A STUDY OF THE EFFECTIVENESS OF A DEATH NOTIFICATION TRAINING

SEMINAR FOR LAW ENFORCEMENT OFFICERS

by

Brandon Jeremy Register

(Under the direction of Alan E. Stewart)

ABSTRACT

This study evaluated the effectiveness of a death notification training seminar for law enforcement officers developed by Alan Stewart and Janice Harris Lord. Previous research has demonstrated that a significant portion of law enforcement officers have received little to no death notification training, yet the majority of officers have delivered at least one death notification (Stewart et al., 2000). Participants (N=307) were a mix of law enforcement officers (n=163), chaplains (n=25), victim advocates (n=32), and nine other categories of law enforcement personnel (n=87) across five states in the United States. Results of pre and post measures indicated that the seminar was viewed to be effective overall; that it enhanced the death notification skills of participants; that it increased their confidence in performing a compassionate and thorough death notification; and that participants generally felt prepared to handle circumstances which commonly surround death notification after attending the seminar. Differences in reported death notification experiences were analyzed by gender and professional identification. Males reported performing significantly more death notifications than females, and significant differences were found between Officers, Chaplains, and Victim Advocates on

several measures of emotional response during death notifications. Implications are discussed for future death education programs and for law enforcement personnel.

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I know that people don't normally read the acknowledgements unless they contributed to the final product in some way, and they are checking to see if their name made it into the section. So, if you care enough to read this that probably means that you did contribute in some way whether your name is listed or not. If you know me very well you know that I probably wrote this on the day of the deadline at the very last minute, and didn't have time to include everyone who contributed. Nonetheless…

I would like to begin by thanking God that I ever even got to this point. Without faith in spite of trying circumstances and overwhelming blessings in spite of consistent failures and shortcomings, I would not be writing this.

My parents always taught me through their actions that hard work and virtue go a long way even on days when you don't have much else to work with. Knowing what an accomplishment like this would mean to them is about ninety percent of what kept me going on those late nights when I just wanted to stop studying or stop writing…the other ten percent was student loans. Mama: Thank you for encouraging me ever since I was born and for always telling me there was a way to do whatever I wanted to do. Daddy: Thank you for never telling Mama that she wasn't exactly right about that, even though I could see it on your face. If everybody had parents like the two of you the world would be a better place.

My brothers: Eric: The way you talked about my accomplishments to other people before I ever accomplished them made giving up impossible. You'll never know how much I

appreciated that. Now you can truthfully tell people that I have a Ph.D. and I won't feel so weird about it. Kevin: If I had known how close we would be as adults there are several times I wouldn't have hit you when we were younger. I can always count on you to take my side no matter what kind of problem I call you with. Adam: I knew that I was getting old when I went to your high school graduation and thought about the day that you were born when you walked on the stage. Thank you for always making a sarcastic comment when I talked about any of my accomplishments.

Grandma: I'm glad that you are able to see this come to fruition after all of the time you and Papa spent encouraging me for all of these years. He used to tell me to get an education so that I could "get a job in the air conditioning." I don't know that he meant for me to go to college for thirteen years though… I am so proud that I got to live next door to you my whole life and make memories that I will never forget. Now that I have a little time off… let's go fishing!

Granny and Granddaddy: Neither of you are here, but you are still with me. Thank you for raising a woman like my mother and for creating a family like ours.

Erin: What in the world was I doing before you and Claire came into my life?! Things that I thought didn't make any sense before you now make perfect sense. I think about you every time a prayer doesn't get answered when or how I want it answered. You take care of me and love me like nobody ever has, and I cannot wait to see what God has in store for our lives together. Now, if you can just continue to keep the ship afloat until I get done with this postdoc….

Finally, I would like to thank Dr. Stewart for spending a significant portion of the past few years mentoring me and guiding me through this process. When I've been in the profession a

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CHAPTER I

INTRODUCTION

Traveling by private motor vehicle is the primary means of transportation in the United States. The convenience and personal freedom automobiles have provided Americans and others around the world to travel long distances in a relatively short amount of time is unprecedented throughout history. This convenience has come with a price, however. In 2006 alone there were 42,642 people killed and 2,575,000 injured in an estimated 5,973,000 automobile crashes in the U.S. The National Highway Traffic Safety Administration (NHTSA) reports that a person is killed in an automobile crash every twelve minutes on U.S. highways (NHTSA, 2007). Approximately one out of every ten of the fatal automobile crashes in the U.S. in 2006 occurred in either Georgia or Florida (NHTSA, 2007).

Death by automobile crash is heavily skewed toward the youngest Americans. Automobile crashes are the leading cause of death for persons aged 2 through 34 in the U.S. (NHTSA, 2008). Nearly 40% of the victims of fatal automobile crashes in 2005 were under 30 years old (NHTSA, 2008). Countless variations have been noted between "timely" deaths, which are anticipated, and of natural causes, and "untimely" deaths which are sudden and violent (Webb, 2002). Stewart (1998) has suggested that the sudden, untimely, preventable, and violent nature of the deaths of victims of automobile crashes may frequently lead to complicated grief reactions by family members. Others have shown that parents of young children may be particularly vulnerable to these types of reactions (Miles & Perry, 1985; Leash, 1994) and that

bereaved parents are at increased risk for developing post-traumatic stress disorder (PTSD) (Murphy et al., 1999; Thompson, Norris, & Ruback, 1998). Mercer and Evans (2006) have shown that multiple losses or physical injuries, such as those that commonly occur in violent automobile crashes, can alter grieving patterns of family members. Van der Kolk and Fisler (1995) have demonstrated the importance of the information phase for surviving family members after a death, showing that failure to construct a trauma narrative may lead to the development of PTSD.

Law enforcement officers on duty at the time of fatal automobile crashes are commonly charged with delivering the news of the death to friends and family (Byers, 1991). Results of many previous studies of law enforcement officers indicate high levels of job stress in general (e.g. Alkus & Padesky, 1983; Hedgley, 2008; Marshall, 2004; Spina, 2007), significant stress and anxiety over the task of death notification (Clark & LeBeff, 1982; Eth, Baron, & Pynoos , 1987; Hart & DeBernardo, 2004) and little emotional support from superiors or peers (Eth et al., 1987). In one study, interviews with over half of the officers revealed denial and ritualization strategies used to maintain personal and emotional distance when delivering a death notification (Eth et al., 1987). Stewart et al. (2001) reported that nearly half of the death notifiers in their study had not taken part in formal classroom or experiential death notification training prior to the training seminar involved in the study, and that "respondents indicated that the seminars substantially enhanced their death notification skills" (p. 221). Other studies have also shown that the majority of death notifiers have received no curriculum-based training in the appropriate delivery of the notifications (Hall, 1982; Hodginson & Stewart, 1998; Jones 1985; Stewart & Lord, 1999).

Janzen, Cadell, and Westhues (2003) studied twenty sets of parents who had lost children unexpectedly, and listed the following police actions to be helpful to parents during and immediately after the notification: helping to contact friends and relatives, transportation to the hospital, being thorough in the investigation (of the death), respecting parents' wishes, providing information, and demonstrating empathy and sensitivity. These emerging themes indicated that the parents in this study appreciated more than simple information from the officers involved, and that some of the actions taken by officers that were appreciated most might require advanced skills to execute effectively in the heat of the moment. The authors stated, "Participants reported that these types of interventions assisted them in surviving the trauma, processing it, and beginning to grieve in a healthy way" (Janzen et al., 2003, p. 157). Parallel unhelpful behaviors by the officers were not discussed in the study, but the authors reported that the unhelpful interventions were typically opposite of the positive interventions, such as not providing parents with information about the incident, not respecting parents' wishes, and not demonstrating empathy and sensitivity when discussing the event that caused the death (Janzen et al., 2003).

Stewart, Lord, and Mercer (2001) reported that some relatives of victims of drunken driving crashes have stated that they were notified by officers of the death in insensitive ways such as telephone calls, and in one case, by a sticky note taped to a family's front door to notify them that their daughter had been killed. Rather than place blame on an officer as incompetent or insensitive for this sort of behavior as some families understandably have (Hart & DeBernardo, 2004), it is important to consider the social dynamics at play in these scenarios, and to reflect on the possible reasons for them playing out in relatively consistent ways. A tendency to avoid discussions of death with others gives some hint as to the difficulty these officers must face when

they are frequently called upon to deliver the tragic news to family members. It is no wonder that such a task is generally faced with dread and occasionally compulsions to avoidance.

Family members and close friends of sudden death victims are undoubtedly the most devastated during this process, but they are not the only ones who suffer. Mohta, Mohta, and Sethi (2006) have reported significant psychological trauma of caregivers and family members of victims with severe injuries who survived. Dick (1996) has even suggested that sudden loss may affect many of those who have never even known the deceased, such as law enforcement personnel and emergency medical staff. In fact, officers themselves have frequently reported symptoms of PTSD after being exposed to death on the job (Robinson, Sigman, & Wilson, 1997), and one study has shown that communication variables with supervisors can even contribute to the variance in post-traumatic symptoms officers experience after a traumatic experience on-duty (Stephens & Long, 2000). Riddle (2000) has demonstrated a positive correlation between death anxiety, burnout, and aggression, while others have shown a positive relationship between burnout and attitudes toward the use of violence while officers are on duty (Kop, Enwema, & Schanfeli, 1999). Additionally, Tang and Hammontree (1992) have shown that high levels of stress in law enforcement officers are significantly related to illness and absences from work.

Fortunately, death research and education is conducted and provided through various mental health agencies. Wass (2004) has suggested, however, that there is a tendency to avoid the subject of death even within the field of psychology. She states that the call for death education programs faces frequent institutional resistance, and is rarely acknowledged as a need at all. But for quite some time there has been a call in the field for more honest public communication about death and for death education programs (e.g. Feifel, 1977). Feifel (1990)

suggests that psychology's first organized approach to the study of death was a symposium he initiated and chaired over fifty years ago at the 1956 meeting of the American Psychological Association (APA). Additionally, Meagher (2007) has spoken more recently of the need for professional grief counselors to become more knowledgeable of the impact of trauma on the grief process.

Many grief intervention programs have received positive survivor support in the past (e.g. Williams & Frangesch, 1995). Kontogiannis (2000) suggested that future studies of these types of programs focus on the effects of death notification and bereavement outcome, and Stewart, Lord, and Mercer (2000) have reported officer difficulties in managing survivor reactions to death notification, and the officers' attempts to manage their own stress throughout the process. Preparation of law enforcement personnel to effectively deliver a death notification is essential for protecting the emotional well-being of survivors of the victim, but is also essential for protecting the officer themselves. As Sadr (2006) has suggested, we must work to protect those who protect us through prevention first, and not intervention after symptoms have surfaced. Or, as he most fittingly asked in the title of his dissertation, "Is there an obligation to preserve, protect, and insulate those who serve and protect?" (p. 1).

Purpose of the Study

The purpose of this study was to evaluate the effectiveness of a death notification seminar developed by Lord and Stewart, in association with Mothers Against Drunk Driving (MADD) and the Office for Victims of Crime (OVC) in the Department of Justice. Stewart et al. (2000) demonstrated that a significant portion of law enforcement officers have received little to no death notification training, yet nearly 70% of the officers in the study had delivered at least one

death notification. It is hoped that the current study will provide meaningful information toward the further development of death education programs like the one in this study, and be used to inform death notification protocol decisions within law enforcement agencies, and contribute to a growing literature on the topics of death and loss.

Statement of the Problem

The problems under consideration in the current study are: 1. whether members of law enforcement agencies will generally perceive the death notification seminar in this study to be effective at preparing them to deliver a death notification, and 2. whether particular demographic variables, such as professional identification within the law enforcement agency (officer, chaplain, victim advocate) and gender, predict prior death notification experiences (number of death notifications performed, emotional reactions to the notification, etc.).

General Hypotheses

Given the established lack of training programs in death notification within law enforcement agencies and the demonstrated effectiveness of the current program (Stewart & Lord, 1999), it is predicted that the seminar in this study will generally be viewed as effective or helpful in several ways. Specifically, participants will report that the seminar enhanced their death notification skills, and that they are more confident in performing a compassionate and thorough death notification after attending the seminar. They are expected to report that they generally feel prepared to handle circumstances which commonly surround death notification after attending the seminar, and that the seminar was helpful in teaching them a variety of skills related to death notification. They are also expected to report that the seminar achieved its stated goal to "enhance awareness of the complexities and the emotional challenges of death

notification, identify essential needs of the bereaved, and provide strategies for compassionate and thorough death notification."

Professional identification is predicted to have a significant impact on of the task of death notification, particularly between officers and chaplains and officers and victim advocates. Officers have generally received less training in how to talk with others about difficult subjects like death than have chaplains and victim advocates. This is expected to show up in several ways, including officers reporting more emotional distress during their most recent death notification when compared to chaplains and victim advocates. Officers are also expected to report significantly less sympathetic reaction to survivors than are chaplains and victim advocates due to the officers' call of duty to enforce the law, as opposed to chaplain and victim advocate mandates to be sympathetic toward the suffering of others. Officers and chaplains are expected to report performing death notifications for a significant amount of time longer than victim advocates and to have performed them more often in the past six months due to their closer involvement in death-related incidents than victim advocates (officers being called to a fatal automobile crash, etc.), and anecdotal evidence from law enforcement agencies suggesting that chaplains are frequently involved in death notifications with investigating officers.

The National Center for Women and Policing (2002) reports that women are increasingly becoming a part of the law enforcement workforce, but that law enforcement continues to be a male dominated field. Research by Simon and Nath (2004) and others has indicated that there is a societal belief that women are more emotionally reactive than men, but that this may not be the case. Considering these societal dynamics, it is likely that men are performing the majority of law enforcement death notifications, and have been doing so for some time. Therefore, women in this study are expected to report significantly less time performing death notifications as part of

their work than men, and will report performing significantly fewer death notifications than men over the past six months.

Research Hypotheses

Considering the general hypotheses above the following null hypotheses were tested in this study:

1. There will be no differences in the reported number of years performing death notifications between males and females in this study.

2. There will be no differences in the reported number of death notifications performed in the past six months between males and females in this study.

3. There will be no differences in the reported number of years performing death notifications between law enforcement officers, chaplains, and victim advocates in this study.

4. There will be no differences in the reported number of death notifications performed in the past six months between law enforcement officers, chaplains, and victim advocates in this study.

5. There will be no differences in the reported emotional reactions to performing death notifications over the past six months between law enforcement officers, chaplains, and victim advocates.

6. There will be no differences in the reported prior death notification training experiences between law enforcement officers, chaplains, and victim advocates.

7. There will be no differences in the ratings of death notification skills before the seminar in this study and the ratings of death notification skills after the seminar in this study.

Scope of the Study

This study is designed with the death notification skills and experiences of law enforcement personnel in mind, particularly officers, chaplains, and victim advocates since they constitute the largest collective sample of the population of the study. Although the experiences of survivors are of tremendous importance and were used to inform some of the content of the death notification training seminar used for this study, focus on the skills and experiences of the notifier will benefit both parties. This study is limited to examining perceptions of the effectiveness of the seminar across the entire population of the study; to making comparisons about various aspects of the death notification process between three independent samples (officers, chaplains, victim advocates) within that population; and to examining the relationship between gender and prior death notification experiences. All of these research questions were evaluated through participant self-report on the Death Notification Seminar Questionnaire (DNSQ), which was developed by the authors of the seminar.

Definition of Terms

Abilities. Abilities were measured through officer self-reports of actual behavior in performing death notifications before and after the death notification training seminar, and are synonymous with skills in this study (e.g. To what extent did you tell survivors about the death using one or more of the following words: death, dead, die, died, killed?).

Chaplain. A member of the clergy who conducts religious exercises such as prayer and performs other services such as counseling for a particular law enforcement agency. Chaplains may also serve as law enforcement officers in some cases.

Complicated Grief. A response to a death that deviates significantly from normal expectations. There are at least three different types of complicated grief: chronic grief, which is more intense, prolonged, or both; delayed grief; and absent grief. Most often observed is the pattern in which the immediate response to the loss is exceptionally devastating and in which the passage of time does not moderate the emotional pain or restore competent functioning. The concept of complicated grief was intended to replace the earlier terms abnormal grief and pathological grief (APA, 2007).

