



**Tilburg University**

*Developmental and  
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## **Literature research on professional resilience among police officers**

Commissioned by the Ministry of Justice and security, WODC, Scientific  
Department of External Relations

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Juni 2013



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This report is a publication of:

Faculteit TLS, INTERVICT  
Faculteit TSB, Developmental and Forensic Psychology

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## Summary

### The definition of professional resilience

Policemen are often confronted with sudden events, have to deal with aggression and meet with a lot of grief and suffering. They are expected to be 'resilient'. But what is meant by 'resilience'? There is no uniform definition in the literature. Resilience refers to a personal and relational mark and it indicates how someone manifests himself in a professional relationship and in an organisation. Most studies define 'resilience' as the ability to deal with adversity, to recover from negative experiences and to be able to find a balance between burden and capacity. (ao Everly, 2011). In this study a working definition of resilience will be developed on the basis of existing literature. Professional resilience is being defined as: *“an interplay between individual, inter-relational and organisational factors of flexibility. Professional resilience is someone’s ability to act resolutely and to face up to difficult and extreme situations by balancing between burden and capacity and the ability to bounce back mentally, socially and physically afterwards.”*

### The scientific basis of professional resilience

Professional resilience is a multidimensional concept. Professional resilience is the way an individual may react in an extreme situation within a specific context. Professional resilience is also indicative of the degree of an individual's elasticity and flexibility to return afterwards to the level from before the event (Reich, Zautra, & Hall, 2010). Professional resilience can be divided into three clusters: individual, inter-relational and organisational flexibility.

### Factors and indicators to measure professional resilience and measure instruments

As was described earlier professional resilience consists of an individual, inter-relational and organisational indicator to which several factors on three different levels may contribute. Individual factors relate to emotional stability, problem-solving coping, trust, perseverance and determination, but also to depression, fear, restlessness and sleeping

problems. Inter-relational factors have to do, among others, with good communication, team belief, sharing of experiences and using social networks. But they also relate to a lack of social support, collective resilience and a lack of control over work environment. Organisational factors relate among others to the quality of decision-making, the quality of the organisation's information flow, but also to a lack of balance between the organisation's interests and individual interests, and to a lack of training opportunities. Professional resilience therefore is measured on the basis of three constructs: individual, inter-relational and organisational flexibility.

From the literature we learn that most instruments measure individual factors, like depression, fear, motivation coping. Self-report instruments are most common and sporadically neuropsychological tests are used (o.a. Henning Fast, 2009). The psychometric qualities in order to measure individual and inter-relational indicators of professional resilience are sufficiently reliable and valid.

Connection between professional resilience of police officers and mental ill health, motivation and sick leave.
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Research has shown that police personnel can be regarded as a resilient. Only a small group shows mental ill health as a result of extreme situations. This can lead to sick leave and failure of some people (a.o. Galatzer-Levy, 2011). Individual and inter-relational problems, like depression and a lack of social support, can increase the risk of sickness and failure. Motivation positively correlates with professional behaviour, perseverance, ambition and performance. Intrinsic motivation also correlates with the perception of career choice (career motivation). A wrong career choice might frustrate intrinsic motivation and increase the chance of losing professional resilience (Mauno, Feldt, Tolvanen, Hyvonen, & Kinnunen, 2011). Motivation and professional resilience are also linked to organisational factors. A motivating style of leadership and organisational social support positively correlate with professional resilience (a.o. Brunetti, 2006). An organisation lacking in support, showing inadequate decision-making and lacking a good information flow can negatively influence professional resilience.

## Factors of professional resilience that can be influenced

Age, gender, years of service and personal characteristics are static factors that cannot be influenced but they can have an effect on professional resilience. However, most of the individual and inter-relational factors mentioned earlier and the indicator individual flexibility can be changed. Implementing organisational changes is difficult and often depends on the managers. This demands an open culture, deliberation and commitment of personnel, including managers. Intrinsic factors are resources and competences of individual workers. Extrinsic factors or resources can be delivered from outside.

## (in)Effectiveness of interventions for improving professional resilience.

Most interventions are directed towards treating/preventing symptoms of PTSS. Interventions can be primary, secondary or tertiary. Primary interventions among others aim to prevent distress and other complaints while no traumatic event has taken place. Primary interventions focus on a whole professional group. Plat, Frings-Dresen and Sluiter (2011) carried out a systematic review of the effectiveness of interventions among police, ambulance personnel, firemen and military. Examples of primary interventions are trauma-resilience training, stimulating healthy lifestyles and training flexibility and endurance which can be marked as promising.

Secondary interventions are specifically aimed at a segment of a professional group in order to prevent (mental) problems by 'interfering' as soon as possible immediately after a traumatic event. Secondary interventions are directed towards preventing symptoms of PTSS. Psychological debriefing is a method aimed at posttraumatic care (van Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002; Devilly, Gist, & Cotton, 2006; McNally, Bryant, Ehlers, 2003; Rose et al., 2003; Wessely & Deahl, 2003). Debriefing is increasingly offered by organisations where employees face an increased risk at experiencing traumatic events, like police, firemen and ambulance personnel (Wessely & Deahl, 2003). Critical Incident Stress Debriefing (CISD) is a method aimed at talking over traumatic events (e.g., Dyregrov, 1997; Mitchell, 1983). CISD is a crisis intervention and not a psychological treatment of a pathological

reaction. Research has shown that this method can lead to cognitive reconstructions of the memories of a traumatic event reducing stress and adding meaning to the traumatic event (Everly, Flannery, & Eyler, 2002; Mitchell & Everly, 1995). Studies on its effectiveness differ. Studies by Everly and colleagues (Everly & Boyle, 1999; Everly, Boyle, & Lating, 1999; Everly et al., 2002) indicate that debriefing and CISD are effective. But other studies show that these kinds of intervention methods are little effective in preventing PTSS (a.o. Bryant, 2002; Feldner, Monson, & Friedman, 2007; Litz, Gray, Bryant, & Adler, 2002; Rose et al., 2003; van Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002; Wessely & Deahl, 2003) or could even have negative effects on those concerned. Process debriefing can be compared to CISD, the difference being that more attention is paid to the group character of the intervention. Efficient mechanisms constitute the expression of thoughts and feelings and the restructuring of the event (Dyregrov, 1997).

Tertiary interventions are aimed at the professional group that suffers from psychological and/or physical complaints as a result of a traumatic event. The essence of Cognitive Behaviour Therapy (CBT) is the hypothesis that (irrational) cognitions (thoughts) cause dysfunctional behaviour, like avoidance behaviour or aggression. CBT aims at changing the meaning of the event and has proved to be efficient with police personnel and other risk groups (ao Becker et al. 2009). Eye Movement Desensitization and Reprocessing (EMDR) is a structured form of psychotherapy that can be used in combination with other treatments. EMDR lets the patient focus on an external, distracting stimulus while trying to remember the traumatic event as exact as possible. EMDR is sometimes compared to CBT while others link it to exposure therapy (a.o. Lansing et al. 2005). Research shows that EMDR is effective in treating PTSS and stress symptoms of police personnel (a.o. Lansing, Amen, Hanks, Rudy, 2005).

Preventive and/or curative interventions
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There is some controversy about when professionals should be offered interventions. Some think that interventions should only be offered to people who have experienced an extreme situation while others emphasize the preventive aspect of an intervention and find that every

professional who runs the risk of being confronted with a traumatic event should have an intervention. Prevention means here that professionals are being trained to handle physical complaints and to help cure them.