack. The officers were asked about their experiences following the attack, and what factors they found most helpful in promoting healing and resiliency in the time since then. Individual interviews were held in person as opposed to a focus group based on information reported by Kronneberg et al. (2008) on their experiences in working with police in the aftermath of Hurricane Katrina. Kronneberg et al. suggested that the most

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effective way to gather information from police officers was to meet with officers individually, due to concerns about privacy. Interviewing in person as opposed to written surveys also allowed for more open-ended questions and follow-up questions as needed.

Significance of the Problem for Social Work

As aforementioned, there is very little evidence-based protocol on providing mental health interventions to first responders following a disaster (Haugen, Evces & Weiss, 2012). One intervention that has been recommended in federal guidelines for disaster responses is Psychological First Aid (PFA). PFA is a model of crisis counseling that has the goal of helping those affected by a disaster return to functioning and gain resiliency. PFA is often performed by a social worker or other mental health professional in field settings in the immediate aftermath of a disaster (Uhernik & Husson, 2009).

While there is evidence supporting the use of PFA with both civilians and first responders, practitioners must be knowledgeable in how to adapt PFA to best serve the population they are working with. After a mass casualty event, police are likely to turn to a department chaplain or a peer before speaking to a professional outside of law enforcement, following cultural views that stigmatize seeking outside help (Phillips & Kane, 2005). Social workers who are not familiar with the practices, beliefs, and values of first responders may inadvertently feed into this stigma when trying to work with officers following a crisis by not

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providing culturally informed care. Social workers who are expected to respond to the aftermath of a disaster may also feel at a loss due to the lack of established protocol.

This project provides social workers with an in-depth look at police culture, and experiences of individual officers following a terror attack. This project increases social worker familiarity with police and helps prepare them to work with this population or other first-responders following another traumatic event. Looking at the Generalist Intervention Model, information from this project is most applicable to beginning stages of an intervention- building rapport and assessing for possible needs of law enforcement officers. Planning appropriate treatment for police may also be informed by information gathered by this project.

This research addressed the question, "What interventions and factors following the San Bernardino Shootings did first responding police perceive to be effective in promoting their resiliency and emotional well-being?"

CHAPTER TWO:

LITERATURE REVIEW

Introduction

This section will provide information on topics important to understanding the experience of law enforcement officers on the day of the San Bernardino attacks, and trauma and first responders. The subsections include a detailed account of what law enforcement officers experienced on December 2nd, 2015 and psychological effects of mass casualty traumas on responding police. This is followed by an exploration of current post-disaster interventions for police, and a discussion of police culture. Finally, theories guiding conceptualization for this project will be provided.

Police Involvement in the San Bernardino Attack

On December 2nd, 2015, approximately 80 employees of the San Bernardino County Environmental Health Department met at the Inland Regional Center in San Bernardino, California for an all-day training. At 10:30 AM, one of the employees left the training. At 10:59 AM, this employee returned with his wife, and opened fire on everyone in the room, firing over 100 rounds in two or three minutes before leaving the building. The first officers to respond were four officers from the San Bernardino Police Department (SBPD), who arrived on

scene at 11:04 AM. This team made entry into the building at 11:06 AM followed by the SBPD SWAT team at 11:09. The officers who entered the building were not able to initially stop and assist victims of the shooting- following the Columbine shooting in 1999, protocol has been for first-responding officers to find and engage shooters as quickly as possible to avoid more victims. Dozens of officers from other agencies, including probation officers, arrived and were able to secure and clear the building, and assist in moving victims to triage sites. Ultimately, 14 people were killed and 22 more were wounded on that December morning.

It wasn't until later in the day that the shooters were apprehended. At 3:02 PM a SBPD narcotics unit in an unmarked vehicle saw a SUV matching that of the suspects' and flagged down a Redlands Police Department sergeant in a marked police car to attempt to get the vehicle to pull over. The units followed the suspects' vehicle, and when the officers attempted to make a stop, at 3:09 PM, one of the shooters began firing out of the SUV. The officers stopped their vehicles and called for backup, which arrived in large numbers. From 3:09 to 3:14 law enforcement and the shooters exchanged fire, ending with both suspects being killed. More than 175 officers from local, county, state, and federal agencies arrived, with 24 officers firing approximately 440 rounds. The two shooters fired approximately 80 rounds. Two officers suffered injuries, including one officer who was shot in the thigh. No officers were killed (Braziel, Straub, Watson & Hoops, 2016).

Psychological Effects of Mass-Casualty Events on
Police Officers

Mass-casualty events, man-made or natural disasters, can have negative psychological effects for the police who respond to them. At baseline, first responders have documented higher rates of PTSD, depression, alcohol usage, and somatic complaints than the general public, primarily due to exposure to prolonged, repeated stressors coupled with shift work and other outside work life stressors (Haugen, Evces & Weiss, 2012). A review of epidemiologic studies on the mental health of first responders (including but not limited to police) following natural and man-made disasters performed by Benedek, Fullerton, and Ursano (2007) found that first responders show varying levels of impairment following disasters. Most responders showed short-term symptomology consistent with acute distress- sleep disturbances, fear, worry, sadness, and increased use of alcohol. A smaller group of responders showed moderate, more persistent but subclinical trauma symptoms such as long-term insomnia, behavioral differences, and anxiety. The smallest subset of first responders was formally diagnosed with disorders like PTSD and major depression. Due to the sheer number of first responders involved, most research regarding the effects of mass casualty events on first responders involves 9/11 responders (Wilson, 2015). This study will add to the as-of-now sparse literature concerning non-9/11 mass-casualty events. Bowler et al. (2011) surveyed police responders twice following 9/11- once between 2003-2004 and again between 2006-2007, finding that the

prevalence of "probable PTSD" (traits such as intrusion, hypervigilance, and avoidance) increased from 7.8% during the first survey period to 16.5% in the second survey period, with co-morbidity of other mental health conditions such as depression and anxiety.