Death Notification. For the purposes of this study 'death notification' is narrowly defined as death notification by a law enforcement officer to family or friends of the victim(s). Law enforcement officers are most commonly involved in the death notification process after a fatal automobile crash.

Death Notification Self-Efficacy. Participants' perceived subjective perception of their capability of performing a compassionate and thorough death notification.

Fatality Analysis Reporting System (FARS). A large, archival database initiated in 1975 by the National Highway Traffic Safety Administration (NHTSA) to record vital crash-related statistics and to assist investigators in conducting car crash research (Stewart, 1999).

Mothers Against Drunk Driving (MADD). An organization whose mission is to stop drunk driving and to support its victims. It was known as Mothers Against Drunk Drivers until 1984.

National Highway Traffic Safety Administration (NHTSA). U.S. Government agency who states as its goal "to save lives, prevent injuries, and reduce economic costs due to road traffic crashes, through education, research, safety standards and enforcement activity."

Posttraumatic Stress Disorder (PTSD). In DSM-IV-TR, a disorder that results when an individual lives through or witnesses an event in which he or she believes that there is a threat to life or physical integrity and safety and experiences fear, terror, or helplessness. The symptoms are characterized by (a) re-experiencing the trauma in painful recollections, flashbacks, or recurrent dreams or nightmares; (b) diminished responsiveness (emotional anesthesia or numbing), with disinterest in significant activities and with feelings of detachment and estrangement from others; and (c) chronic physiological arousal, leading to such symptoms as exaggerated startle response, disturbed sleep, difficulty concentrating or remembering, guilt about surviving when others did not, and avoidance of activities that call the traumatic event to mind (APA, 2007).

Skills. Skills in performing a compassionate and thorough death notification were measured through officer self-report of skill or ability on a scale from 1 to 10, with 1 indicating "little" skill or ability and 10 indicating "very" skilled or "very much" able. (e.g. Looking back at the death notifications you performed in the six months before attending this seminar, to what extent did you possess the skills to perform a compassionate and thorough notification?)

Trauma Narrative. An explanatory story of an event in which a person witnesses or experiences a threat to his or her own life or physical safety or that of others, and experiences fear, terror, or helplessness as a result (APA, 2007; e.g. A parent's story of their child's death in an automobile crash.).

      <u>Victim Advocate.</u> Victim Advocates are law enforcement professionals who assist crime victims and witnesses in locating and utilizing resources to better their emotional and mental health in the aftermath of crime. They are frequently college educated with degrees in fields such as social work and criminal justice.

CHAPTER II

LITERATURE REVIEW

<u>Law Enforcement Officers and Trauma</u>

Since the 1970s psychological literature has been saturated with various terms to describe

reactions to trauma (Alexander, 1999). Terms like Soldier's Heart, Railway Spine, War

Psychoneurosis, Gross Stress Reaction, Shell Shock, and Concentration Camp Syndrome were

all frequently used to describe sets of symptoms such as intrusive flashbacks, nightmares,

emotional blunting, detachment from others, unresponsiveness, and avoidance, which occurred

after some particular traumatic experience. For example, Railway Spine was "a condition

reported after railway collisions characterized by memory impairment, irritability, and

nightmares" (p.2). Collectively, these symptoms and others would come to be more commonly

known as Posttraumatic Stress Disorder (PTSD) after the publication of the DSM-III in 1980.

Judith Herman's "Trauma and Recovery" states, "Psychological trauma is an affliction of

the powerless. At the moment of trauma the victim is rendered helpless by overwhelming

force… Traumatic events overwhelm the ordinary systems of care that give people a sense of

control, connection, and meaning… Traumatic events are extraordinary, not because they occur

rarely, but rather because they overwhelm the ordinary human adaptations to life" (p. 33). These

prophetic statements and others like them echo through her seminal work on the prevalence of

trauma in our culture. Herman's suggestion in 1992 that the original DSM-III definition of PTSD

was too narrow and had "proved to be inaccurate" (p.33) has been validated through subsequent

studies of the pervasiveness of traumatic experiences in the lives of everyday Americans (e.g. Bradley, Schwartz, and Kaslow, 2005). The DSM-III (1980) had described the nature of traumatic events as outside the range of usual human experience (American Psychiatric Association, 1980).

Studies of trauma exposure in the general population have led to some startling conclusions. It is no longer assumed that symptoms resulting from traumatic experiences are limited mainly to persons involved in military combat. Duke and Vasterling (2005) state that the definition of trauma was revised in the DSM-IV in recognition of research suggesting that traumatic experiences were, in fact, not that uncommon. In the National Comorbidity Survey (NCS) a representative sample of 5, 877 Americans aged 15-54 reported rates of traumatic events in their lifetimes at 60.7% for men and 51.2% for women (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Hildalgo & Davidson (2000) found a range of trauma exposure from 36.7% to 92.2% when evaluating trauma studies conducted between 1987 and 1998, and Breslau (2002) reported a rate of 40-60% of trauma exposure in his study. He suggests that the wide variation in exposure rates may reflect differences in assessment strategies of the researchers and in the ever-changing definition of stressors in different versions of the DSM. Whatever the case it is highly evident from these studies and others that traumatic experiences do not necessarily fall outside of the range of normal human experience. Phelps (2008) even suggests that prevalence rates for diagnosable PTSD are as high as 8% in the general population in the United States, making it as common as major depression in primary care settings.

Although exposure to trauma is relatively common in our culture, only about 25% of those exposed to a traumatic event actually develop PTSD (Green, 1994). Ozer, Best, Lipsey, and Weiss (2003) conducted a large-scale meta-analysis of studies predicting PTSD risk factors

and found that among several major predictors were history of prior trauma, previous psychologial adjustment, family history of psychopathology, perceived threat to one's life, peritraumatic emotional responses and dissociation, and posttraumatic social support. Duke and Vasterling (2005) suggest that "because traumatic events trigger PTSD in only a subset of exposed individuls, the identification of risk and protective factors for developing PTSD after being exposed to a traumatic event has become of increasing interest " (p.10). Koopman, Classen, Cardena, and Spiegel (1995) have even noted that Acute Stress Disorder symptoms are predictive of chronic PTSD.

Considering the high level of exposure, there are still a significant number of Americans who suffer, not only from the symptoms of PTSD, but from the comorbid psychiatric disorders that frequently result. Breslau, Davis, Peterson, and Schultz (1997) found a lifetime rate of 73% of psychiatric comorbidity with PTSD, and Brown, Campbell, Lehman, Grisham, and Mancil (2001) found that in a sample of 1,127 psychiatric outpatients diagnosed with PTSD, 77% met criteria for major depression, whereas 23% were dysthymic. Additionally, lifetime prevalence of alcohol abuse or dependence was at 51.9% and drug abuse or dependence was at 34.5% for men diagnosed with PTSD in the NCS (Kessler et al., 1995).

Trauma exposure has also been found to significantly limit cognitive functioning. Vasterling, Brailey, Constans, Borges, and Sutker (1997) found that lower verbal intellectual performance was predicted by PTSD status, and a study by Gil, Calev, Greenburg, Kugelmass, and Lerer (1990) yielded similar results. Poor concentration has been observed so frequently in those with PTSD that its presence has become a part of the DSM diagnostic criteria for the disorder (Vasterling & Brailey, 2005). Deficits in learning and memory have also been frequently demonstrated by those with PTSD (e.g., Yehuda, Golier, Halligan, & Harvey, 2004),

as have some deficits in language, particularly in phonemic list generation (e.g. Gil et al., 1990; Bustamante, Mellman, David, and Fins, 2001).

For quite some time a lack of understanding existed regarding the symptoms of psychological trauma. In many instances this resulted in poor treatment toward those who had experienced the trauma. For example, Copp and McAndrew (1990) reported that some World War II soldiers received a dishonorable discharge for "lack of moral fiber" after demonstrating posttraumatic symptoms while in service. Additionally, Herman (1992) presents a stunning case of the treatment of women of trauma who were pathologized as neurotic and even psychotic after demonstrating intense anxiety symptoms following traumatic experiences. Lasiuk and Hegadoren (2006) suggest that the significance of PTSD as a clinical diagnosis as included in the DSM-III cannot be overstated, and that the formal declaration of these traumatic symptoms as a clinical phenomenon worthy of diagnosis and treatment legitimized and validated the experiences of the affected individuals.

PTSD is a unique DSM diagnosis in that its symptoms are linked to a specific traumatic event or set of events (Breslau, 2002). The broadening of the definition of a traumatic event to include even secondary trauma as a qualifying stressor has been somewhat controversial (see McNally, 2003). However, the DSM-IV TR definition which defines a traumatic stressor as when a person "experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others" and experienced a subjective response of "intense fear, helplessness, or horror" (American Psychiatric Association, 2000, pp. 467) will be respected as the standard in this review.

Law Enforcement professionals are frequently exposed to traumatizing events. Marshall (2006) studied the cumulative career traumatic stress of officers in Delaware and found that 96% of respondents stated that their opinions of others had changed since being on the job, 92% reported that they no longer trusted others as a result of the job, and 82% felt that the world is an unsafe place. An additional 54% reported that job stress affected their relationships, and 53% indicated that their faith or religious beliefs had changed. Other areas affected by traumatic stress included a change in appetite (51%); a loss of interest in pleasurable activities (47%); intense fear, helplessness, and horror (31%); and suicidal ideation (11%). Asmundson and Stapleton (2008) reported that all 138 active duty police officers in their study reported experiencing at least one event that they considered traumatic, and 31.9% of the officers in the study met criteria for PTSD. McCaslin et al. (2006) demonstrated that difficulty identifying, describing, and/or expressing emotions was associated with a higher likelihood of development of PTSD in police officers involved in the 9/11 attacks in New York City.

Traditionally, there has been a notion that a person suited to the job of police officer, paramedic, or firefighter should be immune to the effects of trauma (Rogehr and Bober, 2005), or that exposure to trauma is simply an undesirable part of the job that must be endured with heroic stoicism. Studies of the emotional distress of police officers and other emergency workers following traumatic incidents began popping up in the 1980s (e.g. Gersons, 1989; Solomon & Horn, 1986), and since that time other studies have shown that exposure to death and destruction can result in posttraumatic stress symptoms in emergency workers (e.g. Bryant and Harvey, 1996; Marmar et al., 1999; McFarlane, 1988; Regehr, Hill, & Glancy, 2000). Regehr, Goldberg, and Hughes (2002) conducted a study which showed that more than 80% of paramedics had experienced the death of a patient while in their care, the death of a child, events involving

multiple casualties, and events involving violence perpetrated by one individual against another. The same study also showed that 70% had been assaulted on the job and 56% reported experiencing events in the line of duty that they believed could have resulted in their own death. Studies have also shown that approximately one fourth to one third of paramedics have experienced trauma symptoms consistent with a diagnosis of PTSD (Alexander & Klein, 2001; Regehr, Goldberg, & Hughes, 2002). There is even evidence that trauma reactions can be transferred to the spouses of emergency workers in the case of firefighters (Pfefferbaum et al., 2002), police officers (Burke, 1993), and spouses of military personnel (Davidson & Mellor, 2000). Although substantial research exists on the effects of larger disasters and large scale accidents on law enforcement officers and other emergency workers, a significantly less amount exists on smaller scale tragedies like fatal automobile accidents (Mitchell, 1999).

The physiological effects of the cumulative traumatic experiences of the officers involved cannot be overstated. Stephens, Long, and Flett (1999) have shown that multiple exposures to trauma of the type experienced by police officers increases the risk for subsequent health problems and psychological disorders. This view was substantiated by the work of Violanti et al. (2006) who found that officers with PTSD symptomatology were twice as likely to have subclinical cardiovascular disease. Pole, Neylan, Best, Orr, and Marmar (2003) have also shown that greater symptom severity of PTSD in police officers is related to greater physiological response under low and medium contextual threat conditions, suggesting that officers who have developed PTSD as a result of a traumatic experience on the job are more likely to experience physiological distress when confronted with another on-the-job stressor.

There are a countless number of biological, sociological, and psychological protective factors for stress reactions to traumatic events. For example, the support of family members has

been reported to be an important mediator of traumatic stress response (Leffler & Dembert, 1998; King et al., 1997; Regehr, Hemsworth, & Hill, 2001). In the case of death notifications, personality, coping style, history of prior losses, and the particular circumstances of the notification can all have an effect on a person's immediate and long-term reactions to the notification (Bartone, Ursano, Wright, & Ingraham, 1989; Hodgkinson & Shepherd, 1994).

Stress and Law Enforcement Officers

As early as 1906 Prince (1906) described personality disintegration as the consequence of great fatigue and mental strain. He reported that the newly developed states of dissociation observed in his subject, Miss Christine L. Beauchamp (a pseudonym), ceased with the cessation of the cause. Psychological research on the effects of stress has come a long way in a hundred years, although Prince's initial observations still reflect a similarity in conceptualization to the contemporary definition. The APA Dictionary of Psychology (Vandenbos, 2007) currently defines stress as "a state of physiological or psychological response to internal or external stressors." It states, "Stress involves changes affecting nearly every system of the body, influencing how people feel and behave… By causing these mind-body changes, stress contributes directly to psychological and physiological disorder and disease and affects mental and physical health, reducing the quality of life" (p. 898). It goes on to define some sixteen other terms related to stress, such as stressor, stress reaction, and stress tolerance. The APA Thesaurus of Psychological Index Terms (Tuleya, 2007) states that stress "refers to the emotional, psychological, or physical effects as well as the sources of agitation, strain, tension or pressure" (p.291), and provides a list of fifteen terms related to stress, from Adjustment Disorders to Stress Management. The pervasiveness of stress as a factor in psychological dysfunction is evidenced by its inclusion in the title or diagnostic criteria of these various disorders.

Many conceptualizations of stress and stress management have found their way into the literature over the years. Hadley (1958) suggested that clinical and counseling psychologists aim for emotional release and tension reduction in therapy. Lazarus and Folkman (1984) suggested that stress is a balancing act between demand and resources, and that people estimate their ability to deal with potentially stressful situations though appraisal strategies designed to identify the coping options available, and the possibility of successfully implementing those responses. Bandura (1997) suggested that people's belief in their own ability to cope with a stressful situation is an essential component in effective coping. Others have shown that the self-efficacy Bandura spoke of is related to lower levels of distress after exposure to threats or extreme stress (e.g. Benight, Ironson, Klebe, Carver, Wynings et al., 1999; Regehr, Cadell, & Jansen, 1999).

Stress is consistently recognized as a consequence of being a law enforcement officer. Pasillas, Follette, and Perumean-Chaney (2006) showed that law enforcement officers reported high levels of psychological distress as compared to an adult, male, nonpatient sample, and that avoidant coping strategies and high levels of occupational stress are both predictors of psychological distress. Many efforts have been made on an administrative level to address stress levels of line officers. Chapin, Brannen, and Singer (2008) reported the efforts of a community-based agency that developed a training program for Cleveland Police Department lieutenants and supervisory sergeants. The training adapted methods used by the U.S. Army to deal with military combat stress. Lead officers were trained to recognize signs of operational stress in their line officers and to minimize long-term sequelae of operational stress, such as PTSD, absenteeism, resignation, and misconduct. An incentive system was developed and implemented to reward officers seeking help or assisting other officers in managing operational stress. The authors

reported that this could change the culture of keeping silent about problems and remove the stigma attached to help seeking.

Seeking out help for the stress symptoms associated with the job of being a law enforcement officer could be protective in many different ways. Ansel (2000) states, "The failure (of law enforcement officers) to cope effectively with stress results in increased rates of heart disease, stomach disorders, divorce, alcohol and drug abuse, and suicide, as compared to the norms for the general population" (p.376). Officers that experience symptoms related to stress are also likely to also experience symptoms of anxiety and/or depression, and those who experience anxiety are at an increased risk for the manifestation of stress and/or depressive symptoms (Olson & Surrette, 2004). When officers experience more anxiety and depression on the job they are at increased risk of abusing alcohol (Swatt, Gibson, & Piquero, 2007) and committing acts of domestic violence (Gibson, Swatt, & Jolicoeur, 2001). In addition to alcohol abuse, Kohan and O'Connor (2002) found that officers who experienced more job stress were also more likely to experience negative affect and to contemplate quitting their job. Turnover as a result of job stress in police work is a common problem, evidenced by the many articles addressing preventive turnover strategies for police departments (e.g., Jaramillo, Nixon, & Sames, 2005; Rainquet & Dodge, 2001).

