Protective Attributes: Resilience in Policing

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A recent newspaper article heralds results from studies on social environment and development of trauma (Dobbs, 2012). These studies claim that the social environment, after exposure to traumatic events, may determine whether or not individuals develop posttraumatic stress disorder (PTSD). The influence of social support as a protective factor for development of longer term symptoms is well known (Brewin, Andrews, & Valentine, 2000; Marmar et al., 2006; Ozer, Best, Lipsey, & Weiss, 2003; Wu et al., 2013; Yuan et al., 2011). The strength of social environment as a protective/risk factor points out that resilience goes beyond individual characteristics. This chapter provides an overview of current thinking and issues concerning resilience as it might be applied in law enforcement.

Defining Resilience

Reviewing the literature for a specific definition of the term resilience leads to the observation that it has been defined in numerous ways and has evolved over time. These definitions can be grouped into three forms as follows: 1) resilience as an individual characteristic like hardiness (Maddi, 2004, 2005; Wu et al., 2013); 2) resilience as a process of adaptation operationalized as a trajectory (Bonanno, 2012; Bonanno, Westphal, & Mancini, 2011; Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008; Norris, Tracy, & Galea, 2009); and 3) resilience as an outcome related to the ability to return to a symptom free state after exposure to stress or trauma (Southwick, 2011). In a recent commentary, Bonanno et al. (2011) point out that “resilience is not the result of a few dominant factors, but rather that there are multiple independent predictors of resilient outcomes.” This chapter addresses some of the factors thought to be predictors of resilience but the list of proposed factors is long and diverse—and there is too little agreement in the literature to address them all.

Resilience as an individual characteristic

Resilience as an individual characteristic different from recovery has been defined as the ability "to maintain a stable equilibrium" in the face of loss or trauma (Bonanno, 2004). Individual characteristics thought to be components of resilience are introduced in the following sections.

Resilience as Hardiness

Hardiness also known as "existential courage" refers to a personality style that influences the manner in which a person may interpret a critical incident, life stress, or traumatic event. Hardiness is thought to consist of three sets of cognitive styles or dimensions denoted by the terms *Commitment, Control,* and *Challenge.* The dimension of *Commitment* refers to the tendency to have meaningful engagement with people and events and to find meaning and purpose in potentially stressful events. *Control* is characterized as a sense of being in control with respect to ongoing struggles to maintain influence over the environment. *Challenge* means viewing each important environmental challenge as an opportunity for personal development (Kobasa, 1979; Maddi, 2004). Individuals with higher levels of hardiness are thought to be more resilient to the deleterious effects of stressors because they see meaning in their lives, feel in control of stressful events, and do not avoid challenging situations but see them as opportunities. Hardiness has been identified as a protective factor that may reduce the chances of developing PTSD and other forms of psychological distress (Andrew et al., 2008; Hoge, Austin, & Pollack, 2007; King, King, Foy, Keane, & Fairbank, 1999). A widely used instrument developed to measure hardiness is the Dispositional Resilience Scale (DRS-15) developed by Bartone (2007). Using this measure of hardiness Bartone, Roland, Picano, and Williams (2008) showed that

hardiness is associated with completion of U.S. Army Special Forces Training among training candidates (N=1138). Using the same measure of hardiness, Andrew et al. (2008) demonstrated that higher levels of hardiness are associated with lower levels of psychological distress among a sample of police officers from the Buffalo New York Police Department (N=105). These associations were stronger in magnitude among police women than men.

Resilience as psychological flexibility

An interesting addition to the literature on prevention of maladaptive consequences of life stress, occupational stress exposure, and exposure to potentially traumatic events comes from the literature on experiential avoidance. Experiential avoidance refers to internal behavior directed at controlling thoughts and emotions that we consider to be aversive (Biglan, Hayes, & Pistorello, 2008). Attempts to avoid unwanted thoughts and feelings, denoted by the term private experiences, include a variety of strategies, many of which have been labeled as maladaptive coping. These can include any attempt to "escape, avoid or modify" unwanted thoughts and emotions including substance use, avoiding situations that serve as reminders, and attempting to suppress unwanted thoughts and emotions (Hayes, Strosahl, & Wilson, 1999). The opposite of experiential avoidance is acceptance or willingness to have unpleasant thoughts and emotions while keeping a commitment to valued action (Hayes et al., 1999). The therapeutic model known as Acceptance and Commitment Therapy (ACT) provides an empirically tested theoretical foundation, grounded in behavior analysis, and clinical methods for helping individuals move from experiential avoidance toward identification of values; and commitment to taking valued action. Looking back at the section on hardiness we see an overlap in terminology—commitment—that points to a similar meaning related to committed occupational and social engagement. Since ACT targets experiential avoidance as a potentially maladaptive behavior,

and experiential avoidance is an important feature of PTSD then it stands to reason that ACT may provide interventions for enhancing resilience to potentially traumatic events (Biglan et al., 2008; Lombardo & Gray, 2005; Thompson, Arnkoff, & Glass, 2011). ACT also has a strong mindfulness component related to strengthening the capacity to stay engaged with the present situation rather than struggling to avoid intrusive memories and emotions or anticipated future events (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Mindfulness training has been shown to be associated with positive outcomes in individuals exposed to potentially traumatic events in various non-police populations (Thompson et al., 2011), and in police officers (Chopko & Schwartz, 2013). Mindfulness training is also being developed and applied in pre-deployment military training to protect against the effects of prolonged exposures to duty related stressors (Jha, Stanley, Kiyonaga, Wong, & Gelfand, 2010; Stanley, Schaldach, Kiyonaga, & Jha, 2011). The ACT model, incorporating both mindfulness exercises and methods for reducing experiential avoidance, does not require the presence of a psychological disorder or symptoms in order to be applied in preventive interventions, making it a promising candidate for improving resilience (Biglan et al., 2008).