Post-Disaster Interventions for Police

Mental health protocols following a mass-casualty event are at the discretion of individual agencies involved in responding to the event- there is no nation or statewide protocol. A critical incident review about the San Bernardino Attack published in 2016 states that following the attack, all 24 officers exchanged fire with the shooters had to interview at San Bernardino Sheriff's headquarters. Members of a "counseling team" were at the headquarters and available to the officers to speak to but the report did not mention how many officers actually took this offer up. Additionally, local departments either had voluntary counseling available or made it mandatory for anyone who spent time at the IRC or fired their weapon during the shoot-out. The report does not note what departments did what, or what kind of counseling was used (Braziel, Straub, Watson & Hoops, 2016).

A Creative Solution: New York City Counseling Coalition

As previously mentioned, police officers may be reluctant to participate in department provided counseling due to concerns of repercussions in the workplace stemming from speaking to a counselor. Following 9/11, one group of

mental health professionals decided to work around this by forming the New York City Counseling Coalition (NYCCC). This group was made up of hundreds of licensed mental health workers who provided free of charge counseling services independent of any other agencies to first responders and their loved ones. Though the non-profit closed in 2005 due to financial difficulties, it offers a glimpse at a creative model of social workers and other mental health professionals providing mental health care for first responders (Yeager & Roberts, 2015).

Psychological First Aid

      Psychological First Aid (PFA) is currently considered to be the gold standard in providing immediate response for first responders following a disaster. PFA involves mental health professionals being present immediately to provide crisis intervention focused on reestablishing safety and stability following a crisis. An exploration of PFA authored by Everly and Flynn (2006) gives a breakdown of the most common features of PFA. The first step of PFA is assessment of need. This assessment is based on the ideals of Maslow's Hierarchy- addressing physical and safety needs first so that psychological needs can then be properly addressed. Providers of PFA then provide stabilization services based on the results of the assessment. Practitioners of PFA should connect their clients with appropriate "wrap-around" resources and support systems.

Psychological First Aid is a strengths-based intervention. Its own strengths include flexibility (ability to be used in a wide range of situations with a wide range of people) and that it doesn't treat distress as permanent dysfunction, just a normal reaction to an abnormal situation. Kronenberg et al. (2008) reflected on the use of PFA with first responders, specifically police, firefighters, and emergency medical technicians, in New Orleans following Hurricane Katrina. Using knowledge of first responder culture and previous literature on treating trauma, clinicians in Louisiana were able to tailor their PFA to the individuals they worked with. Following Hurricane Katrina, first responders endorsed symptoms of PTSD and depression including difficulty with sleep, increased alcohol usage, and trouble in interpersonal relationships. Clinicians were able to successfully utilize PFA and found that by first providing concrete assistance with physical needs and building rapport, first responders were more open to receiving individual psychological services. These clinicians also successfully used PFA by meeting with first responders in non-traditional settings and being culturally competent by utilizing the strengths in first responder culture to help their clients return to normalcy.

Police Culture

Social workers have a duty to be culturally aware to best assist their clients. Culture includes religious background, ethnic background, geographic location, and highlighted in this paper, occupational background. First responders

will react to trauma differently based on cultural factors, and the cultural factor of occupation cannot be ignored (Freedman, 2004). In the Kronneberg et al. (2008) discussion of treating first responders following Hurricane Katrina, the authors noted several things about police culture specifically. Police form strong bonds with their coworkers due to shared stress and experiences that they feel non-first responders can't understand and may show distrust toward non-first responders. However, it is important to note that the strong "brotherhood" formed between law enforcement officers can be drawn upon as a strength- a social support that can be a protective factor following trauma. Kronneberg et al. further noted that police officers were initially wary of clinicians and would put the clinicians through a "hazing" period where they would attempt to distance themselves from clinicians by joking, flirting, being overly deferent. Clinicians could get past this stage with good humor and patience, and eventually establish rapport with officers. Police also valued their privacy and confidentiality was very important, possibly due to negative police perceptions of seeking outside mental health help. Haugen, Evces & Weiss (2012) described negative attitudes towards seeking treatment in active duty police officers. The authors found that active duty police were less likely to engage or be referred to treatment, partially due to long work hours and shift work, but also due to stigma and beliefs that seeking treatment may lead to negative changes in employment or reduced pay.

Theories Guiding Conceptualization

More of a paradigm than a theory, Trauma-Informed Practice or Trauma Informed Care has guided most of the aforementioned research and will serve as the theory guiding the conceptualization of this research. Historically, social workers have treated symptomology without paying mind to the trauma (recent or past) that may be underlying certain behaviors and emotions. Trauma-Informed Practice takes an entirely different approach by recognizing the impact that trauma has on survivors physically, emotionally, and spiritually, and tailors interventions for survivors to regain their sense of control and rebuild. It is focused on empowerment and considers the ecological basis of behaviors and feelings, aka the effect that the environment has on the individual (and then the effect the individual has on their environment). Trauma-informed practice can be utilized at a micro level when doing therapy with individuals or families, or at a more macro level when conducting treatment or working with communities affected by intergenerational trauma such as racism (DeCandia & Guarino, 2015).