There also appears to be a deteriorating effect among officers' ability to manage stress after they have been exposed to it over a period of several years. Evans, Coman, and Stanley (1992) showed that officers with longer periods of service displayed even greater arousal and less flexibility when faced with occupational stress, than did officers with shorter periods of service. More recently, Pienaar, Rothmann, and van deVijver (2007) have demonstrated that low scores on conscientiousness, emotional stability, approach coping, and turning to religion, as

well as high scores on avoidance coping are associated with more suicidal ideation in police officers.

The officers themselves are not the only ones affected by the stresses of their work. Spouses of law enforcement officers tend to report that aspects of the work such as long hours, shift work, and cancelled leave cause excessive stress in the family (Alexander & Walker, 1996). Gershon, Barocas, and Canton (2009) have shown that work stress among police officers is significantly associated with adverse outcomes, including depression and intimate partner abuse. Officers in the study who relied on negative or avoidant coping mechanisms reported both higher levels of perceived work stress and adverse health outcomes. Roberts and Levenson (2001) studied the communication patterns of thirty male police officers and their spouses and found that on days of greater stress the officers reported less positive and more negative emotions, which resulted in poorer communication outcomes, and therefore a higher risk of poor marital outcomes in officers who experience stress at work. Arter (2008) has shown that officers reporting higher levels of stress also report more acts of deviance, and that as stress is reduced through reassignment from high stress duties, reported deviance generally decreases.

Finally, it has been shown that distress in police officers may affect how they deal with survivors and witnesses at the scene of an accident (Hetherington, Munro, & Mitchell, 1997). When an officer has experienced significant subjective stress on the job, and is asked to manage an emotionally delicate situation on the fly, the outcome may not be a desirable one for the victim, the officer, or the officer's department. Over twenty-five years ago it was suggested in the literature that training entire police departments in stress management approaches was preferable to intervention models, which help only those officers who develop serious stress-related problems (Alkus & Padesky, 1983). Stress management approaches are generally

designed primarily to prevent officer burnout, but Pines and Keinan (2005) suggest that there is

an important difference between the constructs of stress and burnout, and that reduction of stress

in and of itself does not necessarily treat or prevent burnout. They assert that the focus of

treatment interventions for police officers should not simply be focused on reducing job stress

(which is difficult to accomplish in the first place), but on enhancing officer's sense that their

work is important and makes a significant contribution to society.

Burnout and Law Enforcement Officers

Burnout is defined as physical, emotional, or mental exhaustion in one's job or career,

accompanied by decreased motivation, lowered performance, and negative attitude toward

oneself and others (APA, 2007). It generally results from performing at a high level until stress

and tension from extreme and prolonged physical or mental exertion, or an overburdening

workload, take their toll. According to the APA Dictionary of Psychology the term burnout was

first used by Herbert J. Fruedenberger in 1975 referring to workers in clinics with heavy

caseloads. But before Freudenberger was even born Jackson and Salisbury (1922) spoke of a

need "for people who can keep at all their powers on the work in hand without long enforced

rests; people who can think deeply and conscientiously without [burnout]" (p.3). The authors

also suggested that it was obvious that people in society should be taught "how to solve their

inner conflicts and keep well" (p.3). Other terms such as "tedium" have been used to describe

the physical, emotional, and attitudinal exhaustion that comes from particular types of work

experiences (Pines & Kafry, 1978), but regardless of the label the affects of experiencing

demands which exceed one's ability to cope can result in stresses with significant consequences.

The constant demands placed upon law enforcement officers make them particularly

vulnerable to burnout. It has been stated that burnout in police officers generally results in a loss

of physical and mental energy and enthusiasm for work formerly enjoyed, and that it warps their attitude, skews their judgment, impairs their reflexes, endangers their health, and saps their strength for performing essential job duties (Daviss, 1982). Daviss stated nearly thirty years ago that law enforcement administrators were beginning to recognize burnout as an occupational hazard of being subjected to chronic job related stress, rather than a failure of nerve, malingering, or an unhappy job outlook. After the publication of the Daviss article, Gaines and Jermier (1983) studied emotional exhaustion among police officers and found that it is partially the result of personal characteristics of the officer, interpersonal milieu, and the work of being a police officer, but is also profoundly affected by the contradictory mandate of police in society. Around the time of the Gaines and Jermier research, two dissertations were being defended at the California School of Professional Psychology on personality and demographic characteristics as predictors of burnout in female police officers (Colegrove, 1983) and on a model for police officer burnout (Goodman, 1983). These works and others suggest that burnout problems among law enforcement officers have been recognized in the field of psychology as a significant problem for well over thirty years.

Burke and Deszca (1986) examined the usefulness of a phase model of burnout and found that work setting, experienced stress, and emotional and physical well-being were significantly related to progressive phases of burnout among Canadian police officers. The study also demonstrated that work and personal experience worsened as burnout progressed through more advanced phases. Cooper (1986) showed that officers who were stressed and perceived less support from supervisors were less satisfied with their jobs, while officers who talked with others about their stressful work experiences were less likely to report burnout than those who coped by abusing alcohol. Other studies have shown burnout to be related to negative personal and

organizational outcomes (e.g. Burke, 1987), such as marginal or unsatisfactory performance (Robinette, 1987).

Burnout has also been found to be positively related to officers' attitudes towards their use of violence and to the actual use of violence during their duty (Kop, Euwema, & Schaufell, 1999). Kop and Euwema (2001) found significant relationships between burnout of police officers and a positive attitude toward the use of force, the self-reported use of force, and the independently observed use of force. The authors suggest that these findings underscore the importance of giving serious attention to burnout in general, and that "remedial actions and policies should be implemented to alleviate police officer stress through improvement of the organizational climate" (p.1). A similar study conducted with older law enforcement offers found that that work stress is significantly associated with anxiety, depression, somatization, posttraumatic stress symptoms, symptoms of burnout, chronic back pain, alcohol abuse, and inappropriately aggressive behavior. Older workers in high-stress jobs may be at increased risk for work stress-related health problems, especially if they rely on risky health behaviors to cope with stress.

Although the construct of stress generally appears to be an important factor in burnout, chronic job stress does not necessarily lead directly to law enforcement officer burnout. Pines and Kienan (2005) suggest that the best way to prevent burnout in law enforcement officers is not to attempt to reduce job stress in and of itself, but to focus on interventions that give officers a sense that their work is meaningful and makes a significant contribution to society. Hawkins (2001) has shown that high emotional exhaustion and depersonalization among law enforcement officers is predictive of a low sense of personal accomplishment, and Allard, Wortley, and

Stewart (2003) demonstrated that role conflict (such as that of delivering a death notification) is associated with emotional exhaustion in police officers.

The conflict between the demands of being a law enforcement officer and the resources available to execute that job effectively is striking. Martinussen, Richardsen, and Burke (2007) have shown that the disparity between job demands and resources are related to three separate dimensions of burnout in law enforcement officers, and Euwema, Kop, and Bakker (2004) have also demonstrated that the imbalance between job demands and rewards is predictive of law enforcement officer burnout. Given the cumulative level of stressful and traumatic experiences that officers face throughout their careers, it is important to acknowledge the difficulties they face in executing these inherently stressful mandates, and to provide appropriate strategies and training for dealing with the types of situations they are faced with on a frequent basis. One of the most frequent situations that law enforcement offices are faced with, and one where they have generally received minimal, if any, training is in the process of death notification (Stewart et al., 2000).

Whealin, Ruzek, and Southwick (2008) have suggested recently that there is a strong need to identify well-operationalized, empirically supported, theoretically framed models of healthy adaptation to potentially traumatic events that officers experience in the line of duty. One of the most stressful and traumatic events an officer experiences is delivering a death notification to surviving family members and friends of the victim. It is important that officers are informed as to the appropriate manner in which to deliver the notification to minimize the psychological consequences for the victim's family and friends, and for the officers themselves. Lord (1997) has provided guidelines on phrases that should and should not be used during the death notification process, and has suggested that survivors are unlikely to absorb the complex details

of an accident due to the intense emotions surrounding the event. The death notification training

program for law enforcement officers developed for MADD by Lord and Stewart has been

shown to be efficacious in the past (Stewart & Lord, 1999), and it has been demonstrated that

law enforcement officers receive very little death notification training in general (Stewart et al.,

2000), and that they would like to receive more (Stewart et al., 2001).

CHAPTER III

METHODS

Description of the Sample

Participants (N=307) in the current study were a mix of law enforcement officers

(n=163), chaplains (n=25), victim advocates (n=32), and nine other categories of law

enforcement personnel (n=87). Participants were recruited from agencies in Alabama, Florida,

Georgia, New Mexico, New York, and Ohio. Those from Alabama, Florida, New Mexico, and

New York (n=229) took part in law enforcement death notification training seminars conducted

in 2004 and 2005. Participants from Georgia (n=78) took part in seminars conducted in the

spring of 2010, which were funded by a grant from the Association for Death Education and

Counseling (ADEC). The seminar content was identical for the entire population of the study,

except for some variation in presenter style (examples, etc.), and in the participation of surviving

family members of persons killed in automobile crashes. This variation was due mostly to

scheduling conflicts that arose between the law enforcement agencies willing to participate in the

training and the presenters and family members of the victims. Since the content of the seminar

remained essentially the same across all participants, it is not likely that these slight variations

had a significant effect on the outcome data regarding the effectiveness of the seminar.

Participants took part in a four-hour death notification training seminar developed by

Lord and Stewart, in association with Mothers Against Drunk Driving (MADD) and the Office

for Victims of Crime (OVC) in the Department of Justice. Participants received four hours of

continuing education credit at no charge upon completing the course. Participants signed informed consents to take part in the research project (Appendix A), and were asked to fill out a Death Notification Seminar Questionnaire (DNSQ; Appendix B) immediately before and immediately after the training seminar. The DNSQ has been used to evaluate the seminar's efficacy in the past (Stewart et al., 2000).

Research Design

The design of the current study is quasi-experimental in nature. Campbell and Stanley (1963) popularized the term quasi-experiment to describe studies in which there is no random assignment to conditions, but instead assignment is chosen by the subjects themselves, through administrator selection, or by other means. This study did not allow for random assignment to experimental conditions because participants voluntarily chose to attend the seminar, and self-selected to the different levels of the independent variable (e.g. officer, chaplain, victim advocate, etc.). This self-selection bias to the different levels of the independent variable and to the treatment condition itself present some threats to internal validity (e.g. selection effects), and makes causal inference more problematic. Efforts were made to counterbalance these threats, however, and they are described below.

Designing the study in a way that immediately assessed the experiences of the participants limited some common threats to internal validity such as maturation, history, seasonality, testing, instrumentation, attrition, and statistical regression (e.g., Reichardt, 2009). In fact, Eckert (2000) has argued that many of the common threats to internal validity are not plausible in educational interventions which teach materials that are highly unlikely to be learned elsewhere, where the pretest and posttest measures focus solely on the material being taught, and

where the time interval between pretest and posttest is short. This description of an intervention which minimizes threats to internal validity is highly descriptive of the current study. Threats to external validity are also of some concern, and are addressed below under "Assumptions."

Instruments

The pre-test of the DNSQ consisted of three sections (Stewart et al., 2000). The first section solicited relevant demographic and professional information (e.g. gender, age, religious affiliation, occupation) of the participants. The second section inventoried the extent of the participants' previous death notification experiences and the proportion of professional time spent working with bereaved persons; it also inquired about death circumstances and survivor reactions that were the most difficult for the participant to manage, along with the types of strategies used by participants to manage the stresses associated with the notification. The third section inquired about previous death notification education the participants had received, if any.

The post-test of the DNSQ inquired about participant feelings surrounding death notification after attending the death notification seminar in the study. Some questions required participants to estimate their abilities to perform a death notification after the seminar, while others asked them to rate their confidence in handling events related to death notification, as well as their perception of the seminar's effectiveness in teaching particular skills necessary for effective notification. Participants were also asked to write in other aspects of death notification training in which they still needed help, and to list anything that they would like more information about.

The DNSQ was developed primarily to inquire about participants' prior experiences of death notification and training before the seminar, and to assess perceptions of the training and

feelings of self-efficacy immediately afterwards. Since death notification training is exceptionally rare, few if any standardized instruments were available to gauge the participants' prior experiences as death notifiers or their experiences with death notification training. The DNSQ was designed by the authors of the training seminar specifically to measure constructs that they felt were important to carry out an effective notification. Questions on the DNSQ were constructed using the seminar as the primary foundation for inquiry, and therefore it was determined to be the most appropriate instrument for evaluating the effectiveness of the seminar.

Data Collection

Data was collected immediately before and immediately after the death notification seminar. Upon entrance to the seminar, participants were provided with informed consent by seminar facilitators or assistants, and given a copy of the DNSQ if they agreed to participate. They were asked to fill out the first half of the DNSQ before the seminar began and to wait until the conclusion of the seminar to fill out the second half. At the conclusion of the seminar participants were reminded to fill out the second half of the DNSQ and turn it in to facilitators before they left the conference room. The first and second halves of the DNSQ were color-coordinated for clarity purposes.

Procedures

The death notification seminar developed by Stewart and Lord (Appendix C) began with a general overview of the training itself, including prior research on the subject. Emotional significance of the death notification process for victims and survivors was discussed, and included video of survivor's differing death notification experiences. The elements of a supportive and compassionate death notification were then outlined, and discussed in depth.

They included selecting the notifier, preparing to notify, delivering the death notice, special issues related to notifying children and adolescents, responding effectively to survivors, and providing appropriate follow-up with the family. Ineffective ways of notifying survivors were also discussed, such as telephone notifications or leaving messages. Healthy strategies for coping with the task of death notification were also included in the semianr toward the end to help notifiers deal with the stresses inherent in their work. Strategies included obtaining death notiifcation training, talking, sharing, and social support, and using spiritual and religious resources.

Statistical Analyses Performed

The effectiveness of the seminar was measured in several different ways:

1. Relevant demographic information was collected and descriptive statistics were used to evaluate the composition of the population of the study, and to evaluate the composition of the three major professional identifications within the study: law enforcement officer, chaplain, and victim advocate.

2. Levene's test for homogeneity of variances and independent samples t-tests were conducted to test the hypotheses that the reported means of males and females on years performing death notifications and number of death notifications performed in the past six months would be significantly different on the DNSQ.

3. Levene's test for homogeneity of variances and one-way ANOVAs were conducted to evaluate the hypotheses that there would be significant differences between law enforcement officers, chaplains, and victim advocates on years performing death notifications and number of death notifications performed in the past six months. Post hoc Bonferroni and Tamhane's

T2 analyses were conducted to evaluate significant differences between particular professional identifications.

4. Frequencies were calculated and one-way ANOVAs were conducted by professional identification to evaluate the reported emotional response to recent death notifications, and to test that hypotheses that officers would report more emotional distress during their most recent notification than chaplains or victim advocates due to their lack of training in the appropriate ways to talk with survivors about death. Significant omnibus F-tests were analyzed through Levene's test for homogeneity of variances. Bonferroni and Tamhane's T2 analyses were conducted on each significant item.

5. Descriptive statistics were used to illustrate mean, median, and standard deviation to DNSQ Questions nine and 10 by professional identification. Question nine queried respondents on the frequency of particular behaviors during their most recent death notification, and Question 10 inquired about prior death notification training. A chi-square analysis was conducted on Question 10 to determine if the reported training experience between professional identifications was significantly different from the expected training experiences.

6. A paired samples t-test was used to evaluate the differences in reported death notification skills on pre-test and post-test measures of the DNSQ. This was conducted to test the hypothesis that the death notification seminar in this study would be viewed as effective in helping participants improve their death notification skills.

7. Descriptive statistics were used to illustrate mean responses to DNSQ Question 13 by professional identification, which queried participants on their perceived abilities to to

handle particular events common to death notification, such as handing the emotional reaction of survivors.

8. Descriptive statistics were used to illustrate mean responses to DNSQ Question 14 by professional identification, which queried participants on their perception of the seminar's helpfulness on issues such as identifying survivors to be notified and the importance of considering the survivor's perspective.

9. Written responses to DNSQ Question 15 regarding aspects of death notification for which participants reported needing additional training are reprinted in Appendix D.

