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POST-TRAUMATIC STRESS DISORDER: The Effect on Law Enforcement

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I remember growing up and watching documentaries on television about soldiers in America's World Wars and listening to the commentator talk about "shell shock" and "combat fatigue." I never truly understood what they were referring to until I read an article years later that related these terms to **Post-Traumatic Stress Disorder (PTSD)**.

In 2005, I returned home from serving in Operation Iraqi Freedom II in Iraq and witnessed the effects of PTSD firsthand. I began to see exactly how PTSD affected my fellow soldiers, their families, and their friends. It not only affected their personal lives but their professional lives as well. I watched my fellow soldiers struggle to return back to their "normal life." I felt helpless in watching their constant struggle and often wondered if there was any way to help.

In 2006, I took a job as a Camp Robinson Police Officer in North Little Rock. During my first few months as an officer, I ran into one of the soldiers who I watched struggle back in 2005. He introduced me to some of the programs he and others were using to help treat their PTSD. Working as a police officer, I knew this information would become very useful over the course of my career.

Every law enforcement officer will experience some form of stress during his or her career. It may be a result of incidents or pressures from the past or it may be from demands and pressures of the future. The most serious and most often untreated is Post-Traumatic Stress Disorder (PTSD). PTSD can't always be prevented, but when family members and administrators of departments notice symptoms or signs of PTSD, they should always attempt to seek some form of help for these individuals.

What is Post-Traumatic Stress Disorder?

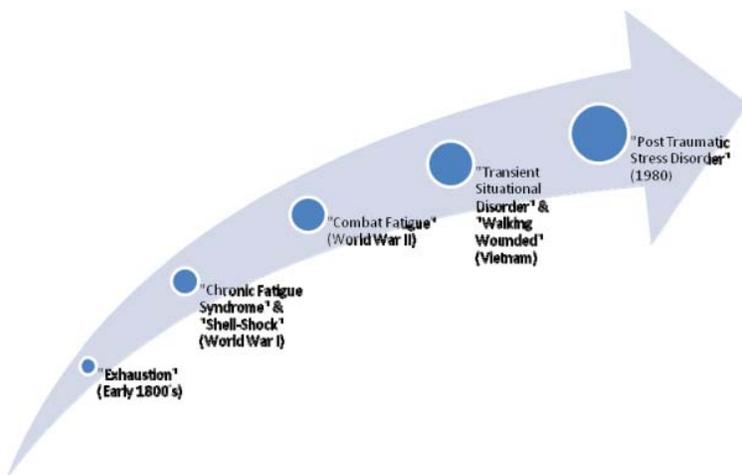
If you've turned on your television or picked up a newspaper within the last 10 years, chances are you've heard the term Post-Traumatic Stress Disorder (PTSD). This term is more commonly associated with veterans of wars foreign and domestic; however, we as police officers undoubtedly experience very high levels of stress throughout our careers. The question is: Will we ever become a victim of PTSD?

The National Institute for Mental Health (NIMH) defines PTSD as an anxiety disorder that some people get after seeing or living through a dangerous event. It makes you

feel stressed and afraid, even after the danger is over. So how do you know if you have a problem? According to NIMH, it's natural to be afraid or upset when something happens to you or someone you know, but if it continues weeks or months later, it's time to talk to your doctor because you may be suffering from PTSD. Even with an Institute as credible as NIMH, some people still question the validity of PTSD as a real mental disorder. In order to get a full understanding of PTSD, you have to take a look back through the history books and analyze the individuals who were placed in extremely stressful situations and evaluate their mental status. Thanks to science and the documentation of medical physicians during early wars, we are able to do exactly that.

The History of PTSD

Throughout history, there have been very few scientific studies on what we now refer to as PTSD. According to the *Military Veterans PTSD Reference Manual*, military doctors began diagnosing soldiers with "exhaustion" following the stress of battle. This "exhaustion" was characterized by mental shutdown due to individual



or group trauma. It is believed that this extreme and repeated mental stress caused the soldiers to become fatigued as a part of their body's natural shock reaction.