The Substance Abuse and Mental Health Services Administration (SAMHSA) promotes trauma-informed practice and puts forth "Six Key Principles of a Trauma-Informed Approach". These principles include but are not limited to safety, trustworthiness, empowerment, and cultural issues (SAMHSA, 2018). These principles provide a framework that can be used in a variety of settings, this study included. Furthermore, trauma-based practice actively works to

prevent re-traumatization, a task that is important for anyone considering doing research involving individuals who have experienced trauma.

Summary

This chapter summarizes relevant literature on mass casualty traumas. Law enforcement officers report a range of symptomology ranging from short-term distress to diagnosed PTSD following a critical incident. There is no nationwide standard protocol for caring for the mental health of police following a disaster- departments are widely left to their own devices, though past interventions have included innovative non-profits and Psychological First Aid. This lack of protocol is complicated further by a police culture that provides strengths to officers, but also stigmatizes mental health care and carries a mistrust of "civilians", or non-police professionals. This study adds to the literature about first responders and trauma, and enhances social worker understanding of the lived experiences and beliefs of police.

CHAPTER THREE:

METHODS

Introduction

This study utilized the lived experiences of first-responding police to explore factors and interventions they perceive to have built resiliency following the San Bernardino Attacks. This chapter provides the details of how this research was performed. The sections covered are study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study was to provide an exploration of perceptions of first-responding police to what factors and interventions promoted their resiliency in the aftermath of the San Bernardino Attacks in 2015. To fulfill this purpose, the study had a qualitative design consisting of individual, semi-structured, in-person interviews. This research was exploratory in nature due to a current lack of information about this specific terror incident, as well as first-hand information from first-responding police on their perceptions of resilience and recovery following mass-casualty traumas.

This design made the most sense for this project as it allowed open-ended answers from first-responding police, who are the experts of their own lived experiences. Using in-person interviews rather than a survey allowed for participants to give more detailed, longer answers, that were not restricted by having to select from a list of choices. Using a majority of open-ended questions allowed for more information to be gathered, which assisted in finding common themes in answers. In-depth interviews allowed for new observations and insights regarding police experience following mass-casualty incidents and law enforcement culture in general.

Individual interviews were conducted rather than a multi-participant focus group mainly to protect the privacy of the participants. Participants were able to be forthright with their answers without worrying about judgement of other law enforcement officers in the room. Single interviews also allowed full focus and attention of this researcher to be given to the interviewee and not managing a group environment. Limitations still do exist with single interviews. It took extra time to hold and properly transcribe individual interviews, and bias was not completely erased, as participants may have still felt the need to answer in ways they believed would be more acceptable to the researcher.

As this design is qualitative in nature, it is important to note that while information gathered will be of interest to social workers working with first-responders and those performing further, more quantitative research in the future, there can be no determination of causation based on this particular study.

Information about what first-responding police perceived to have been helpful following trauma was gathered, but these were opinions of individual officers based on their lived experiences and are not sufficient to determine cause and effect.

Sampling

This study used non-random, purposive sampling of law enforcement officers who were either present at the Inland Regional Center or in the following shoot-out with the suspects on December 2nd, 2015. As all officers were contacted by myself or other participants in the study rather than through their agencies, no agency permission was necessary. There were eight interviews performed. Participants were reached through snowball sampling, with the first round of interviewees reaching out to others who may have been interested in participating with information to contact this author.

Data Collection and Instruments

Data was collected via individual interviews. These interviews were audio-recorded and then transcribed by this author. These interviews took place in January and February 2019. Limited demographic data was collected due to privacy concerns, but included gender, age, and years working as a law enforcement officer.

The interviews were semi-structured. All interviews began with an explanation of the purpose of the project, and an overview of informed consent and limits of confidentiality. As this research was qualitative and exploratory in nature, a pre-existing instrument was not used. Instead, interview questions were developed by this researcher, and reviewed by a research advisor. All participants were asked all of the questions listed in the interview guide (see Appendix A). These questions covered areas of what officers experienced following the shooting, what factors they found most helpful in promoting their own resilience, what interventions they received (if any) following the shooting, and their perceptions of how those interventions helped or didn't help, and suggestions for mental health professionals working with first-responding police in the future.

When appropriate, this researcher went beyond the questions listed in Appendix A to ask probing or furthering questions. Following the interviews, the recordings were transcribed and coded for common themes and ideas.

Procedures

All interviews took place between January and February of 2019. This researcher reached out to local law enforcement officers who were named in the media after receiving recognition for their part during the events of December 2nd, and who have agreed to be interviewed. Interviews took place over the course of approximately an hour, in a quiet, private locations. These locations included

interviewees' homes, police stations, and quiet public areas in Redlands and Beaumont, CA, based on each participant's needs. This researcher introduced the study, went over informed consent and limits of confidentiality, collected demographic data, and then proceeded with the interview. Audio recording began at the start of informed consent and stopped at the end of the last answer. At the conclusion of the interview, participants were given a debriefing statement including information about common trauma symptoms and where to seek help if experiencing these symptoms or other psychological distress. Participants were then asked about other officers who may have been interested in participating in this study, and how to contact these officers or have these officers contact this researcher for further information.

Protection of Human Subjects

The identities of those interviewed will be known only to this researcher. All participants were given a pseudonym that was associated with their data rather than their name. Prior to the interview, participants went over and signed an informed consent form (Appendix B), which included permission for the interview to be audio recorded. All collected data including the audio recordings, informed consent forms, and transcriptions were electronically secured with a password known only to this researcher. All recorded information will be destroyed a year following data collection.