10. Descriptive statistics were used to illustrate mean population responses to DNSQ Questions 16-23, which queried participants on such items as whether they believed that the stated goals of the seminar were achieved, and whether they planned to offer death notification to others. Results were compared against the hypothesis that the program would generally be viewed as effective.

Limitations

The current study has some limitations, most notably the lack of established validity of the DNSQ. Content validity appears to be relatively well-established in that the majority of the queries on the questionnaire are directly related to the task of death notification, but a longitudinal study would be useful for predictive validity to evaluate whether participants who rated the study as effective actually felt that they performed a more effective death notification several months after attending the seminar. Construct validity will continue to be a problem for instruments measuring the effectiveness of death notification training until training is more widespread and other instruments are developed and measured for correlation with the DNSQ.

However, internal consistency reliability estimates using Cronbach's alpha were as follows: .909 for the emotional reaction items on Question eight; .819 for the death notification behaviors on Question nine; .856 on Question 13 measuring confidence in handling events frequently associated with a death notification; .918 for Question 14 regarding the overall helpfulness of the seminar; .911 for questions 16-22 measuring seminar goals. These indicate that the DNSQ is at least a reliable measure for many of the major constructs which are being evaluated in this study (emotional response to death notification, helpfulness of the seminar, etc.).

Another noteworthy limitation of the study is that it is designed to measure the participants' perception of the effectiveness of the notification seminar, which is only half of the notification equation. It could be argued that the surviving family member's perception of the quality of the notification is equally or even more important than the participants' perception of how the notification was performed, or whether it was an improvement over their prior notifications. However, considering the literature review of the distress experienced by law enforcement officers in general, and surrounding the process of death notification in particular, the current evaluation of the perspectives of the notifiers is still a worthwhile endeavor.

Assumptions

There are several assumptions underlying the current study. The primary focus of the study was to evaluate the effectiveness of the death notification seminar that the participants took part in, and effectiveness was completely based upon participant self-report on the pre-test and post-test. Self-report has been shown in the past to have a rather lengthy list of potential problems, including the consistency motif (the participants' tendency to maintain what they perceive as a consistent line in a series of answers), and social desirability (the participants'

tendency to present themselves in a favorable light; e.g., Podsakoff & Organ, 1986). It was assumed that the participants accurately described the effectiveness of the program, but a more objective report of the program's effectiveness could have been used as well. For example, participants could have been asked to perform a mock death notification in the pre-test and post-test and then objectively evaluated by supervisors or administrators of the seminar based on the stated goals of the seminar.

Further, it has been assumed that this sample of participants represents the population of law enforcement death notifiers, which may not be the case. Participation in the seminar was completely voluntary, which might have led to some sampling bias for participants who were more sensitive to the experiences of the survivors and to their own experiences with death notification. The participants may have therefore been more willing to attend the seminar and address those concerns. Also, many of the participants in the study had never performed a death notification, but were asked to rate the effectiveness of the seminar anyway, which requires a significant level of abstraction. These potential sampling biases and others present a threat to the external validity of the study. As mentioned in the above "Limitations" section, certain aspects of the validity of the DNSQ have been assumed as well.

CHAPTER IV

RESULTS

The current study examined some general hypotheses related to the effectiveness of the

death notification seminar overall, and a few specific hypotheses related to professional

identification and gender. The results presented in this section were taken from participant

responses to the DNSQ, manually entered into the SPSS (Statistical Program for the Social

Social Sciences) software program, and processed for analysis. Each question was analyzed to

determine its relative contribution to the general and specific research hypotheses.

Questions 1-5 of the DNSQ are demographic in nature. Table 1 depicts general

demographic trends for the population of the study, where the sample size listed underneath the

demographic variable represents the number of participants who answered the particular query.

In general, the study was made up of mostly white (81.3%), Protestant (60.1%) males (64.9%) in

their early 40s (*Mdn* = 42).

Table 2 shows demographic information for samples of the top three professional

identifications represented in the study. Law enforcement officers (n = 191) made up the largest

group by far and their demographics, quite naturally, mirrored the population demographics.

Officers contributed nearly 4 out of 5 (79%) of the male participants to the study. Chaplains

(n=25) were also largely white (80%), Protestant (83.3%), and male (76%), with a median age

slightly above that of officers (*Mdn* = 47.5). Victim advocates (n = 32) were nearly all white

(90.6%) females (90.7%) of similar age to chaplains (*Mdn* = 47.5), but had religious preferences more similar to officers than to chaplains.

The first null hypothesis of the study was that there would be no difference between the reported mean number of years performing death notifications between males and females. It was predicted, however, that males would report performing death notifications longer than females. An independent samples t-test was conducted to compare the means of reported years performing death notifications between males and females (see Table 3). Levene's test for equality of variances was conducted, and it was determined that there was a significant difference in the variances of the two samples, ($F = 9.409$, $p = .002$), and therefore the more conservative test (equal variances not assumed) was used to evaluate the results. There was a significant difference in the mean score for males (*M* = 9.91 years, *SD* = 9.421) and females (*M* =5.79, *SD* =7.846); $t(220.427) = 3.907$, $p = .000$. These results suggest that males in the study have been performing death notifications as part of their work significantly longer than females. The null hypothesis that no differences exist between the mean values reported by the two groups is therefore rejected, and the general hypothesis that men in the study have been performing death notifications as part of their work significantly longer than women is supported. These results suggest that death notification has traditionally been a task assigned to males within law enforcement, which was an expected result, due to the long-standing male demographic make-up of law enforcement (National Center for Women and Policing, 2002), and cultural assumptions mentioned by Simon and Nath (2004) and others, regarding the emotional reactivity of females.

The second null hypothesis of the study was that there would be no differences between male and female reports of number of death notifications performed in the past six months.

Table 1

Participant Demographics

Age (n=301)	Gender (n=304)		Ethnic Background (n=304)	Religious Preference (n=268)
M = 41.61	<u>Male</u>	<u>Female</u>	White (81.3%)	Protestant (60.1%)
Mdn = 42	(n=200;	(n=104;		
SD = 10.867	65.8%)	34.2%)	Black or African-American (12.5%)	Catholic (26.1%)
Range = 49				No religious preference (5.6%)
			Hispanic or Latino (4.6%)	
				Jewish (.7)
			Asian (1.3%)	
				Muslim (.4)
			American Indian or Alaska Native (.3%)	Total Other (7.1%)

Table 2

Demographic Information for Top Three Professional Identifications

Professional Identification	Age	Gender		Ethnic Background	Religious Preference
Law Enforcement Officer (n=191)	*M* = 39.71 *Mdn* = 39 *SD* = 9.791 Range = 47	*Male* 158 (82.7%)	*Female* 33 (17.3%)	White (79.1%) Black or African American (13.1%) Hispanic or Latino (5.8%) Asian (1.6%) American Indian or Alaska Native (.5%)	Protestant (61.6%) Catholic (26.4%) No religious preference (5%) Total Other (6.9%)
Chaplain (n=25)	*M* = 48 *Mdn* = 47.5 *SD* = 10.338 Range = 36	*Male* 19 (76%)	*Female* 6 (24%)	White (80%) Black or African American (16%) Asian (4%)	Protestant (83.3%) Catholic (16.7%)
Victim Advocate (n=32)	*M* = 45.47 *Mdn* = 47.5 *SD* = 13.739 Range = 46	*Male* 3 (9.3%)	*Female* 29 (90.7%)	White (90.6%) Black or African American (6.25%) Hispanic or Latino (3.1%)	Protestant (50%) Catholic (33.3%) No religious preference (3.3%) Jewish (3.3%) Total Other (10%)

Table 3

Independent Samples t-test for Death Notification Experience by Gender

Years performing death notifications		Mean difference in years	SE of difference	df	t	95% Confidence Interval	
Male (n=193)	Female (n=95)	4.112	1.053	220.427	3.907**	Lower	Upper
						2.038	6.186
M = 9.91	M = 5.79						
SD = 9.421	SD = 7.846						
SEM = .678	SEM = .805						

Death notifications performed in the past six months		Mean difference in notifications	SE of difference	df	t	95% Confidence Interval	
Male (n=197)	Female (n=94)	1.964	.981	223.447	2.002*	Lower	Upper
						.031	3.896
M = 2.87	M = .9						
SD = 13.283	SD = 2.493						
SEM = .946	SEM = .257						

*p < .05 level (2-tailed), **p < .001 (2-tailed)

An independent samples t-test was conducted to compare the means of reported death notifications performed in the past six months between males and females (Table 3). Levene's test for equality of variances was conducted, and it was determined that there was a significant difference in the variances of the two samples, ($F = 5.563$, $p = .019$), and therefore the more conservative test (equal variances not assumed) was used to evaluate the results. There was a significant difference in the scores for males ($M = 2.87$ death notifications, $SD = 13.283$) and females ($M = .9$, $SD = 2.493$); $t(223.447) = 2.002$, $p = .046$. These results suggest that males in the study performed significantly more death notifications in the past six months than females. The null hypothesis that no differences exist between the two groups is therefore rejected. Results of this analysis support the hypothesis that men are currently performing death notifications at a higher rate than women, which was expected due to the aforementioned roles of male culture in law enforcement and societal views of the emotional reactivity of females.

The third null hypothesis was that there would be no signifcant differences in the mean number of years performing death notifications between officers, chaplains, and victim advocates. This null hypothesis was used to test the general hypothesis that chaplains and victim advocates would report performing death notifications as part of their work longer than victim advocates. A one-way analysis of variance (ANOVA) was calculated between officer, chaplain, and victim advocate reports of the number of years performing death notifications as part of their work. The analysis revealed significant differences between group means on the dependent variable, $F(2, 235) = 3.289$, $p = .039$ (see Table 4). Levene's test of homogeneity of variances was then conducted to determine if there was a significant difference in the variances of the

Table 4

One-way ANOVA for DNSQ Questions six and seven by Professional Identification

Source	SS	df	MS	F	p
BetweenGroups	548.244	2	274.122	3.289*	.039
Within Groups	19583.996	235	83.336		
Total	20132.241	237			
(Years performing death notifications)					
BetweenGroups	4287.393	2	2143.697	16.596**	.000
Within Groups	30742.731	238	129.171		
Total	35030.124	240			
(Death notifications performed in the past six months)					

*$p < .05$, **$p < .001$

Table 5

Bonferroni Analysis for DNSQ Question 6 by Professional Identification

Comparison (Years performing death notifications)	Mean Difference in Ratings	*SE*	*p*	95% Confidence Interval	
				Lower Bound	Upper Bound
Law Enforcement Officer vs. Chaplain	-1.626	1.982	1.000	-6.40	3.15
Law Enforcement Officer vs. Victim Advocate	4.084	1.773	.066	-.19	8.36
Chaplain vs. Victim Advocate	5.710	2.482	.067	-.28	11.69

(see de Cani, 1984); however, Bonferroni has consistently been associated with a loss of statistical power and increasing the probability of a Type II Error, which can be addressed by increasing sample size, among other procedures (see Silverstein, 1986). Therefore, although the omnibus F indicated that there was a significant difference between two of these three groups at the .05 alpha level, a closer analysis between each of the groups reveals that the ominbus result was likely due to the large within group variance (Officer: $M = 9.37$, $SD = 9.074$; Chaplain: $M = 11$, $SD = 8.787$; Victim Advocate: $M = 5.29$, $SD = 9.699$) in the number of years performing death notification as part of their work. Therefore, the null hypothesis that there is no difference between officers, chaplains, and victim advocates in the number of years performing death notifications as part of their work is retained. The general hypothesis that there are significant differences among these three groups in their experiences of death notification is not supported by this finding.

The fourth null hypothesis was evaluated comparing the mean number of death notifications performed in the past six months between officers, chaplains, and victim advocates (Question seven). This null hypothesis was used to evaluate the general hypothesis that officers and chaplains would report performing significantly more death notifications over the past six months than would victim advocates. A one-way ANOVA was calculated to evaluate the mean number of reported death notifications performed over the past six months between the three groups. The analysis was significant F (2, 238) = 16.596, $p < .000$ (Table 4). Levene's test of homogeniety of variances was then conducted to determine if there was a significant difference in the variances of the groups; results suggested that the group variances were significantly different F (2, 238) = 62.381, $p < .000$, so equal variances could not be assumed. Post hoc Tamhane's T2 analyses were therefore conducted between the three groups, and did not yield

significant results for any of the three pairings (see Table 6). Analysis of the descriptive statistics within the three groups reveals that the means and standard deviations reported by officers and victim advocates were similar (Officer $M = 1.07$, $SD = 3.605$; Victim Advocate $M = 1.2$, $SD = 2.203$), but that the chaplain means and standard deviations are quite different than either of them ($M = 14.92$, $SD = 34.277$). Therefore, the null hypothesis that there is no difference between the three groups in the number of death notifications performed in the last six months is retained. The general hypothesis that there are significant differences among these three groups in the number of death notification performed over the past six months is not supported by this finding.

The fifth null hypothesis was evaluated using information from Question eight, which inquired about the emotional experiences of participants during their most challenging death notification in the past six months (a frequency table of population responses is presented in Table 7). The null hypothesis was constructed to test the general hypothesis that there is a significant difference between the emotional responses of officers, chaplains, and victim advocates when performing a death notification. Particularly, that officers would report more emotional distress during the notifications than chaplains or victim advocates, and that officers would report less sympathetic responses to victims than chaplains or victim advocates.

A one-way ANOVA was calculated for each of the 16 emotional response items, and the following items were found to be significant between officers, chaplains, and victim advocates: compassion, caring, exhaustion, helplessness, sadness, and sympathy (see Table 8). Levene's test of homogeneity of variances was conducted on each of the 6 items, and it was determined that all six groups contained homogeneous variances (see Table 9).

Table 6

Tamhane's T2 Analysis for DNSQ Question 7 by Professional Identification

Comparison (Death notifications performed in the past six months)	Mean Difference in Ratings	*SE*	*p*	95% Confidence Interval	
				Lower Bound	Upper Bound
Law Enforcement Officer vs. Chaplain	-13.850	2.421	.155	-31.45	-1.31
Law Enforcement Officer vs. Victim Advocate	-.130	2.236	.990	-.57	8.74
Chaplain vs. Victim Advocate	13.720	3.078	.162	-.46	11.88

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Table 7

Responses by Percentage for DNSQ Question 8 (Emotional Responses to Most Recent Death Notification)

	Not at all	A little bit	Some	Much	Very Much
Anger (n=127)	71.1%	12.6%	8.7%	5.5%	1.6%
Anxiety (n=127)	19.7%	19.7%	26%	22%	12.6%
Awkwardness (n=127)	22%	20.5%	27.6%	17.3%	12.6%
Compassion (n=129)	7%	5.4%	14.7%	28.7%	44.2%
Caring (n=129)	7.8%	2.3%	17.8%	33.3%	38.8%
Exhaustion (n=125)	50.4%	17.6%	20%	8%	4%
Fear (n=128)	48.4%	25.8%	12.5%	8.6%	4.7%
Guilt (n=126)	67.5%	15.9%	11.9%	1.6%	3.2%
Helplessness (n=128)	38.3%	21.9%	16.4%	14.8%	8.6%
Overwhelmed (n=127)	45.7%	26%	12.6%	11.8%	3.9%
Pity (n=128)	26.6%	24.2%	23.4%	16.4%	9.4%
Regret/Remorse (n=128)	30.5%	21.1%	23.4%	19.5%	5.5%
Sadness (n=129)	9.3%	13.2%	28.7%	27.9%	20.9%
Self-Conscious (n=127)	33.9%	22%	28.3%	9.4%	6.3%
Self-doubt (n=127)	49.6%	23.6%	17.3%	7.1%	2.4%
Sympathy (n=127)	9.4%	6.3%	15.7%	37.8%	30.7%

Table 8

Omnibus ANOVAs for DNSQ Question 8 (Emotional Reactions) by Professional Identification

Source	*SS*	*df*	*MS*	*F*	*p*
Between Groups	9.609	2	4.804	3.267*	.042
Within Groups	164.687	112	1.470		
Total	174.296	114			
(Compassion)					
Between Groups	12.391	2	6.196	4.509*	.013
Within Groups	153.904	112	1.374		
Total	166.296	114			
(Caring)					
Between Groups	18.115	2	9.058	8.166**	.000
Within Groups	119.795	108	1.109		
Total	137.910	110			
(Exhaustion)					
Between Groups	13.367	2	6.684	4.101*	.019
Within Groups	180.887	111	1.630		
Total	194.254	113			
(Helplessness)					
Between Groups	8.948	2	4.474	3.155*	.046
Within Groups	158.826	112	1.418		
Total	167.774	114			
(Sadness)					
Between Groups	11.562	2	5.781	3.817*	.025
Within Groups	166.597	110	1.515		
Total	178.159	112			
(Sympathy)					

*$p < .05$, **$p < .001$

Table 9

Levene's Test for Homogeneity of Variances for DNSQ Question 8 (Emotional Reactions)

Source	Levene's statistic	$df1$	$df2$	p
Compassion	1.485	2	110	.231
Caring	.357	2	112	.701
Exhaustion	.467	2	111	.628
Helplessness	1.171	2	108	.314
Sadness	1.463	2	112	.236
Sympathy	2.274	2	112	.108

Multiple comparisons, as were conducted here, exponentially increase the probability of Type I Error, so the conservative Bonferroni analysis was used to compare the three groups on each of the items to counterbalance the risk incurred by the multiple comparisons (see Table 10). Officers and chaplains were found to differ significantly on reported levels of exhaustion when performing death notifications over the past six months ($p = .001$), with chaplains ($M = 2.79$, $SD = 1.311$) reporting significantly more exhaustion than officers ($M=1.67$, $SD = .975$). Victim advocates ($M = 2.31$, $SD = 1.195$) also reported higher levels of exhaustion than officers, but the differences were not statistically significant. Officers and victim advocates were found to be statistically significant on helplessness ($p = .022$), with victim advocates ($M = 3.06$, $SD = 1.289$) reporting higher levels of helplessness than officers ($M = 2.11$, $SD = 1.247$). Chaplains ($M = 2.56$, $SD = 1.413$) also reported higher levels of helplessness than officers, but the findings were not significant. These findings contradicted the hypothesis that officers would report more emotional distress during a death notification than chaplains or victim advocates. In fact, not only was the hypothesis incorrect, the results were statistically significant in the opposite direction, with chaplains and victim advocates reporting significantly higher levels of exhaustion and helplessness, respectively, than officers when performing their most recent death notification.

