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Bachelor of Psychology

The Impact of growth focused psychoeducation on posttraumatic growth in police officers

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Statement of Originality

This thesis contains no material, which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository, subject to the provisions of the Copyright Act 1968

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For any errors or inadequacies that may remain in this work, of course, the responsibility is entirely my own.

Abstract

Scope

Early theories and models of coping focused exclusively on the negative outcomes following adversity (e.g. Chodoff, Friedman & Hamberg, 1964). More recently, the focus has shifted to include positive outcomes (Schaefer & Moos, 1992). Stress related growth (SRG; Linley, Joseph, & Loumidis, 2005), or benefit finding, following adversity has been described in a range of adverse situations. The majority of studies have investigated civilian populations (Kleim & Westphal, 2001), but first responder/military populations have more chronic trauma exposure, so civilian SRG findings may not be generalisable to non-civilian populations.

Early trauma treatment developed for returning military personnel became known as Critical Stress Incident Debriefing (CISD; Watts, 1994), which included psychoeducation about the negative outcomes following adversity. Worse outcomes were documented when police officers (Carrier, Lamberts, Van Uchlen, Gersons et al., 1998) were provided with CISD. Raphael, Melrduim & McFarlane (1995) suggested priming about negative outcomes may have elicited more negative symptoms, which raises the question of whether priming police about SRG would elicit more growth related outcomes.

Purpose

This study hypothesised that SRG could be primed in police officers and that due to the concentration difficulties associated with PTSD (American Psychiatric Association; APA, 2000), both written and verbal priming would be associated with more growth than verbal priming alone. Based on the current SRG literature, the study also investigated whether social support, PTSD symptom severity, general psychological wellbeing, and non-work related trauma histories mediate SRG in police officers. Finally, demographic variables such as length of service and sex were investigated to determine the possible impact on SRG in

police officers.

Methodology

Fifty-nine police officers that presented to psychologists for trauma-focused therapy were randomly assigned to one of three conditions (TAU without SRG psychoeducation, TAU with verbal SRG psychoeducation and TAU with verbal plus written SRG psychoeducation). The SRG psychoeducation was provided at the initial session (Time 1). All officers completed a questionnaire booklet of self-report measures at Time 1, comprising measures of social support (Significant Others Scale; Power, Champion & Aris, 1988), symptom severity (PTSD Checklist-Civilian version; Blanchard, Jones Alexander, Buckley & Forneris, 1996; Weathers, Litz, Herman, Huska & Keane, 1993), general psychological well being (General Health Questionnaire-28; Goldberg & Hillier, 1979), work related trauma incidents (Police Life Events Schedule; Carlier & Gersons, 1992; Carlier et al., 1996) and non-work trauma (Traumatic Life Events Questionnaire; Kubany, Haynes, Leisen, Owens, Kaplan, et al, 2000). Twelve weeks later (Time 2), officers completed the SRG measure (Stress Related Growth Scale; Park, Cohen & Murch, 1996) telephonically.

Results

Officers who received verbal plus written SRG psychoeducation reported significantly higher SRG than did officers who received either verbal SRG psychoeducation, or no SRG psychoeducation. Stress related growth scores did not differ significantly between the verbal SRG psychoeducation or no SRG psychoeducation conditions. Contrary to expectations, none of the factors that appear to predict SRG in other populations (levels of satisfaction with social support, PTSD symptom severity, general psychological well-being, work and non-work related trauma) contributed to the model in this study. Length of service and sex did not contribute significantly to SRG in this study.

General Conclusions

Priming police officers with SRG psychoeducation can result in higher levels of SRG 12 weeks after priming, when priming is both verbal and written. Several factors that may mediate SRG in police (e.g. organisational culture, the medical discharge process and alcohol use) will need to be investigated to better explain the predictors of SRG predictors in police officers.

Implications

This study demonstrates that while police officers do report SRG following adversity, a brief, low cost intervention can elicit higher rates of SRG in police officers. The increased risk of developing PTSD and the chronicity of trauma exposure in police officers suggests that interventions aimed at eliciting positive sequelae following adversity would be prudent.

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