Due to the sensitive nature of discussing trauma, a debriefing statement (Appendix C) was provided to the officers following the interview, and officers were reminded at the beginning of the interview that they can remove themselves from the study at any point, or refuse to answer any questions they choose, without repercussions. Care was taken by this researcher to design the interview to focus on themes, factors, and interventions that promoted resiliency after the day of the attack rather than the events of the day itself, to prevent respondents from having to discuss potentially traumatic details. Despite this, this researcher acknowledges that discussing traumatic events is never without risk, and thus provided information on potential trauma symptoms and seeking help for trauma symptoms or any other psychological difficulties in the debriefing statement.

Data Analysis

Data gathered through the individual interviews was analyzed using content analysis. All interviews were electronically recorded. Then, these recordings were transcribed into written format. All of the transcriptions were labeled with the pseudonym given to the interviewee. Utterances and space fillers such as "uh" and "um" were included in the transcription for accuracy's sake, but did not figure into the actual analysis. Following transcription, statements were categorized based on their content. Statements were grouped further within the categories by common themes.

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Simple, non-identifying demographic information was collected by interviewer. Information included gender, ethnicity, age, and time working as a law enforcement officer.

Summary

This study utilized individual, semi-structured interviews with law enforcement officers who were present during the events of December 2nd, 2015, concerning what factors and interventions they perceived as being helpful to their emotional resilience following the attacks. Interviews were transcribed and coded for commons themes, which were then analyzed using thematic analysis. All identities of interviewees were kept confidential by this researcher.

CHAPTER FOUR:

RESULTS

Introduction

This chapter presents the results of the qualitative analysis and a description of the study sample. This researcher interviewed eight individuals who were part of the police response to the December 2nd Shootings. Through these interviews, themes emerged regarding the importance of social support, critiques of department responses following the attacks, unique facets of the law enforcement experience and law enforcement culture, and stigma against mental health treatment.

Sample Description

Table 1 presents demographic characteristics of the sample used in this research. All individuals interviewed identified as male and are current or former law enforcement officers who were involved in the emergency response to the San Bernardino Attack. The average age of the officers interviewed was 39.5 years. The average amount of time working as a law enforcement officer (tenure) was 16 years. Race/ethnicity data was collected but due to confidentiality, will not be presented here.

Table 1. Demographic Characteristics of Study Sample

	M
Age	39.5
Tenure	19

Note. Age and tenure are presented in years.

Qualitative Analysis

Several themes emerged from the thematic analysis of the interviews. They include: the importance of social support, critiques of department responses following the attacks, law enforcement experience/culture, and stigma against mental health treatment. Each theme is described in detail below. For the purposes of protecting confidentiality, each participant was assigned a pseudonym ranging from Participant A to Participant H.

<u>Importance of Social Support</u>

All eight interviewees named social support as being helpful to their well-being following the shooting. All interviewees specified support from their family or spouse as being helpful. Participant A identified his wife and family being his main source of support following the attack. Describing what they did that was supportive, he said:

Just be there. And talk, listen. I mean, that's basically what they're there for. They notice you, the closest people to you notice you and your

reactions and they'll know when you're off or when you're on. Or when

you're acting normal. So, they can point it out and they can be like, hey,

you alright? Especially the wife, she's always in your business.

Participant E specified his sons as his source of well-being following the attack,

and summed up the importance of family support for law enforcement officers,

stating, "if you don't have that foundation with your family to fall back on, you can

have a difficult go at it in this career choice" (Participant E).

Five participants also specifically noted peer support as being helpful. For

many law enforcement officers, peers can become friends due to how much time

they spend together. But there is another element, of perceived understanding,

that seems to make peer support especially helpful for some. Participant F

explained that he would be more likely to speak to peers rather than his spouse

following a critical-incident, because "somebody who isn't necessarily in the line

of work may not understand some of it" (Participant F). Participant C seconded

this sentiment, sharing "You know who were the most supportive? The people

who had been through something, who had been involved in a critical incident,

people who have shot and killed people" (Participant C). Participant A specified

that he found peer support to be more beneficial to him than outside counselors

brought in by the department, stating that "your peers for sure were a lot more

helpful" (Participant A). As well as providing support through listening and their

presence, friends/peers also provided more concrete, practical support, such as

"bringing food…they would come over and help clean the house and brought a

Christmas tree. They helped take the kids to school. There was just a lot of people who were there" (Participant C).

Through all of these responses, it became clear that support from family and friends/peers was important to the resiliency of these officers following the attack, more than any kind of formal department response.

Critique of Department Approaches

Another theme that emerged from the interviews was critique of the department responses to the attacks. As noted before, all interviewees worked for local police departments at the time, though they are not all from the same department. All officers interviewed reported having counseling services made available to them by the department. All officers interviewed who were involved in the shoot-out with the suspects were mandated to speak to a counselor as part of the post-officer-involved shooting procedure. These interviews with a counselor took place hours after the shooting, late at night, before the officers were allowed to go home. Participant A describes the process, saying, "I think it was more of a hoop to jump through, it was just part of the process like, like a check the box thing for us. I mean, it's just talking to someone you don't know. They're trying to feel you out, I guess, and it's kinda, I don't know, I didn't think it was helpful or anything" (Participant A). Participant E shared similar sentiments:

I mean, I know it's a procedural thing that needs to be done but it didn't- I didn't go to bed feeling any better because I talked to anybody that night. Just one of those things. And that's probably one of those things that they

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should do- they should do the initial one immediately following that but then they should probably be scheduling one like a week later or something.