Silverstein (1986) has suggested increasing the sample size to counterbalance Type I and Type II error risks when using the Bonferroni procedure, but since that was not feasible in the present analysis, Tamhane's T2 was conducted on all of the items to evaluate the use of a less conservative test, and counterbalance the risk of a Type II Error (see Table 11). Within this analysis, significant differences were found between officers ($M = 3.75$, $SD = 1.277$) and victim

Table 10

Bonferroni Analyses for Emotional Reaction During Most Recent Death Notification by Professional Identification

Comparison (Compassion)				95% Confidence Interval	
	Mean Difference in Ratings	*SE*	*p*	Lower Bound	Upper Bound
Law Enforcement Officer vs. Chaplain	-.753	.331	.075	-1.56	.05
Law Enforcement Officer vs. Victim Advocate	-.503	.331	.395	-1.31	.30
Chaplain vs. Victim Advocate	.250	.429	1.000	-.79	1.29
Comparison (Caring)				95% Confidence Interval	
	Mean Difference in Ratings	*SE*	*p*	Lower Bound	Upper Bound
Law Enforcement Officer vs. Chaplain	-.700	.320	.092	-1.48	.08
Law Enforcement Officer vs. Victim Advocate	-.763	.320	.057	-1.54	.02
Chaplain vs. Victim Advocate	-.063	.414	1.000	-1.07	.94

Comparison (Exhaustion)				95% Confidence Interval	
	Mean Difference in Ratings	*SE*	*p*	Lower Bound	Upper Bound
Law Enforcement Officer vs. Chaplain	1.119**	.305	.001	-1.86	-.38
Law Enforcement Officer vs. Victim Advocate	-.646	.288	.081	-1.35	.05
Chaplain vs. Victim Advocate	-.473	.385	.667	-.46	1.41

Comparison (Helplessness)				95% Confidence Interval	
	Mean Difference in Ratings	*SE*	*p*	Lower Bound	Upper Bound
Law Enforcement Officer vs. Chaplain	-.453	.349	.591	-1.30	.40
Law Enforcement Officer vs. Victim Advocate	-.953*	.349	.022	-1.80	-.10
Chaplain vs. Victim Advocate	-.500	.451	.811	-1.60	.60

Comparison (Sadness)				95% Confidence Interval	
	Mean Difference in Ratings	*SE*	*p*	Lower Bound	Upper Bound
Law Enforcement Officer vs. Chaplain	-.519	.325	.340	-1.31	.27
Law Enforcement Officer vs. Victim Advocate	-.706	.325	.096	-1.50	.08
Chaplain vs. Victim Advocate	-.188	.421	1.000	-1.21	.84

Comparison (Sympathy)				95% Confidence Interval	
	Mean Difference in Ratings	*SE*	*p*	Lower Bound	Upper Bound
Law Enforcement Officer vs. Chaplain	-.294	.337	1.000	-1.11	.52
Law Enforcement Officer vs. Victim Advocate	-.919*	.337	.022	-1.74	-.10
Chaplain vs. Victim Advocate	-.625	.435	.461	-1.68	.43

*p< .05, **p< .01

Table 11

Tamhane's T2 Analysis for DNSQ Question 8 by Professional Identification

Comparison (Compassion)				95% Confidence Interval	
	Mean Difference in Ratings	*SE*	*p*	Lower Bound	Upper Bound
Law Enforcement Officer vs. Chaplain	-.753*	.248	.014	-1.38	-.13
Law Enforcement Officer vs. Victim Advocate	-.503	.327	.360	-1.35	.34
Chaplain vs. Victim Advocate	.250	.359	.869	-.67	1.17

Comparison (Caring)				95% Confidence Interval	
	Mean Difference in Ratings	*SE*	*p*	Lower Bound	Upper Bound
Law Enforcement Officer vs. Chaplain	-.700*	.259	.035	-1.36	.04
Law Enforcement Officer vs. Victim Advocate	-.763	.305	.059	-1.55	.02
Chaplain vs. Victim Advocate	-.063	.352	.997	-.95	.83

Comparison (Exhaustion)				95% Confidence Interval	
	Mean Difference in Ratings	*SE*	*p*	Lower Bound	Upper Bound
Law Enforcement Officer vs. Chaplain	1.119*	.367	.023	-2.10	-.14
Law Enforcement Officer vs. Victim Advocate	-.646	.318	.160	-1.48	.19
Chaplain vs. Victim Advocate	.473	.461	.676	-.70	1.65

Comparison (Helplessness)				95% Confidence Interval	
	Mean Difference in Ratings	*SE*	*p*	Lower Bound	Upper Bound
Law Enforcement Officer vs. Chaplain	-.453	.379	.572	-1.44	.54
Law Enforcement Officer vs. Victim Advocate	-.953*	.351	.038	-1.86	-.04
Chaplain vs. Victim Advocate	-.500	.478	.663	-1.71	.71

Comparison (Sadness)				95% Confidence Interval	
	Mean Difference in Ratings	*SE*	*p*	Lower Bound	Upper Bound
Law Enforcement Officer vs. Chaplain	-.519	.287	.230	-1.26	.22
Law Enforcement Officer vs. Victim Advocate	-.706	.317	.105	-1.52	.11
Chaplain vs. Victim Advocate	-.188	.383	.949	-1.16	.78
Comparison (Sympathy)				95% Confidence Interval	
	Mean Difference in Ratings	*SE*	*p*	Lower Bound	Upper Bound
Law Enforcement Officer vs. Chaplain	-.294	.324	.755	-1.13	.54
Law Enforcement Officer vs. Victim Advocate	-.919*	.294	.013	-1.67	-.17
Chaplain vs. Victim Advocate	-.625	.389	.316	-1.61	.36

*$p < .05$

advocates (M = 4.25, SD = 1.183) on compassion (p = .014). Chaplains (M = 4.5, SD = .816) also scored higher than officers on compassion, but the results were not significant. Significant differences were found between officers (M = 3.67, SD = 1.231) and chaplains (M = 4.38, SD = .885) on caring (p = .035). Victim advocates also scored higher than officers on caring (M = 4.44, SD = 1.094). Sadness was not found to be significant in either post hoc analysis. The null hypothesis that there is no difference between the three professional groups on items measuring emotional response to death notification is rejected. However, the hypothesis that officers would report less sympathy toward surviving family members than chaplains or victim advocates is supported by these analyses.

Question 9 asked participants about behaviors they performed during their most recent death notification. One of the more interesting findings was that officers reported consistently less supportive behaviors than chaplains and victim advocates (see Table 12). Mean scores were lower on every item except for "Transported the survivors somewhere," where officers' mean scores were slightly above chaplains (Officer: M = 1.76; Chaplain: M = 1.5). These results may further lend themselves to the idea that officers view their duty as messengers in a less sympathetic way than do chaplains or victim advocates, as officers reported less behaviors that were supportive of survivors than did chaplains or victim advocates. These results would support the hypotheses that officers are generally less sympathetic toward survivors after a death notification than chaplains or victim advocates.

Question 10 inquired about participants' prior training experiences. A chi-square test was used to determine whether there was a significant difference between officers, chaplains, and victim advocates in prior death notification training. 69.3% of officers reported no prior death

Table 12

Responses for DNSQ Question 9 by Professional Identification

	Law Enforcement Officer	Chaplain	Victim Advocate
Used the words death, dead, die, died, or killed	$M = 2.99$	$M = 3.89$	$M = 3.32$
	$Mdn = 3$	$Mdn = 4$	$Mdn = 4$
	$SD = 1.473$	$SD = 1.150$	$SD = 1.6$
Gave survivors information about the death	$M = 3.52$	$M = 3.63$	$M = 4$
	$Mdn = 4$	$Mdn = 4$	$Mdn = 5$
	$SD = 1.166$	$SD = .831$	$SD = 1.291$
Tried to stop or reduce survivors emotional responses	$M = 1.69$	$M = 1.42$	$M = 1.95$
	$Mdn = 1$	$Mdn = 1$	$Mdn = 1$
	$SD = 1.005$	$SD = .838$	$SD = 1.433$
Tried to say something supportive or comforting	$M = 3.59$	$M = 4.11$	$M = 4.37$
	$Mdn = 4$	$Mdn = 4$	$Mdn = 5$
	$SD = 1.220$	$SD = .994$	$SD = .831$
Used the dead person's name	$M = 3.28$	$M = 3.58$	$M = 3.74$
	$Mdn = 3$	$Mdn = 4$	$Mdn = 4$
	$SD = 1.372$	$SD = 1.465$	$SD = 1.447$
Gave survivors some advice	$M = 2.26$	$M = 2.56$	$M = 2.42$
	$Mdn = 2$	$Mdn = 2$	$Mdn = 2$
	$SD = 1.321$	$SD = 1.542$	$SD = 1.465$

Provided survivors with information about how to contact me	*M* = 3.97	*M* = 4.39	*M* = 4.67
	Mdn = 5	*Mdn* = 5	*Mdn* = 5
	SD = 1.372	*SD* = 1.037	*SD* = .970
Stayed with the survivors until someone else arrived	*M* = 3.88	*M* = 4.17	*M* = 4.89
	Mdn = 4	*Mdn* = 5	*Mdn* = 5
	SD = 1.316	*SD* =1.150	*SD* = .315
Contacted someone for the survivors	*M* = 3.21	*M* = 3.56	*M* = 4
	Mdn = 3.5	*Mdn* = 3	*Mdn* = 5
	SD = 1.562	*SD* = 1.042	*SD* = 1.333
Transported the survivors somewhere	*M* = 1.76	*M* = 1.5	*M* = 2.11
	Mdn = 1	*Mdn* = 1	*Mdn* = 1
	SD = 1.266	*SD* = .985	*SD* = 1.696

Note. Items were rated on a 5-point scale (1=Not at all, 5=Very Much).

notification training, whereas 25% and 35.5% of chaplains and victim advocates reported no

training, respectively (see Table 13). This difference was statistically significant, $\chi 3 (10) =$

80.627, p <.001. The sixth null hypothesis that there is no difference between the three groups in

prior death notification training is therefore rejected. The general hypothesis that officers have

received less training in how to talk with others about death than have chaplains or victim

advocates is supported by these findings.

Questions 11 and 12 gauged participants' perceptions of skill level in performing a death

notification before the seminar in the study (Question 11), and after the seminar (Question 12).

Skills were rated on a scale from 1 to 10 (1=Little, 10=Very Much). A paired samples t-test

(n=165) was conducted to compare the means of pre-test and post-test scores on the two items

(see Table 14). There was a significant difference in the pre-test ($M = 5.37$, $SD = 2.639$) and

post-test scores ($M =8.08$, $SD =1.418$); $t (164) = 14.613$, $p = .000$. These results suggest that skill

scores significantly improved after the seminar. The null hypothesis that there would be no

differences in pre-test and post-test ratings on skill level between participants is therefore

rejected. The general hypothesis that the program would be viewed as effective overall by the

population of participants is supported by these findings.

Question 13 asked participants to rate the certainty that they would be able to handle the

events surrounding a death notification after the seminar on a scale of 1-4 (1=Not at all, 4=Very

certain). Table 15 shows responses by professional identification, and indicates that participants

were generally certain that they will be able to handle the events effectively. All median scores

were "moderately certain" or "very certain" across each professional domain. Officers,

chaplains, and victim advocates all rated ability to tell survivors that someone died or was killed

as the highest certainty, with median scores being "very certain" across all three domains, and

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Table 13

Prior Death Notification Training by Professional Identification (DNSQ Question 10)

	Law Enforcement Officer	Chaplain	Victim Advocate
No training	69.3%	25%	35.5%
In-service training	12.2%	8.3%	9.7%
Minimally covered in a course	11.6%	20.8%	29%
All or a substantial part of a course	3.2%	16.7%	22.6%
Internship or residency	.5%	25%	0%
Other	3.2%	4.2%	3.2%

Table 14

Paired Samples t-test for DNSQ Questions 11 (Pre-seminar death notification skills) and 12 (Post-seminar death notification skills)

Pre-test skills (n=165)	Post-test skills (n=165)	Paired differences (n=165)	*r*	*t*	*df*	95% Confidence Interval	
M = 5.37	*M* = 8.08	*M* = -2.709	.442	14.613**	164	Lower	Upper
						3.075	-2.343
SD = 2.639	*SD* = 1.418	*SD* = 2.381					
SEM = .205	*SEM* = .110	*SEM* = .185					

Note. Items were rated on a 10-point scale (1=Little, 10=Very Much).**p< .001 (2-tailed)

Table 15

Responses for DNSQ Question 13 (Handling death notification events after the seminar) by Professional Identification

	Law Enforcement Officer	Chaplain	Victim Advocate
Deal efficiently with events	$M = 3.31$	$M = 3.52$	$M = 3.23$
	$Mdn = 3$	$Mdn = 4$	$Mdn = 3$
	$SD = .582$	$SD = .593$	$SD = .626$
Remain calm	$M = 3.38$	$M = 3.52$	$M = 3.47$
	$Mdn = 3$	$Mdn = 4$	$Mdn = 3.5$
	$SD = .600$	$SD = .511$	$SD = .571$
Handle whatever comes my way	$M = 3.11$	$M = 3.30$	$M = 3.07$
	$Mdn = 3$	$Mdn = 3$	$Mdn = 3$
	$SD = .599$	$SD = .635$	$SD = .640$
Able to tell survivors	$M = 3.6$	$M = 3.74$	$M = 3.48$
	$Mdn = 4$	$Mdn = 4$	$Mdn = 4$
	$SD = .525$	$SD = .449$	$SD = .574$
Handle survivors' emotional reactions	$M = 3.34$	$M = 3.57$	$M = 3.37$
	$Mdn = 3$	$Mdn = 4$	$Mdn = 3$
	$SD = .640$	$SD = .590$	$SD = .669$
Handle responding to survivors' questions	$M = 3.41$	$M = 3.30$	$M = 3.27$
	$Mdn = 3$	$Mdn = 3$	$Mdn = 3$
	$SD = .560$	$SD = .559$	$SD = .639$

Note. Items were rated on a 4-point scale (1=Not at all certain, 4=Very certain).

mean scores being highest within each professional identification when compared to the other items on Question 13. Interestingly, all three also rated handling whatever comes their way as the lowest certainty item, although the median and mean responses were still in the "somewhat certain" range. The general hypothesis that the training would be perceived as effective does appear to be supported by mean answers to Question 13; however, there do not appear to be noteworthy differences in perceptions of preparedness for events between professional identifications.