Resilience as attachment

In so far as social support is a factor in preventing the development of symptoms after exposure to a potentially traumatic event, then an individual's ability to connect with others is an important factor in resilience. Secure attachment patterns in early childhood have been shown to help humans learn how to regulate affect, self-sooth, cope with stress and provide a template for other significant relationships in adulthood. Generally, if the child experiences the primary caretaker as responsive and nurturing, a secure attachment will form. If the child experiences the primary caretaker as unresponsive or inconsistently responsive, an insecure attachment may

form, which can result in a variety of problems including attachment related anxiety and attachment related avoidance (Bowlby, 1997; Mikulincer & Shaver, 2012). Both attachment related anxiety and avoidance interfere with individuals' ability to accurately appraise environmental threats and to cope with them effectively, in addition to interfering with effective mobilization of social support (Caldwell & Shaver, 2012; Karreman & Vingerhoets, 2012; Shaver & Mikulincer, 2008). The ability to establish and utilize a social support system is critical to coping with stressors.

Resilience in context: The importance of social support

Support from family members, friends and co-workers is thought to be important in the prevention and treatment of PTSD after exposure to a potentially traumatic event (Whealin, Ruzek, & Southwick, 2008). This has been verified in studies involving various populations including returning veterans, victims of violent crime and victims of serious motor vehicle accidents (Andrews, Brewin, & Rose, 2003; Barrett & Mizes, 1988; Pietrzak, Goldstein, Malley, Rivers, & Southwick, 2010; Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009; Robinaugh et al., 2011; Schumm, Briggs-Phillips, & Hobfoll, 2006; Tsai, Harpaz-Rotem, Pietrzak, & Southwick, 2012). Acute symptoms from exposure to potentially traumatic events can be disturbing to members of an individual's social group, potentially leaving them in relative social isolation. Negative reactions to acute or chronic trauma symptoms from family, friends and co-workers can also reinforce the experiential avoidance that is characteristic of PTSD. Peer support groups who understand the nature of trauma symptoms can be helpful in providing social support and a feeling of being understood (Tsai et al., 2012).

Resilience as an adaptive process

The most comprehensive definition of resilience to date is based on examining processes by which trajectories of resistance, adaptation and maladaptation occur after potentially traumatic events (Bonanno, Mancini, et al., 2012; Bonanno et al., 2011; Norris et al., 2008; Norris et al., 2009). Resistance is generally defined as little or no increase in symptoms after exposure to a potentially traumatic event, while resilience points to a transient pattern of increase in symptoms followed by a complete return to normal experience and functioning (Norris et al., 2009). Other trajectories include the following: a) recovery where there is a slower return to a higher baseline level of symptoms than before exposure; b) chronic dysfunction; c) delayed dysfunction with onset of more severe symptoms after some period of time with partially increased symptoms; and d) relapse and remitting patterns characterized by increases and decreases of symptoms with permanent remission (Norris et al., 2009). These patterns have been observed in several longitudinal studies of populations exposed to military deployment and terrorist attacks (Bonanno, Kennedy, Galatzer-Levy, Lude, & Elfstrom, 2012; Norris et al., 2009). As Bonanno et al. (2011) point out the resilient trajectory is not uncommon, in fact, it is the most commonly observed pattern while other trajectories are less common. Because of this it does not make sense to think of resilience as something conditioned by unusual individual characteristics. Additionally, resilient trajectories can be influenced by external contextual factors as well as individual characteristics so that an individual may be more or less likely to have a resilient trajectory after exposure depending on recent life history and availability of resources (Bonanno et al., 2011; Norris et al., 2008). One recent study showed that lower levels of negative emotion and higher levels of positive emotion were predictive of resilient trajectory in a longitudinal cohort of police officers (Galatzer-Levy et al., 2013). Beyond this result there is

little research on predictors of resilience as an adaptive process. This approach to defining and studying resilience requires longitudinal data, which is costly and takes considerable time to develop. Recent publications using data of this nature are still working to define appropriate ways of representing trajectories and examining very limited demographic and behavioral correlates related to adaptive coping. Therefore, it is too soon to make recommendations for interventions based on this definition of resilience (Bonanno, Kennedy, et al., 2012; Norris et al., 2009).

Implementations of resilience training

One excellent example of an implementation of a resilience intervention is reported by Arnetz (2009). This intervention was based on combining structured relaxation methods and rehearsal of skills for dealing with known police work stressors with the goal of achieving "optimal focus, effective weapons management, and navigating novel environments during a critical incident" (Arnetz, 2009). This study is longitudinal in that the resilience intervention took place a year before the simulated critical incident. Compared to controls the training group had lower levels of negative mood after the simulated critical incident and lower autonomic reactivity, as measured by increase from baseline heart rate, during the simulated critical incident. Objective observations of police performance during the incident were higher for the training group (Arnetz, 2009).

Policing is a high stress occupation where exposure to potentially traumatic events is common. Resistance, resilience and recovery from exposure to potentially traumatic events are essential to maintaining the health and effectiveness of police officers. This chapter provides an overview factors thought to be related to resilience and introduces the theory and practice of psychological flexibility as a potential new factor related to resilience. This topic is too large to

be well characterized in ten or twenty pages so this overview is necessarily limited in details and depth that can be found in excellent references like the recently published book entitled "Resilience and Mental Health: Challenges Across the Lifespan" edited by Southwick et al. (2011).

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