While officers who were involved in the shoot-out with the suspects were mandated to speak to a counselor in the immediate aftermath of the event, the officers who responded to the initial IRC shooting did not initially have to speak to a counselor. Participant G explains:

No such mandate was placed upon the officers who made entry into the regional center and I would argue that some of those individuals were as compromised if not more compromised than the officers involved in the OIS

Participant D also stated that the officers who responded to the IRC but did not fire any shots did not receive immediate follow-up care: "Well the guys who went in and did the evacuation and were involved in seeing all that, nothing was lined up for them" (Participant D). This was eventually corrected, as Participant G describes:

So then we brought the counseling team in and we started doing some debriefs and stuff like that but it took us a while to do these things, three weeks after the fact or two weeks after the fact, and it took a while, and it took some prodding, and it was, it got done.

Another aspect of department response that was touched upon in several interviews was dealing with media. After a large-scale terror attack like the one in

San Bernardino, involved first-responders can come under a lot of media attention. Participant F stated, "with that situation it was so publicized, and so media driven, and politicians, and reporters. I had reporters showing up to my door" (Participant F). He continued, stating that he found his department to be effective in shielding him from media attention: "The department did good as far as cutting that off, and eventually it was all forwarded to them through the department of public affairs, and so I didn't have to do much of it" (Participant F). Other respondents did not feel as supported by their department when dealing with press. Participant C describes having mixed emotions when dealing with media exposure:

I kind of got pimped out by the department for PR purposes. I was willing to talk about it and I was willing to teach people about what they might expect in a freaking bad situation but, we… there was never any, they never asked us to the press conference and all that stuff. I said no, and they were like, "we really want you to do this." And I was like, okay, and I think I didn't set boundaries and that was a little problem. I didn't set boundaries like, no, I'm not going to do this.

Among the critiques of department responses following the attacks came suggestions of how they could improve. One suggestion that several officers offered was follow-up care that expands beyond the current post-shooting interview. Participant E suggests:

They should automatically reschedule you to come back in a week or so

after you have more time to assess that situation and think about it a little

bit further than you do immediately following it. Because things might be a

little bit different after you have time to reflect on it and you talk to your

peer support group, whoever that is, your friends or your family or stuff like

that, you might have a little bit different perspective on it.

Participant G echoed this idea, stating, "I think you have to have follow up visits,

you have to hit those markers, so maybe you have immediate counseling and

maybe three months post-incident and then on another watershed moment like

an anniversary date- you have, you offer those things" (Participant G). Participant

C noted the resistance that some might have to attend any kind of mandatory

counseling but still recognized the need for a change in department culture

regarding mental health care, including more regular interaction with counseling

staff rather than only immediately after a mass casualty incident or shooting,

stating:

It has to come from within, to go do something like that…. I think in total,

the department establishing a Wellness Program, like an employee

wellness program where you have to go like two times a year or one time

a year, just to go out and sweep out from underneath the rug. And I think

that's going to foster a better climate of going and realizing that that stuff is

available to you than being told that you need to go do it. Because when

you're told you need to go do it, you're going to go, 'Screw it. I'm not doing

this.'

<u>Importance of Understanding Law Enforcement Culture and Experiences</u>

Another theme that emerged from the interviews was the unique

experiences and culture of law enforcement, and the importance of mental health

practitioners being aware of these factors. Multiple interviewees mentioned that it

is helpful for mental health professionals working with police to have some kind

of familiarity with police culture. Participant G stated, "You don't to have been a

cop but I think you have to understand police psyche to some degree"

(Participant G). Participant C believes that mental health practitioners will have

more success working with police "if you understand the culture and you

understand how we think, and what society expects of us and what departments

expect of us" (Participant C).

One such aspect of police culture that was discussed was a propensity to

internalize emotions to appear "tough". Participant A shares "In this profession

we're always taught that you gotta be tough. You gotta just forget about it and

move on and we do" (Participant A). Participant B elaborates on this need to

appear tough and untouched by events at work, stating:

There is a lot of machismo, I guess you could say, in law enforcement so

those that are struggling are going to have a hard time putting it out there

in front of their peers and co-workers, don't want to seem weak or like they

can't handle it, because that is a big part of the job, is being able to handle

this high stress situations or shootings and stuff like that.

Participant E argues that this trait is one that may be different from other

professions: "law enforcement is a little bit different than some of the other

places… you don't look for people to hold your hands, you toughen up, you deal

with whatever it is you have to deal with and you're expected to deal with that"

(Participant E).

Another aspect of the police experience that came up during the course of

these interviews was that though the San Bernardino Attack was terrible and

unique in scope, law enforcement officers are exposed to violence and trauma

frequently over the course of their careers. Participant D stated:

We see shootings and dead people all the time. We work in San

Bernardino. I can't think of one instance in the 27 years where anybody

said, "Hey, are you okay, because you went to this quadruple homicide?

Do you need to see a counselor?" It's just assumed that you're okay after

seeing that kind of stuff.

Participant H shared specifics about having to investigate a grisly murder almost

immediately following the shootings:

I would say the murder happened on the 3rd or 4th. Because we were all

super tired from working all those hours and then we were like, aw man,

now we have to deal with this. So there was a lot of like, super violent

stuff. Shootings and stuff are normal right. Like, not normal but we get

used to seeing it. But you don't get used to seeing a mother cut her kid's

head off.

Participant G discussed the shooting in the context of his larger experience as a

police officer:

I think that people get wrapped up in the mindset that 'oh my gosh, this

incident was the singular most important incident in your policing career'

and probably it was, for single most, but as far as impactful on my mental

well-being? It wasn't… When I was a detective, I worked crimes against

children for three years, so I saw the depravity of what people can do,

sexually molesting and abusing children, so you know, those things are

the things that really kind of beat you down when you're dealing with them

day in and day out.