Question 14 asked participants to rate the extent to which they felt the seminar helped them learn a variety of skills on a scale of 1-5 (1=Not very helpful, 5=Extremely helpful), including how to identify survivors to be notified, and how to respond to their own emotional reactions to the process. Table 16 shows responses by professional identification, and indicates that participants generally viewed the program as helpful in learning a variety of skills. All median scores were "very helpful" or "extremely helpful" across each professional domain. Officers, chaplains, and victim advocates all rated the seminar as being most helpful with considering the importance of the survivors' perspective, with median scores being "very helpful" in the officer and chaplain domains, and "extremely helpful" in the victim advocate domain. Officers and victim advocates rated the program lowest on how to identify survivors to be notified ($M = 3.83$, 3.87, respectively), while chaplains rated this aspect of the training second-highest. The general hypothesis that the training would be perceived as effective does appear to be supported by mean answers to Question 14, and differences between the three professional identifications evaluated appear to be minimal.

Table 16

Responses for DNSQ Question 14 (Notification Skills Learned) by Professional Identification

	Law Enforcement Officer	Chaplain	Victim Advocate
How to identify survivors	$M = 3.83$	$M = 3.83$	$M = 3.87$
	$Mdn = 4$	$Mdn = 4$	$Mdn = 4$
	$SD = .943$	$SD = .887$	$SD = .846$
The importance of survivors' perspective	$M = 4.22$	$M = 3.87$	$M = 4.39$
	$Mdn = 4$	$Mdn = 4$	$Mdn = 5$
	$SD = .784$	$SD = .757$	$SD = .844$
How to begin the death notification process	$M = 4.07$	$M = 3.7$	$M = 4.29$
	$Mdn = 4$	$Mdn = 4$	$Mdn = 5$
	$SD = .874$	$SD = 1.105$	$SD = .973$
How to tell survivors the death occurred	$M = 4.15$	$M = 3.7$	$M = 4.16$
	$Mdn = 4$	$Mdn = 4$	$Mdn = 4$
	$SD = .874$	$SD = .974$	$SD = .889$
How to respond to the survivors' emotional reactions	$M = 3.96$	$M = 3.7$	$M = 4.06$
	$Mdn = 4$	$Mdn = 4$	$Mdn = 4$
	$SD = .844$	$SD = 1.063$	$SD = .854$
How to respond with your own reactions	$M = 3.98$	$M = 3.74$	$M = 4.1$
	$Mdn = 4$	$Mdn = 4$	$Mdn = 4$
	$SD = .886$	$SD = .915$	$SD = .944$

Note. Items were rated on a 5-point scale (1=Not very helpful, 5=Extremely helpful).

Question 15 asked for additional aspects of the death notification process for which participants felt that they still need training. A list of responses (n=55) can be found in Appendix D.

Questions 16-23 inquired about participants' perception of the achievement of the seminar goals (5=Agree, 1=Disagree), which were listed as "to enhance awareness of the complexities and the emotional challenges of death notification, identify essential needs of the bereaved, and provide strategies for compassionate and thorough death notification." Mean responses of the population ranged between 4 and 5 (see Table 17). Question 23 asked about participant plans to offer the training to others (Yes, Maybe, No). The median response for all participants was "Yes." These results, as well as those mentioned above in Questions 11, 12, 13, and 14 support the general hypothesis that the training would be viewed as effective across all professional identifications, and that participants would report substantial improvement in their death notification skills as a result of attending the seminar.

Training Process Observations

The Death Notification Training Seminar developed by Lord and Stewart appeared to be quite effective in raising the awareness of law enforcement personnel about certain aspects of death notification that they may not have considered in the past, especially for those with less experience performing notifications. It also became apparent that discussing the deaths during the seminar was somewhat of a cathartic experience at times for some participants who had never spoken about their emotions surrounding difficult death notifications performed in the past. For the most part attendees participated in the seminars well, frequently asked questions,

Table 17

Responses to DNSQ Questions 16-23

	M	*Mdn*	*SD*
16. The goals as stated above were achieved	4.59	5	.669
17. The seminar content was well-presented	4.67	5	.618
18. The group interaction and discussion was helpful	4.27	4	.824
19. The audiovisuals were helpful	4.36	5	.833
20. The training environment was satisfactory	4.58	5	.691
21. You became more aware of the victim's perspective	4.62	5	.658
22. You feel more prepared to deliver proper, compassionate notifications	4.56	5	.674
23. You plan to offer this training to others	1.53	1	.674

Note. Items 16-22 were rated on a 5-point scale (5=Agree, 1=Disagree). Item 23 was rated on a 3-point scale (1=Yes, 2=Maybe, 3=No).

and freely related their own trauma narratives about notifications in their career which had been particularly difficult. In one seminar, two officers from a North Georgia county reported that their specialized notification unit had performed approximately 400 death notifications over a 10-year period, and that they were currently contracting out with other surrounding counties and the Georgia State Patrol to perform notifications. The officers were a wealth of information for the other participants, and for the presenters as well, and these types of participants helped lend the seminar very practical credibility for others in the room with less experience.

Some of the seminars even included a survivor's perspective and supplemental educational resources. MADD provided names and contact information for survivors who were willing to discuss their death notification experiences, and the volunteers were contacted to ask if they would be willing to participate in the seminars. When schedules allowed, these discussions really enhanced the program content and provided the officers with the living experience of a person who had been notified of a death by law enforcement personnel. The stories of the survivors at times seemed to hold the attention of the participants more than another cited study would have, and they supported the notion that the story is an important piece of the notification experience for officers and surviving family members. Participants in some seminars were also provided books on death notification to keep by Lord and Stewart (2008) which served as guides for the discussion during the seminar. It is hoped that these books will continue to float around departments and inform decision-making protocols for death notification procedures in the future.

The program could be improved in the future in several different ways. An experiential component might supplement the training well, and give the participants a better idea of their level of comfort in performing a real notification. Of course nothing fully prepares a person for a

death notification like an actual experience giving one, but comfort with the appropriate language as presented in the seminar takes practice as much as knowledge. Having participants rehearse the material for each other might have added a very useful dimension to the training experience. Also, more audiovisuals (clips of officers discussing notifications, survivor perspectives, etc.) might have helped, as participants seemed to respond well to the few that were included.

CHAPTER V

SUMMARY CONCLUSIONS AND IMPLICATIONS

<u>Summary of the Study</u>

This study was designed to evaluate the effectiveness of a death notification training seminar for law enforcement officers developed by Lord and Stewart. Results suggest that the seminar is effective overall, as there was significant improvement in pre-test and post-test ratings of death notification skills, and generally positive responses to post-test questions about confidence in handling death notifications, and helpfulness of the seminar. There were some significant differences found between emotional reaction to recent death notifications between officers, chaplains, and victim advocates, which contradicted the hypotheses. Specifically, officers reported significantly lower levels of emotional distress when performing death notifications than chaplains and victims advocates; they were predicted to experience higher levels of emotional distress. Male and female participants were evaluated on reported number of years performing death notifications as part of their work, and on number of death notifications performed in the past six months. Results were consistent with the hypotheses that males would report significantly higher levels of both.

<u>Statement of the Problem</u>

Although the literature on death notification is scarce overall, the existing studies have suggested that those who perform the notifications view them as very stressful, and generally have received little to no training in how to talk to survivors about the death (e.g., Eth

et al., 1987; Stewart et al., 2000). Previous studies on death notification have included physicians (e.g., Ahrens & Hart, 1997; Knopp et al., 1996; Swisher et al., 1993), military notifiers (e.g., Bartone et al., 1989; Ender, & Hermsen, 1996), law enforcement officers (e.g., Stewart et al., 2000), and survivors (e.g., Janzen et al., 2003), among several others. Although there was a marked increase in the amount of death notification literature that began to emerge in the 1990s (e.g., Iserson, 1999; Leash, 1994; Lord, 1997), Wass (2004) has since commented on the resistance to death education programs in the field of psychology, and she has written on the need for wider implementation of these types of programs.

As described in the literature review in Chapter II of this study, law enforcement personnel are especially vulnerable to the emotional toll of these notifications, in part because of high levels of prior trauma exposure on the job, chronic stress as a result of their required duties, and high levels of burnout. The task of notification itself is difficult enough without these compounding issues. Lord and Stewart (2008) have recently stated that "Future research (on death notification) needs to include assessment of notifiers' needs as well as the long-term benefits of curriculum-based death notification training with and without experiential components (p.33)." This study was designed to evaluate one of the few death notification training programs currently available for law enforcement personnel, and to assess the experiences of notifiers across professional identification and gender. It is hoped that the study informs future death notification protocol decisions within law enforcement agencies, and contributes to the understanding of particular dynamics, such as gender and professional identification, that affect perceptions of and reactions to this difficult mandate.

Research Hypotheses Used

Several general hypotheses guided the current study from its outset. Given the established lack of training programs in death notification (Hodgkinson & Stewart, 1998; Stewart, 1998; Kaul, 2001; Stewart & Lord, 1999), research establishing the need for further programs (Stewart et al., 2001), and efficacy of the current program (Stewart & Lord, 1999), it was expected that the seminar would generally be viewed as effective. That is, participants would report a statistically significant increase in their death notification skills on the post-test of the DNSQ, when compared to the pre-test; they would report confidence in handling events related to death notification; they would report that the seminar was helpful in learning essential death notification skills; and they would report that the seminar had achieved its stated goals to "enhance awareness of the complexities and the emotional challenges of death notification, identify essential needs of the bereaved, and to provide strategies for compassionate and thorough death notifications."

Given the different backgrounds, level of education, and job skills and training required between law enforcement officers, chaplains, and victim advocates, it was expected that professional identification would have a significant impact on perception of the task of death notification across several different domains (number of death notifications performed in the past six months, emotional reaction to death notifications, etc.). Officers were expected to report somewhat less sympathetic reactions to survivors than chaplains or victim advocates due to the directives of their duty to protect and serve, not necessarily sympathize, but also to report more emotional distress during death notifications than chaplains or victim advocates due to their lack of training in appropriate ways to talk with survivors about death. Chaplains and victim advocates tend to serve a more supportive role as part of their duties, and they were therefore

expected to report more sympathetic responses to survivors of victims of unexpected death than officers, but less distress than officers on items like anxiety or fear. It was also expected that officers and chaplains would report more involvement in the process than victim advocates (reporting higher mean scores of notifications performed in the past six months), and that chaplains would report better emotional coping during the task of notification than officers or victim advocates.

Finally, it was expected that men would report performing more death notifications than women over the past six months, and that they would report having performed death notifications as part of their work longer than women. Since law enforcement has traditionally been a male-dominated field, with women only rising about 4% over a ten year period to comprise 12.3% of the law enforcement workforce by 2001 (National Center for Women and Policing, 2002), it follows that men would report that they have been performing death notifications longer than women. It was also expected that men would report performing more notifications over the past six months than women because their roles as notifiers have been established long before women became part of the law enforcement workforce, and those established roles would continue even as women began to make up a larger part of the force.

<div align="center">Conclusions and Implications</div>

Overall Program Effectiveness

The death notification seminar in this study was effective at preparing law enforcement personnel to deal with events that commonly occur during a death notification. These events can range from responding to unexpected emotional reactions of survivors to responding to the notifiers' own emotional reactions to the process. They may also involve identifying and

preparing information for surviving family members, appropriate time frames for returning belongings to the victim's family, and using appropriate language when discussing the death with the family. Being prepared to respond to these types of events is one of the most critical aspects of the notification process because of its known relationship to complicated bereavement and PTSD (Stewart, 1999). Prior studies have suggested that more death notification training is desired (e.g. Stewart et al., 2001), and the current study validates the efficacy of the training seminar developed by Lord and Stewart. It is anticipated that studies demonstrating the efficacy of these types of programs will result in increased funding and awareness of issues related to death and dying, and help fill the current gap in death education asserted by Wass (2004) and others.

All measures of the general effectiveness of the seminar were found to be skewed in a positive direction, indicating that overall, participants felt that the training was useful and effective. This was particularly evident in the robust results of the pre and post skills questions (11 and 12), which inquired about participants' perception of their ability to perform a compassionate and thorough death notification in the six months prior to the seminar, and immediately afterward. The significant increase in participants' overall confidence after the seminar is quite important given that a large proportion of them reported that they had not taken part in death notification training prior to the seminar. This indicates that a little training (four hours) could spell significant improvement in participants' abilities to carry out the death notification protocol effectively.

Mean responses related to participants' certainty that they would be able to handle events related to death notification after attending the seminar were in the "Moderately Certain" to "Very Certain" range across the population of the study. Participants rated items such as "I will

be able to tell survivors that someone died or was killed" in the "Very Certain" range, and other items such as "I am confident that I will deal effectively with unexpected events that occur during a death notification" in the "Moderately Certain" range. These results are encouraging given that the unexpected nature of the reactions of survivors is one of the things that makes the notification process so difficult.

Participants also reported that the seminar was generally helpful in teaching them to initiate certain aspects of the death notification effectively, such as identifying survivors to be notified, and responding to the emotional reactions of survivors. The mean response on all items was within the "Very Helpful" to "Extremely Helpful" range, indicating that participants felt that the seminar was effective overall in helping them learn behaviors and protocols essential for an effective death notification. Questions about the achievement of the goals of the seminar, and effective presentation of the material indicated that participants believed that the seminar was well-presented. Mean responses for each question were overwhelmingly skewed towards agreement that the seminar was effective in achieving its goals. When asked if the participants planned to offer the training to others, and the mean response was "Yes."

Collectively, the seminar was generally well-received, and viewed by the participants to be beneficial in preparing them to perform effective death notifications. These findings are very encouraging in light of previously mentioned gaps in death education in general, particularly those that have been mentioned by Stewart, Lord, and others within the public service domain.

Professional Identification Differences

Differences observed in the experiences of death notification between officers, chaplains, and victim advocates give clues to some important dynamics that are currently at play within

many law enforcement agencies. The results of this study, and anecdotal evidence from law enforcement agencies around the country, indicates that chaplains perform many more death notifications on the whole than do other members of law enforcement; it is no wonder then that they report statistically significant higher levels of exhaustion when performing death notifications than do officers. This fact speaks to the concept of vicarious trauma or compassion fatigue, which has been noted in chaplains in the past (e.g. Roberts, Flannelly, Weaver, & Rigley, 2003). Although one of the aforementioned limitations of this study was the low sample size of chaplains (n = 25) and victim advocates (n=32) which gave rise to a large variance and made complex comparison difficult at times, a review of individual cases revealed that one chaplain reported 150 death notifications over the past six months, while two others reported 60. Even with removal of this data, the mean differences in number of notifications performed within the past six months was still much higher for chaplains than for officers or victim advocates.

Another important question to consider is, "What is taking place within chaplains during these notifications that would explain significantly higher levels of compassion than officers and significantly higher levels of exhaustion than officers?" In other words, how could chaplains be victims of compassion fatigue yet report more compassion than officers in the study?

Compassion fatigue is defined as, "the burnout and stress-related symptoms experienced by caregivers and other helping professionals in reaction to working with traumatized people over an extended period of time" (Vandenbos, 2007; p. 203). Compassion fatigue is being exhausted *from* being compassionate, and not necessarily tired *of* compassion. It is rather intuitive then, that if chaplains are reporting significantly higher levels of mustered compassion during these notifications, significantly higher levels of compassion fatigue or exhaustion might

follow. The similarity between chaplain ($M = 4.5$) and victim advocate ($M = 4.25$) levels of compassion when compared to officers ($M = 3.75$) also speaks to the differing calls of duty within each professional identification, which is evident in other emotional reaction domains measured by DNSQ Question eight as well.