Participant G also mentioned there being "five homicides unrelated to the

Regional Center" in the week following the attack, painting a picture of the

violence and traumatic events that law enforcement officers encounter even on

"normal" days.

Stigma Against Accessing Mental Health Treatment

The final theme that emerged from the interviews was that though many

law enforcement officers are affected by the traumatic events they witness or are

part of, there is still a lot of stigma against accessing mental health treatment.

Out of eight officers interviewed, five mentioned experiencing trauma-related

symptoms such as hypervigilance, over-drinking, anger, nightmares, and trouble

sleeping since the attacks, including one officer who has been formally diagnosed with Post-Traumatic Stress Disorder. Four officers discussed the effects of trauma that they have seen other officers experience. Participant D shared that he was surprised by the extent to which those who responded to the IRC shooting were affected by what they saw:

> I think what has surprised me that most is hearing the bits and pieces that I have and not knowing, oh my gosh, I didn't know that so-and-so was going through that. There were some guys who were obviously struggling from what they saw in there, and even to this day you talk to them about it and they get choked up about it.

Participant G also spoke about the aftermath of the shooting: "Our homicide investigators had to go in, that was our crime scene, they were in there, they were in there all night in that room with all these deceased people, and that was playing havoc with them." (Participant G). Participant G also shared an alarming statistic:

> Last year in the US 168 officers lost their lives in the line of duty due to either traffic collisions or violent encounters with suspects. Four hundred and seventy two officers took their own lives. Where's that disparity coming from? We put so much emphasis on the physical, tactical well-being and how can we equip our officers, but we haven't necessarily looked into the mental wellbeing of our workforce.

However, despite the toll that daily exposure to trauma and violence, as well as mass casualty events such as the San Bernardino Attacks can take on officers, there is still an overwhelming stigma against seeking mental health treatment. Participant B stated, "You say, 'oh, you have to talk to the shrink', it has that kind of negative stigma to it." (Participant B). Participant C shared "there are four letters that freaking completely destroy a cop and it's PTSD", and spoke of why a police officer may not seek out mental health treatment: "No one is freaking going to come out and say, "Yeah, I'm having a hard time with this" and take time off because what that's gonna do? It's gonna make you one, look like you're a pussy and you can't do the job, and two, you're thinking about it, like if I say anything then I'm gonna get my gun taken from me and what use am I?" (Participant C). Participant H also described the fear that many officers have, that speaking with mental health professionals could cost them their job: "I think maybe too I think most guys are afraid, including myself, that if I say something wrong, I'm gonna lose my job. I would rather, if I'm gonna go, talk to a pastor, or a personal counselor, somebody who doesn't report to my boss." (Participant H). Participant A spoke on the stigma as well, stating, "you're taught that if you're mental, if you're screwed up, then you're not gonna have a job. Nobody wants that. So, deal with it, and move on." (Participant A).

Despite the stigma, officers interviewed also shared that views around mental health may be changing, with newer generations of officers being more

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open to discuss mental health. When speaking about the stigma surrounding discussing mental health, Participant A stated that "It's a generational thing." Participant G gave an overview of what these generational differences look like:

> There is still the stigma, and it's starting to diminish a little bit, especially with the newer generation of officers, our officers coming on now…they're more ready, willing, and able to accept offering up their emotions. Whereas the older officers, it's still seen as, no, you don't show your emotions. So, for those individuals, they're impacted by it, whether they want to admit it or not, of course they're gonna be impacted. But their relief may be going and being an asshole to their wife or kids or going and sitting at a bar and drowning their sorrows with Jack Daniels. It's like-that's not an effective coping mechanism. You have to have other mechanisms.

Summary

This study used data from interviews with eight male current or former law enforcement officers who were involved in the San Bernardino Attacks on December 2nd, 2015. Several themes emerged from the interviews including the importance of social support, criticism of department-provided counseling and response post-shooting, more details on police culture and unique experiences that mental health professionals should be aware of, and discussion of the stigma against seeking mental health care in law enforcement.

CHAPTER FIVE:

DISCUSSION

Introduction

This study set out to explore what interventions and factors law-enforcement officers found to be helpful to their well-being following the December 2nd, 2015 San Bernardino attacks. This section will provide a discussion of the results gathered from the eight interviews with law-enforcement officers, as well as a discussion of limitations of this study, implications for social work practice, and recommendations for future research.

Discussion

The information gathered from interviewing eight officers involved in the events of December 2nd, 2015 provided insight to the experiences and perceptions of law enforcement following a mass-casualty incident. The results that emerged generally fell under the themes of the importance of social support, ineffectiveness of department mental health response, unique facets of police culture, and the stigma against seeking mental health treatment. These results were generally consistent with those seen in prior studies of first responders.

This study's findings on the importance of social support partially reflected those reported by Kronneberg et al. (2008) that found that law enforcement officers find a lot of support within their own ranks. Police work can be like a "brotherhood", and participants in this study did name peer support as one of the

main factors that promoted their well-being in the aftermath of the attacks. However, while Kronneberg et al. focused solely on the importance of peer support, this study actually found that more officers interviewed reported the importance of support from their (usually non-law enforcement) family and spouses. While it may be true that those outside of the law enforcement may not be able to have a perfect understanding of what those within the occupation actually experience, this was not a barrier for the officers interviewed. Not being a fellow officer did not preclude the helpfulness of the simple presence of family members, someone who could listen and provide stable support to the officer.

This study also supported information reported by Braziel, Straub, Watson, and Hoops (2016)- all officers interviewed who exchanged fire with the shooters were made to speak to counselors the night following the shooting. Not included in Braziel, Straub, Watson, and Hoops report were the officers' perceptions of this resource. Across the interviews, the conversation with a counselor directly following the shooting was not perceived to be helpful. It instead was felt more like another administrative hoop officers have to jump through following any kind of Officer-Involved Shooting. These interviews were not noted to be harmful but didn't really contribute to the well-being of officers involved in the shooting either. Additionally, the officers who responded to the scene at the Inland Regional Center who were exposed to dead and injured civilians, were not made to speak to any kind of counselors until weeks after the fact. While access to mental health care remained available for the officers, the

short post-shooting interviews were the only department-mandated mental health intervention most officers reported. There was not any kind of meaningful follow-up provided through the departments.

Huagen, Evces, and Weiss (2012) reported higher rates of PTSD, depression, and alcohol usage in law enforcement than the general population, likely due to prolonged, repeated exposure to stressors. The information gathered in this study is consistent with this, with several officers discussing the nature of this occupation as repeated exposure to violent and traumatic events. While the events of December 2nd, 2015 were uniquely horrific in scale, scenes of violence and depravity ranging from homicides to physical assaults to sex crimes against children are commonplace for law enforcement officers. However, repeated exposure to these events does not make officers immune to the toll that trauma can take on the body and mind, as one officer brought up when discussing the high number of law enforcement officer lives lost to suicide.

Information from the interviews regarding trauma symptoms following the San Bernardino Attacks were also consistent with prior research. Benedek, Fullerton and Ursano (2007) reported that most first responders show short term acute distress following a natural or manmade disaster showing symptoms such as sleep disturbance, fear, worry, and increased alcohol intake, with a much smaller number of responders reporting a diagnosis of full PTSD. Officers interviewed for this study also reported experiencing short-term trauma symptoms in the months following the attack, with only one officer of eight

reporting a formal diagnosis of PTSD. Likewise, this research reflected what was reported by Haugen, Evces, and Weiss (2012)- that despite the known mental health impacts of police work, there remains a pervasive negative attitude toward seeking mental health treatment, due to stigma and fears of how seeking treatment could affect employment. Part of law enforcement culture is maintaining an appearance of strength and being unimpacted by the work. So, there is a worry that seeking professional help for emotional concerns could make one look weak or unsuited to the job. There is also the very real, practical fear, that seeking treatment for mental health difficulties could have a negative impact on their employment- fears that admitting any kind of mental health symptoms could result in losing their gun and badge. However, according to our research, this may be changing, with a younger generation of officers being more willing to talk openly about the impact that policing can have on mental health.

Limitations

Though this research produced helpful information, it is still important to acknowledge its limitations. The main limitation was the small sample size utilized. Though the sample size is already constrained due to the nature of interviewing officers who were involved with a specific event, there were several other officers who were involved in the response to the San Bernardino Attacks who were not interviewed for this research, due to time limitations as well as the limitations of a single researcher. Another limitation of this research was the homogeneity in the gender of the respondents. Objectively, there were far more

male officers who were involved in the December 2nd, 2015 emergency response, but there were some female officers involved who were not interviewed for this research who would have valuable, and potentially differing insights to share. Finally, it is also important to note that this was exploratory research using interviews as its source of data. The information gathered here cannot be used to prove any kind of causation.

Implications for Social Work Practice and Future Research

The findings presented here have several implications for social work. First, it is important for social workers working with law enforcement officers to know that there may be initial resistance to any kind of counseling. Thus, social workers must be ready to build rapport, and normalize the experience of speaking to a mental health professional. Social workers acting as crisis counselors following a mass-casualty incident or shooting should also take care to consider the present physical needs of the officers they are speaking to when trying to establish a therapeutic relationship: when is the last time the officer slept? It may be hard to do more than a basic risk assessment in the immediate aftermath of an incident, where a counselor may be one of many people officers are made to speak to. One thing that a social worker should make sure to assess in the aftermath of such an event is an officer's social support. From the interviews it is clear that support from either peers or family played a large role in the well-being of these officers following the shooting- which would likely be true after any future mass-casualty events. Even if counselors can only spend a few

minutes with officers, identifying and pointing them toward their social supports could be very helpful. Finally, social workers working with police officers following a shooting should go in without making assumptions- don't assume how the officer is feeling or what they are thinking. Stay curious, ask questions, and listen.

Additionally, social work can take steps to break down the stigma towards mental health discussions and treatment in the police community. Social workers and other mental health professionals could do outreach with local police departments to provide information about common challenges law enforcement officers may face, such as overuse of alcohol, depression, the effects of trauma/vicarious trauma, and PTSD. If local mental health professionals are seen in the law enforcement community during relatively low-stress periods, officers may be more inclined to feel like they can speak to them during times of stress or after incidents like the San Bernardino Attacks. Counseling teams and social workers shouldn't only be seen at the moment of a tragedy- strangers who stand between an officer going back to work or not. Instead, they should be a familiar resource, like a department chaplain.

At an even larger level, and as suggested by multiple officers interviewed in this research, law enforcement departments themselves can make policy changes that can support the well-being of their officers after a major incident as well as just day-to-day. As well as working with local mental health professionals to provide outreaches and trainings, departments should investigate ways that mental health of officers can be made just as much a priority as their physical

safety. One suggestion is to provide follow-up counseling to officers involved in major incidents- whether they fired shots or not- beyond the initial interview. Mandatory check-ins with counselors could be held, for example, a month after the event, six months after the event, and then a year out. This would allow for more processing time for the officers, as well as leave room for questions or symptoms that may come up over the passing of time to be addressed. Making it mandatory would likely be unwelcome to some, but it would bypass stigma and attitudes toward discussing mental health and get officers in front of a mental health professional. How much and what they say to the counselor would be up to each individual officer, but this would make mental health care more accessible for anyone who needs it and could act as a preventative measure against more serious mental health concerns.