Chaplain ($M = 4.44$) and victim advocate ($M = 4.38$) reports of caring were similar, and speak to similar calls of duty when serving surviving family members during a death notification. Officers ($M = 3.67$) reported significantly less feelings of caring when notifying surviving family members of a death when compared to chaplains, although it should be noted that officer mean reported levels of caring were between the "Some" and "Much" categories, and should not be interpreted as uncaring toward the survivors. This is further corroborated by the fact that officer reports of caring did not differ significantly from victim advocate reports of caring, which were highly similar to chaplain reports. It would be more precise to say that all three groups reported a considerable amount of caring both anecdotally and on the DNSQ for the surviving families, and that this result represents a statistically significant measurement that may not be clinically significant. It is also difficult to interpret this result in terms of clinical relevance when a change in a single chaplain report might have tipped the significance in the other direction. These problems and others are addressed below in "Recommendations for Further Research."

The difference between officer and victim advocate reported levels of helplessness ($p =$ .038) during their most recent death notification might again be related to the frequency with which each performs death notifications. Since officers are performing more notifications than victim advocates, they may be well-adjusted as a group to the feelings of helplessness that go along with the notifications more so than are victim advocates as a group. Chaplain reports of

helplessness were between those of officers and victim advocates, and the Yerkes-Dodson rule may apply in this case as well. If chaplains are performing more notifications than officers and victim advocates, yet reporting helplessness at levels higher than officers, but lower than victim advocates, it may be that their level of adjustment to helplessness is greater than that of victim advocates due to experience. However, the cumulative effect of those experiences might be taking a toll on chaplains more than on officers, and would explain higher reports of helplessness during the notifications.

Officers and victim advocates reported significantly differing levels of sympathy when performing death notifications ($p = .013$). This result confirmed the most stereotypical of the initial research hypotheses, given that one would expect those in a victim advocate role to be more sympathetic to the suffering of survivors than a typical officer in the field, because their calls for duty are radically different. Officers are frequently required to "turn off the sympathy switch" as part of their duties when it comes to issuing traffic citations, making an arrest, or dealing with agitated people. It is quite understandable that they might employ some of these same strategies when dealing with the emotional reactions of survivors. Victim advocates and chaplains are called to respond sympathetically toward the suffering of others as part of their job duties. So why then, are the differences between officer and chaplain mean scores on sympathy ($p = .755$) closer than chaplain and victim advocate means ($p = .316$)? Possibly because many chaplains also serve dual roles as officers and have therefore have developed a tendency to turn sympathy off that is similar to those who serve as officers only.

Gender Differences

Lastly, gender differences supported the general hypotheses that women would report performing death notifications for a shorter amount of time as part of their jobs than men, and that they would report performing fewer notifications over the past six months than men. Although males outnumbered females two-to-one in the analyses, women were still rather well-represented, and several factors likely contributed to the relationship seen between gender and fewer notifications. The primary factor is probably the selection effect, in that the professional identification with the lowest reported mean years performing death notifications, and the lowest reported mean number of death notifications performed in the past six months was largely made up of women (90% of victim advocates were women); and the professional identifications that reported the highest mean number of years performing death notifications, and the highest mean number of death notifications performed in the past six months were largely male (76% of chaplains and 82.7% were male). Therefore, further analysis might show these effects to be more related to professional identification than to gender in and of itself. As mentioned earlier in this chapter, this effect could also be partially explained by traditional male roles within law enforcement agencies, which are unlikely to change until women begin to infiltrate the system at similar rates to men (National Center for Women and Policing, 2002).

It was predicted that males would report conducting death notifications for a longer period of time than females, and that they would report performing more death notifications over the past six months than females. Both of these hypotheses held true as demonstrated by the independent samples t-tests conducted for Questions six and seven by gender. Male reports of number of years performing death notifications ($M = 9.91$) were significantly greater than female reports ($M = 5.79$) at the .001 alpha level. Male reports of number of death notifications

performed over the past six months ($M = 2.87$) were significantly greater than female reports ($M = .9$) at the .05 alpha level.

Recommendations for Further Research

The current study should be a catalyst for other areas of investigation in death notification practices with law enforcement agencies. It has some provided some provisional answers to a few rather interesting questions, but is only the tip of the iceberg in terms of the work that still needs to be done to study and improve upon death notification practices around the country. As the dynamics of the professions of law enforcement and psychology change, so will the questions that need to be answered. The most salient questions raised by this study are addressed in this section, but there are many more.

Longitudinal Approach

One of the major weaknesses of the current study is the level of abstraction required to project how effective the seminar was in helping participants improve their death notification skills. An interrupted time series design (Cook & Campbell, 1979) would be more useful to determine whether or not participants believe that their skills have improved significantly after having some time to perform death notifications on the job. Considering this, a three-month follow-up study is planned where officers who participated in this study will be asked to fill out an online version of the DNSQ to evaluate their perception of death notification skills after being given time to practice the skills in the field. Results will be presented at the 2010 ADEC annual conference.

Additional Methods of Evaluation

Self-reports are prone to many different kinds of response bias (Donaldson & Grant-Vallone, 2002), and it would be useful to collect information from several different sources (Shadish, 1993) before making sweeping changes of any sort to current death notification practices. For instance, as mentioned earlier in this study, it would be beneficial to see participants perform an actual death notification or practice one, and have supervisors grade them based on notification skills taught in the seminar as another way to measure the seminar's effectiveness.

Further Consideration of Gender

Differences between the death notification experiences of males and females in law enforcement need to be parsed out further as well. Simon and Nath (2004) have spoken of the cultural belief in the United States that women are more emotionally expressive than men, and that they are more prone to sadness than men. These types of beliefs undoubtedly account for some of the variance between the reported years performing death notifications and the reported number of death notifications performed in the past six months between men and women. That is, women are likely to be discouraged from performing notifications if it is assumed that they will be "too emotional" with the survivors, or that their objectivity will be lost due the emotion-laden nature of the notification. Further, Simon and Nath (2002) have shown that women generally do not report more emotional expressiveness than men, and that this may be rooted in some 19th Century gender ideologies. Whatever the case, distinctions need to be made between what are truly gender differences in death notification experiences, and what differences are

related more to other factors like culture, race, age, or professional identification. Broader questions addressing persons of varying sociocultural backgrounds need to be addressed.

Conduct More Seminars

Finally, increasing the size of the study population, and in particular some of the professional identification samples, would reduce the variance in the overall responses and make causal inferences much less problematic. For example, preliminary data suggests that chaplains perform the most death notifications and are the most exhausted by the process, but the variance is so large on most items and sample size so small, that it is rather difficult to determine whether or not it is only the current sample that is heavily skewed toward exhaustion, or if the results are indicative of a broader problem within the entire population of chaplains. As Roberts et al. (2003) has shown, chaplains may be at high-risk for compassion fatigue when dealing with families burdened by unexpected death. If we expect to effectively comfort families confronted with the tragic death of loved ones, we must first protect and retain the comforters.

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APPENDIX A

<u>Consent Form</u>

CONSENT FORM

I _____ *(print your name)* agree to participate in the research study entitled: <u>A Study of the Effectiveness of a Death Notification Training Seminar for Law Enforcement Officers</u> that is being conducted by Brandon J. Register and Dr. Alan E. Stewart (Department of Counseling & Human Development at the University of Georgia, phone: 706.542.1263, email: astewart@coe.uga.edu). I understand that my participation is entirely voluntary. I understand that I can REFUSE TO PARTICIPATE OR withdraw my consent at any time without penalty OR LOSS OF BENEFITS TO WHICH I AM OTHERWISE ENTITLED and can ask that my forms be destroyed or returned to me. I ALSO UNDERSTAND THAT I MAY PARTICIPATE IN THE TRAINING WITHOUT PARTICIPATING IN THE RESEARCH, AND STILL RECEIVE POST CERTIFICATION CREDIT FOR ATTENDING THE TRAINING.

I understand the following points:

1. <u>PURPOSE</u>: The general purpose of this research is to examine my evaluations of the Death Notification Training Seminar that I have attended. This research will be used to determine what parts of the training are the most helpful and what parts of the training may need modification. Another purpose of the research is to examine how I have put the training into use in my professional work over the longer term. Overall, the purpose of the research is to examine the effects of having received training in how to perform compassionate, supportive death notifications.

2. <u>BENEFITS</u>: The benefit of participating in this research involves knowing that I may affect how death notification training is performed in the future and that my responses and experiences may be useful in understanding what different professionals need in the way of professional support to perform compassionate, supportive notifications. Further, at the conclusion of my participation in the seminar, I will be provided with a written explanation of the topics that were investigated in this study.

3. <u>PROCEDURES</u>: I will be asked to answer a four-page questionnaire now. This will take approximately seven to ten minutes to complete. Approximately THREE months from now, the researcher will mail another, shorter survey to me to follow-up on the longer-term effects of receiving death notification training. This follow-up survey is two pages and will take approximately five minutes to complete. The survey can be returned in a postage-paID envelope. You will also receive two reminder postcards encouraging you to complete this second survey.

4. <u>DISCOMFORTS or STRESSES</u>: There are no discomforts or stresses foreseen in completing this research. The survey questions are of a factual and evaluative nature and do not require participants to recall previous, perhaps painful memories of death notification experiences.

5. <u>RISKS</u>: ALTHOUGH THERE IS SOME RISK OF PSYCHOLOGICAL DISCOMFORT IN PARTICIPATING IN THE DEATH NOTIFICATION TRAINING SEMINAR DUE TO THE SENSITIVE NATURE OF THE TOPIC, THERE ARE

NO PSYCHOLOGICAL, SOCIAL, LEGAL, ECONOMIC, OR PHYSICAL DISCOMFORTS, STRESSES, OR HARM FORSEEN IN PARTICIPATION IN THE CURRENT RESEARCH..

6. CONFIDENTIALITY: Participants' responses to this survey, their identifying information, and their contact information will be confidential. That is, nobody but Brandon J. Register AND Dr. Alan Stewart will see my responses to the questionnaires. These questionnaires will be stored in secure facilities (locked offices with lockable filing cabinets). Once the data are entered into the computer for analyses, participants' names on the hard copies will be marked through with a heavy marker. THE SURVEY RESPONSES (ALONG WITH ANY IDENTIFYING INFORMATION) WILL BE KEPT BY DR. ALAN STEWART FOR THREE YEARS (AS REQUIRED BY FEDERAL REGULATIONS FOR IRB RECORD-KEEPING), THEN DESTROYED. Again, only the researcher and personnel connected with this project will have access to the questionnaires and will take all reasonable precautions to protect my identity until my name is marked from the questionnaires.

7. FURTHER QUESTIONS: Following the completion of the data collection, I will be given a complete explanation of the study IN A FOLLOW-UP EMAIL and will be able to contact the researcher if I have any questions: Brandon Register (bregiste@uga.edu) or Dr. Stewart (aeswx@uga.edu or 706.542.1812).

I consent to participate in this study. I have read and understand the consent agreement above:

_____   _____

(Participant's Signature & Date)   Investigator (Brandon J. Register)
                                                    email: bregiste@uga.edu

Additional questions or problems regarding your rights as a research participant should be addressed to the IRB chairperson in the INSTITUTIONAL REVIEW BOARD at the University of Georgia, 612 Boyd Graduate Studies Research Center, Athens, GA 30602-7411. Telephone: (706) 542-3199; E-Mail Address: IRB@uga.edu.

APPENDIX B

<u>Death Notification Training Seminar Questionnaire</u>

DEATH NOTIFICATION SEMINAR

Instructions: Please provide a response for each item that follows on the front and back of these pages. Thank you for your participation.

Part I

1. Your Gender: Ⓜ Ⓕ   2. Your Age: _____

3. Your Ethnic Background:

○ Black or African American   ○ White   ○ American Indian or Alaska Native
○ Asian   ○ Hispanic or Latino   ○ Native Hawaiian or Other Pacific Islander

4. After reading the following options, please indicate your primary occupational affiliation.

○ Counselor   ○ Nurse
○ EMT/Paramedic   ○ Pastor/Priest/Minister/Imam/Rabbi/Chaplain
○ Funeral Director/Mortician   ○ Physician
○ Law Enforcement Officer   ○ Psychiatrist
○ Medical Examiner/Coroner   ○ Psychologist
○ Student (specify discipline): _____   ○ Social Worker
○ Other (specify):_____   ○ Victim Assistance Provider

5. How would you describe your religious or spiritual orientation? (please indicate all that apply)

○ Protestant (Denomination):_____
○ Catholic
○ Jewish
○ Bahai
○ Buddhist
○ Eastern/Greek/Russian Orthodox
○ Hindu
○ Muslim
○ Other: _____
○ Do not have a religious or spiritual orientation at this time.

6. For how many years have your performed death notifications as part of your work? _____ years

7. How many times <u>during the last six</u> months were you the <u>principal</u> informant in a death notification? _____ times

8. Considering the <u>most challenging notification that you performed within the last six months as the primary notifier</u>, to what extent to did you experience each of the following feelings? Use 1 = *Not at all*, 2 = *A little bit*, 3 = *Some*, 4 = *Much*, 5 = *Very Much*. Check here and skip these items if you have not performed any notifications in the last six months É

_____ **Anger**: To what extent did you experience ANGER during the most challenging notification you performed in the last six months as the primary notifier?
_____ **Anxiety**: To what extent did you experience ANXIETY during the most challenging notification you performed in the last six months as the primary notifier?
_____ **Awkwardness**: To what extent did you experience AWKWARDNESS during the most challenging notification you performed in the last six months as the primary notifier?
_____ **Compassion**: To what extent did you experience COMPASSION during the most challenging notification you performed in the last six months as the primary notifier?
_____ **Caring**: To what extent did you experience CARING during the most challenging notification you performed in the last six months as the primary notifier?

_____ **Exhaustion**: To what extent did you experience EXHAUSTION during the most challenging notification you performed in the last six months as the primary notifier?

_____ **Fear**: To what extent did you experience FEAR during the most challenging notification you performed in the last six months as the primary notifier?

_____ **Guilt**: To what extent did you experience GUILT during the most challenging notification you performed in the last six months as the primary notifier?

_____ **Helplessness**: To what extent did you experience HELPLESSNESS during the most challenging notification you performed in the last six months as the primary notifier?

_____ **Overwhelmed**: To what extent did you experience feeling OVERWHELMED during the most challenging notification you performed in the last six months as the primary notifier?

_____ **Pity**: To what extent did you experience PITY during the most challenging notification you performed in the last six months as the primary notifier?

_____ **Regret/Remorse**: To what extent did you experience REGRET/REMORSE during the most challenging notification you performed in the last six months as the primary notifier?

_____ **Sadness**: To what extent did you experience SADNESS during the most challenging notification you performed in the last six months as the primary notifier?

_____ **Self-Conscious**: To what extent did you experience feeling SELF-CONSCIOUS during the most challenging notification you performed in the last six months as the primary notifier?

_____ **Self-Doubt**: To what extent did you experience SELF-DOUBT during the most challenging notification you performed in the last six months as the primary notifier?

_____ **Sympathy**: To what extent did you experience SYMPATHY during the most challenging notification you performed in the last six months as the primary notifier?

9. Considering the <u>most recent notification</u> that you performed as the principal informant, to what extent to did you <u>do</u> each of the following things? Use 1 = *Not at all*, 2 = *A little bit*, 3 = *Some*, 4 = *Much*, 5 = *Very Much*.

_____ Told survivors about the death using one or more of the words: *death, dead, die, died, killed*
_____ Gave survivors information they requested about the death
_____ Tried to stop or reduce the survivors' emotional responses (e. g., crying) to the news.
_____ Tried to say something supportive or comforting to survivors after the notification.
_____ Used the dead person's name in talking about him/her with the surviving family.
_____ Gave survivors some advice to try to help them put the death in perspective
_____ Provided survivors with information on how to contact you at a later time.
_____ Stayed with the survivors for as long as it was possible or until someone else (e. g., family members) arrived.
_____ Contacted someone for the survivors after you delivered the notification.
_____ Transported the survivors somewhere (e. g., to the hospital to identify the body)

10. Before today's Death Notification Seminar, what kind of training did you have on how to perform death notifications? (Please select one).

○ <u>NO</u> prior formal training in death notification
○ In-service training (observing someone else)
○ Minimally covered in a course
○ All or a substantial part of a course
○ Internship or Residency
○ Other (specify):_____

11. Looking back at the death notifications you performed in the <u>six months before attending this seminar</u>, to what extent did you possess the skills to perform a compassionate and thorough notification?

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
Little   Somewhat   Very Much

If You Can, Please Wait to Complete the Rest of the Questionnaire Until the Seminar Ends

12. Since attending this seminar today, to what extent do you feel confident about your ability to perform a compassionate and thorough death notification?

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
Little   Somewhat   Very Much

13. Since attending the Death Notification Training Seminar, how certain are you that you will be able to handle the events described below? Use 1 = *Not at all certain*, 2 = *Somewhat uncertain*, 3 = *Moderately certain*, and 4 = *Very certain*:

_____ I am confident that I will deal efficiently with unexpected events that occur during a death notification.
_____ I will be able to remain calm when facing difficulties during a death notification because I can rely on my own coping abilities.
_____ I will be able to handle whatever comes my way during a death notification.
_____ I will be able to tell survivors that someone had died or was killed.
_____ I can handle the survivors' emotional reactions after giving the notification.
_____ I can handle responding to survivors' questions about the person who died.
_____ I can handle my own feelings that arise after delivering a death notification.

14. To what extent did the seminar help you learn how to do each of the following? Use 1 = *not very helpful,* 2 = *a little helpful*, 3 = *somewhat helpful*, 4 = *very helpful,* and 5 = *extremely helpful*.

_____ How to identify the survivors to be notified
_____ The importance of considering the survivors' perspectives
_____ How to begin the process of telling about the death
_____ How to actually tell survivors the death occurred
_____ How to respond to the survivors' emotional reactions
_____ How to respond with your own reactions to the process
_____ Other things you learned: _____

_____

15. For which aspect(s) of the death notification process do you still need additional help or training in order to perform well?

_____

_____

_____

Part II

The goals of this seminar were to enhance awareness of the complexities and the emotional challenges of death notification, identify essential needs of the bereaved, and to provide strategies for compassionate and thorough death notifications. We attempted to achieve these goals through presentations, discussion, audio visual aids and written materials. Please rate the extent to which you agree with each of the following statements.

		Agree				**Disagree**	
16.	The goals as stated above were achieved.	5	4	3	2	1	N/A
17.	The seminar content was well presented.	5	4	3	2	1	N/A
18.	The group interaction and discussion was helpful.	5	4	3	2	1	N/A
19.	The audiovisuals were helpful	5	4	3	2	1	N/A
20.	The training environment was satisfactory	5	4	3	2	1	N/A
21.	You became more aware of the victim's perspective	5	4	3	2	1	N/A
22.	You feel more prepared to deliver proper, compassionate notifications	5	4	3	2	1	N/A
23.	You plan to offer this training to others.	Yes		Maybe		No	

I would like more information about _____
_____
_____

We would like to contact you in approximately THREE months to further assess the effects of this death notification training. At that time, we would mail you a brief questionnaire (like this one), and ask that you complete it and return it to us in a postage-paid envelope.

Please provide your contact information below:

Name :   _____
Address: _____
                _____
Email: _____   Phone: _____

APPENDIX C

<u>Death Notification Seminar Power Point</u>

Slide 1

AN INTRODUCTION TO

DEATH NOTIFICATION

FOR LAW ENFORCEMENT PERSONNEL

Alan E. Stewart, Ph. D. & Brandon Register, M. Ed.
Department of Counseling & Human Development
The University of Georgia

Slide 2

Overview of the Training

1. Significance of the death notification process for notifiers and survivors

2. Needs for death notification training

3. Recommendations for death notification practice

4. Taking care of the notifier

Slide 3

Training Materials

Powerpoint notes

I'll Never Forget Those Words

I'll Never Forget Those Words
A Practical Guide To Death Notification

Janice Harris Lord
Alan E. Stewart

Supported by a grant from the Association for Death Education & Counseling

Slide 4

Overview of the Training

We are scheduled to be finished by 12:30.

We will have a break at about 10:00.

You will need to attend all of the workshop today to receive your GA-POST credit.

Slide 5

Significance of the Death Notification

• Survivors will always remember the notification.

• The quality of the notification can affect the survivor's grief and mourning experiences.

• Notifications affect and change the notifier.

Slide 6

**Your First Death Notification Experiences**

• Who told you to do the notification?
• How did you react?
• Did you have enough information to answer the family's questions?
• What do you remember the most?
• What parts of the notification did you handle well?

Slide 7

Your First Death Notification Experiences

- How do you wish it had been handled differently?
- How did this notification affect how you deliver notifications now?

Slide 8
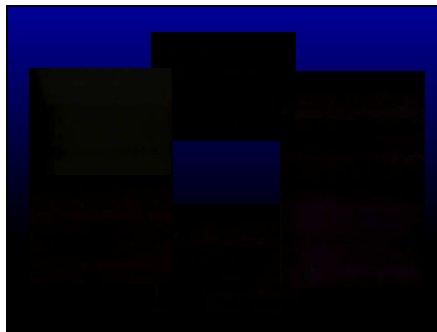
Slide 9

Quotes from Law Enforcement

- *"It is our duty to make sure that those we are sworn to serve have the best of us at their worst of times."*

- *"Death Notification is NOT a call for service. The needs of the person served are radically different."*

Slide 10

Challenges for Notifiers

1. Inadequate or no training for notifications

A study of 298 police agencies revealed that while 80% of them delivered notifications, only 13% offered death notification training (Violanti)

Slide 11

Challenges for Notifiers

1. Inadequate or no training

2. Over-Identifying with Survivors

3. Personal Vulnerability

4. Fear of Being Labeled

5. Other Challenges for you?

Slide 12

MADD Research (245 Notifiers)

Stewart, A.E., Lord, J.H., & Mercer, D.L. (2001). Death notification education: A needs assessment study. *Journal of Traumatic Stress*, 14,1, 221-227.

Sample included:

Police (*N* = 70)
Victim Advocates (*N* = 46)
Chaplains (*N* = 34)
Social Workers / Counselors (*N* = 24)
Psychologists (*N* = 20)
Other professions (*N* = 46)

Slide 13

MADD Research (245 Notifiers)

- 55% had received no classroom training.

- 49% had received no experiential training
  – Most who had were told to watch someone else do it (i. e., *see one, then do one*).

- 41% had received neither classroom nor experiential training.

Slide 14

Most Difficult Circumstances for Notification

- Violent Death
  – Homicide
  – Drunk Driving Death
  – Vehicular Crash Deaths
  – Suicide
- Death of a Child (from any cause)
- Accidental death (drowning, fall, etc.)
- Sudden Medical Condition (e. g. heart attack)

Slide 15

~ Your Own Experiences ~

What are some of the things that have made the notifications you have performed especially difficult or challenging for you?

Slide 16

Steps in the Death Notification Process

1. Select the notifiers.
2. Prepare to notify.
3. Deliver the death notice.
4. Respond effectively to the survivors.
5. Provide follow-up.
6. Take care of yourself.

Slide 17

1. Select the Notifier

- Of the people you know, who would and *would not* make a good notifier?

- If you died, who would you want to notify *your family and friends*?

- The person making the notification is as important as the process.

- Role Conflict – What to do?

Slide 18

~ Qualities of a Good Notifier ~

- Empathic, compassionate, caring
- Informative, truthful
- Willing to listen and absorb some pain
- Willing to feel *helpless* with survivors
- Has some life experience, is comfortable with him/herself
- Has a *personal philosophy* about death
- Can respond to cultural differences

Slide 19

2. Prepare to Notify

The correct identification of the person who died is Important

• Correctly, positively identify the person who died and his/her surviving family members.

• Know the dead person's name, age, gender, and name(s) of the surviving family members.

Slide 20

2. Prepare to Notify

• Gather the details about the events and cirucmstances leading up to the injury and death that will allow you to tell the *story* of how things happened.

– How do you know?
– When, where, and how did the person die?
– Where is the person's body now?
– Who/where can the family call for more information?

Slide 21

2. Prepare to Notify

• Don't add-to or hide the facts of the death.
• Don't guess.
• Don't say "he never knew what hit him."
• Say what you know. Know what you say.
• Take notes on details—survivors will often want more information later.

Slide 22

2. Prepare to Notify

- Consider the setting where the notification will occur.

- If the notification will occur at the survivor's home, ask to come in and to sit down.

- Assemble other people who will assist in the notification.

Slide 23

2. Prepare to Notify

- Best to go in pairs (three is ok, avoid *solo*).
- If possible involve clergy and neighbors
- Older persons, people with chronic illnesses, and children may require additional time and services during the notification.
- Process your own reactions.
- Plan how to notify (who will do what?).

Slide 24

3. Delivering the Notification

- Greet the survivors and transition directly (2-3 minutes) to beginning the notification.
- Relate the story of incident, injury, treatment, etc. in a simple, step-wise manner.
- Tell that the death occurred
- Allow the survivors to absorb the information and to ask questions along the way.

Slide 25

3. Delivering the Notification

- **Use direct, clear language.**
  - *Death, dead, died, killed*
- **Avoid ambiguous language and clichés.**
  - *Fatally injured, passed-on, gone, no longer with us, departed, etc.*
- **There is a difference between *dying* and *being killed*.**
- **There is a difference between an *accident* and a *crash*.**

Slide 26

Language is important to victims and surviving family members. . . . .

Slide 27

3. Delivering the Notification

"I am afraid that the information I have for you is not good (pause). Your son, John, has been in a very serious vehicular crash (pause). Even though the health care professionals did everything they could (if you know), his injuries were just too severe (pause) and he has died. (pause) I'm so sorry."

Slide 28

3. Delivering the Notification

Every family deserves a *personal* notification.
- Balance the need for timely notification with circumstances of the case.
- If the family lives out of your jurisdiction…
- If the family is not home…
- If a primary family member is at work…
- If a Phone Call seems to be the only alternative…

Slide 29

3. Delivering the Notification

- **Avoid telephone notifications if possible.**
  - Can't evaluate the person or the setting
  - Older or ill people may be at risk

- **Coordinate notification with local law enforcement agencies if possible.**

Slide 30

~ Notifying Children & Adolescents ~

- **Let parents notify, if possible.**
- **Notify parents first, then let them notify their children**
- **Don't notify children or adolescents if adult family is not present.**
- **Don't have children translate notifications to parents.**
- **Modify approach and language to be suitable to the child's or adolescent's age.**

Slide 31

4. Responding to the Survivors

• **Don't discount reactions—theirs or yours.**

• **Be prepared for a wide range of reactions:**

    – **Expect fight, flight, or freeze**
    – **Be comfortable with tears**
    – **Honor silence**
    – **If someone goes into shock….**

Slide 32

4. Responding to the Survivors

• **Facilitate non-destructive reactions.**

• **Join survivors in grief without being overwhelmed by it:**

    – **Avoid discounting, patronizing statements**
    – **Avoid disempowering statements**
    – **Avoid religious clichés**
    – **Avoid unrealistic expectations**

Slide 33

4. Responding to the Survivors

What to say:

• **I'm so sorry.**
• **They did everything they could (if you know).**
• **Hearing this kind of news is harder than most people think.**
• **Most people react much as you have.**
• **If I were in you shoes, I would probably feel the same way.**
• **Is there anything else you'd like to ask me?**

Slide 34

4. Responding to the Survivors

- Answer questions honestly.
- Offer to make calls to family, neighbors, friends.
- Talk with the media ONLY after discussion with the family.
- Don't leave survivors alone.
- Give information in written form.

Slide 35

4. Responding to the Survivors

- If viewing the body is desired or required, offer to transport to and from (if you can).
- If possible, describe nature of injuries and condition of the body.
- Try to prepare the survivors for what they will see.

Slide 36

Slide 37

5. Providing Follow-Up

Short-term (First day after loss):

- Call the following day and ask to visit again
- At least inquire if the survivors have additional questions.
- Provide update on investigation, if possible.
- Ask if the survivors are ready to receive personal possessions.

Slide 38

5. Providing Follow-Up

Intermediate term (2-7 days after loss):

- Provide referrals to clergy, mental health, and victim support or assistance services.
- Provide information about the criminal justice process.
- Provide information on crime victim compensation (Criminal Justice Coordinating Council).
- Attend the funeral.

Slide 39

5. Providing Follow-Up

Longer term:

- Call to check on how survivors are doing.
- Viewing of photos of the body, crash and/or crime scene.
- Remembering the loved one who died.
- Send a personal letter.

Slide 40

6. Taking Care of the Notifer

- It is important to develop healthy ways to cope with the effects of notification service.
- Realize that notification creates different kinds of stress and that it needs to be dealt with.
- Become OK with performing your own *preventative maintenance* after notifying.
- Teflon works on cookware—not on notifiers.

Slide 41

6. Taking Care of the Notifer

Engage in healthy stress relief:
- Spend time with family
- Talk with coworkers
- Spend time alone
- Spend time with friends
- Exercise

Stewart, A.E., Lord, J.H., & Mercer, D.L. (2000). A survey of professionals' training and experience in delivering death notifications. *Death Studies*, 24, 611-631.
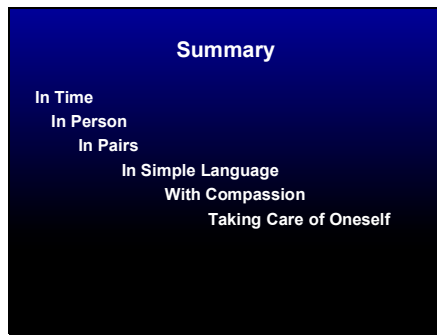
Slide 42

6. Taking Care of the Notifer

Preventive Strategies:
- Develop a personal philosophy of death.

- Rely upon spiritual and religious resources.

- Rely upon relationship resources.

Slide 43

Summary

In Time
  In Person
    In Pairs
      In Simple Language
        With Compassion
          Taking Care of Oneself

APPENDIX D

<u>Responses to DNSQ Question 15</u>

1. How to work with children and help the person in the mourning and grief process.

2. How we in the prison need to have someone be able to go and speak to the family member of the descent inmate and not on the phone.

3. Showing compassion and caring is OK. Being honest.

4. Thank you for the thoughtful outline.

5. Give family the choice to view photos. 470 Murders in U.S. and 780 Crashes each week.

6. Need to have qualities of empathy.

7. Proper procedures.

8. To tell the truth, not to lead or mislead on what they ask.

9. Most cases pertain to accidental deaths, not murders and does not apply when family are suspects.

10. Small elements such as: not to take belongings of the deceased and not use a phone call for notifications except in right circumstances.

11. Sensitivity.

12. Confidence in myself.

13. What not to do.

14. Survivors remember everything from the notification.

15. Putting the photos and videos in an envelope and the order of least to worst.

16. Morals, values of others—respect.

17. Being a state trooper-sergeant for 18 years I have learned to deal with the trauma of notifications and this class assured me I'm on the right track.

18. What to say and not to say during the notification.

19. Confirmation: training postured in modules of absolutes, confirming my personal style to consider all facets and not operate on those questions as tra.

20. The importance of the mother to be with her child regardless of the comprise to the body.

21. If the person you are notifying speaks another language and the only one who speaks English is the child and no one else is available, what do you do?

22. All information that a notifier needs to confront the survivors.

23. Some things not to do--the stories and bungled notifications were very helpful.

24. I was glad to hear of some of the coping strategies.

25. Hate to say it, but hands-on training.

26. In pairs and with simple language.

27. Many things not to do.

28. I liked the follow-up information.

29. Continue caring and compassion for a victim's family.

30. Would like to attend another seminar in the future.

31. Coping with my own reactions and feelings is always the hardest part for me.

32. Is to be honest about the death. Don't leave family alone after the notification.

33. Learning the details.

34. It's a long process to do a "good" notification and that outcomes are unknown regardless of what you do.

35. You can always improve!

36. "Falling out" best way to handle it - how other cultures handle death.

37. A lot depends upon family needs.

38. How to hand the question, "Did the victim suffer?"

39. Practice-say the words!

40. Self-care and debriefing techniques.

41. The importance of the follow up.

42. What to say and what not to say.

43. Better terminology to use when notifying someone about a death.

44. To be empathetic and not sympathetic.

45. At the beginning I would have put a 1 down because I had no knowledge or experience with death notification.

46. Actually use the words died, killed, etc. and not avoid them.

47. How to prepare before notification.

48. How to do a death notification, successful.

49. This was an excellent training, best training yet.

50. It was good to see the video clips of different notifications-the what you are "not supposed to do."

51. I won't know until I have to make my first death notification.

52. What not to say.

53. Importance of following up with families after the initial notification.

54. That there may be some fall out if having somebody else to the family do notification.

55. Language skills, return possession procedures.