As this study was small and focused narrowly on one group of law enforcement officers, more research should and could be done in the future. Unfortunately, major events like natural disasters, shootings, and terror attacks will continue to happen, and when they do, first responders will continue to help in whatever ways they can. More research can be done to help social workers and other mental health professionals help those first responders to the best of our abilities. Areas of research that could be considered include: differences in experiences following a serious event between different groups of first responders (police, firefighters, paramedics, etc), what therapeutic modalities are most appropriate for treating chronic exposure to traumatic events in law

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enforcement, and whether police attitudes toward mental health care really are changing with the times, as was brought up in this project.

Conclusion

This research was conducted to provide an exploration of the experiences of first-responding law enforcement officers following the December 2nd, 2015 San Bernardino Attacks, specifically what factors and interventions promoted their well-being and resiliency. Semi-structured interviews were held with eight officers and themes regarding helpful factors, department responses, and law enforcement culture and views of mental health treatment emerged. The information gathered from interviews was consistent with previous research on first responders' experiences following natural and manmade disasters. Recommendations from this research include specific practice considerations for social workers working with police officers, as well as making officer mental health a priority in individual law enforcement departments through more discussion of common mental health concerns and follow-up care following critical incidents.

APPENDIX A:

INTERVIEW GUIDE

Interview Guide

1. Demographics:
    a. Age:
        i. 20-30
        ii. 31-40
        iii. 41-50
        iv. 51-60
        v. 61+
    b. Gender:
        i. Male
        ii. Female
    c. Race
        i. White, Non-Hispanic
        ii. Other (Latino, African-American, Asian, Pacific Islander, Mixed-Race)
    d. Number of years working as a law enforcement officer:
        i. 0-5 years
        ii. 6-10 years
        iii. 11-15 years
        iv. 16-20 years
        v. 21+ years

2. How did your department react to the shooting?
    a. Did your department make counseling/other mental health care available?
        i. Was speaking to a counselor mandatory?
            1. If it was not mandatory, did you ever speak to a mental health professional in the three months following the attack?
    b. If you spoke to a mental health professional, did you find it helpful?
    c. If you did not speak to a mental health professional, why didn't you?
    d. What activities, people, or interventions did you not find helpful following the attack?

3. What was your experience following the attack?
    a. Did you experience psychological distress in the three months following the attacks, such as increased negative emotions (like fear, guilt, shame, anger, sadness), difficulty sleeping, or hypervigilance?
    b. Who was most supportive to you following the attacks?
        i. What did this person or people do that you found helpful?

c. What activities promoted your emotional resiliency in the three months following the attack?

4. Is there anything I didn't ask about that you would like to discuss?

APPENDIX B:

INFORMED CONSENT

Academic Affairs
College of Social and Behavioral Sciences
School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407

INFORMED CONSENT

909.537.5501 | fax: 909.537.7029
https://csbs.csusb.edu/social-work

The study in which you are asked to participate is designed to examine perspectives of law enforcement officers on what contributed to their resilience and emotional well-being following the San Bernardino Attack on December 2ⁿ, 2015. The study is being conducted by Hannah Capps, a graduate student, under the supervision of Dr. Janet Chang, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to explore what factors and interventions law enforcement find helpful following mass-casualty violence.

DESCRIPTION: Participants will be asked of a few questions on their experiences in the months following the December 2ⁿ attack, what interventions were provided by their departments, who and what factors were helpful in promoting resiliency, and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and data will be reported under pseudonyms.

DURATION: It will take 30-60 minutes to complete the interview.

RISKS: There may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation. Following the interview, you will be given a debriefing form with information on resources trauma and mental health care.

BENEFITS: There will not be any direct benefits to the participants. Information gathered in this study may be helpful for social workers working with law enforcement following future incidents.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Chang at 909-537-5184.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2019.

I agree to be audio recorded: _____ YES _____ NO

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED _1_/_18_/_2019_ VOID AFTER _1_/_17_/_2020_
IRB# _Sw 1922_ CHAIR _____

This is to certify that I read the above and I am 18 years or older.

_____   _____
Place an x mark here   Date

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APPENDIX C:

DEBRIEFING STATEMENT

Dear Participant:

Thank you for taking part in this study. My hope for this study is to both add to the literature on the experiences of first-responders following mass-casualty traumas such as mass shootings, natural disasters, and terror attacks, and provide social workers with a greater understanding of police culture and the experiences and beliefs you share. The answers you provided today will hopefully help provide better care for those who may be in your shoes in the future.

Discussing the effects of trauma can be difficult and can bring up emotions or memories that may be distressing. If you have concerns or would like to learn more about treatment options for trauma related symptoms, you may contact this researcher at 005988251@coyote.csusb.edu, or contact your insurance provider for information about what local mental health providers are available to you. Additionally, if you ever feel like you are in danger of hurting yourself or someone else, that is considered a medical emergency and you should call 911.

Hotlines:

National Suicide Prevention Hotline: 1-800-273-8255

- For Veteran Crisis Line, Press 1

Further Reading & Resources:

* Information on PTSD: https://www.ptsd.va.gov/

* P.I.S.T.L.E: Non-Profit dedicated to Post-Incident Stress and Trauma in Law Enforcement, https://www.pistle.org/

* Badge of Life: mental health resources for Law Enforcement, https://www.badgeoflife.org/

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