By the 1900s, more and more soldiers suffered from the same symptoms. The only thing changing was the name by which they were diagnosed. In 1915, the term "shell-shock" was coined by Charles Myers of Britain's Royal Army Medical Corps (Babington, 1997). By World War II, the term "combat fatigue" surfaced, and by 1980, PTSD was added by the American Psychiatric Association to the *Diagnostic and Statistical Manual of Mental Disorders-III (DSM)*, validating PTSD as a real mental disorder.

What Causes PTSD?

While PTSD can be caused by many things, it is primarily caused by living through or seeing something that's upsetting and dangerous. According to the National Institute of Mental Health, this may include:

- **Being a victim of or seeing violence**
- **The death or serious illness of a loved one**
- **War or combat**
- **Car accidents and plane crashes**
- **Hurricanes, tornadoes, and fires**
- **Violent crimes, like a robbery or shooting**

If you've been working in law enforcement for any length of time, you have without a doubt been involved in dealing with one or more of these situations. Does that mean you are suffering from PTSD? Not necessarily, but it definitely doesn't rule out the possibility that you may be suffering from PTSD. You have to take a deeper look into the situation and observe some of the symptoms of PTSD and how it develops.

PTSD Development and Symptoms

How does PTSD develop? As mentioned earlier, PTSD can develop after seeing or living through a dangerous event (United States Department of Veterans Affairs National Center for PTSD, 2010). Statistics show approximately 60% of men and 50% of women experience a traumatic event in their lifetime. Usually this event is so traumatic that it will trigger some of the symptoms of PTSD in the days and weeks after the event. This event may have caused you to fear for your life and it may have left you feeling completely helpless. According to the United States Department of Veterans Affairs, some of the factors that lead to this development may include:

- **How intense the trauma was or how long it lasted**
- **If you lost someone you were close to or were hurt**
- **How close you were to the event**
- **How strong your reaction was**
- **How much you felt in control of events**
- **How much help and support you got after the event**

What constitutes an intense trauma? I can think of one major traumatic incident that I'm concerned with every time I come to work. It also happens to be the one that most law enforcement officers fear whether they want

to admit it or not—being involved in an officer-related shooting. According to Berthold Gersons in the article *Patterns of PTSD Among Police Officers Following Shooting Incidents: A Two-Dimensional Model and Treatment Implication*, shooting incidents are a rare phenomenon in low violence police work. However, when a shooting incident occurs, the psychological impact for the officers involved may take the form of severe PTSD. A study was conducted of 37 police officers involved in serious shooting incidents. Of those 37 officers, only three showed no symptoms of PTSD.

If you haven't been involved in a shooting, then take a minute to think about how you would feel if you were. Imagine how much worse you would feel if it was a close friend who was involved. No matter who you are, it's going to affect you in some way. If you are a law enforcement supervisor and you have an officer that has recently been involved in an incident, pay very close attention for symptoms of PTSD.

What Symptoms Am I Looking For?

According to the U.S. Department of Veteran Affairs, there are four types of PTSD symptoms:

- 1.) **Reliving the Event** (also called re-experiencing symptoms): Bad memories of a traumatic event can come at any time. You may feel the same fear and horror you did when the event took place. You may even have nightmares. This is referred to as a flashback. Sometimes there is a trigger (a sight or sound that causes you to relive the event).
- 2.) **Avoiding Situations that Remind You of the Event:** You may try to avoid situations or people that trigger memories from the traumatic event.
- 3.) **Feeling Numb:** You may find it hard to express your feelings. (This is often another way to avoid memories.) You may not be able to have positive or loving feelings toward other people and may stay away from relationships. You may lose interest in activities you used to enjoy. You may not be able to remember parts of the traumatic event or be able to talk about them.
- 4.) **Feeling Keyed Up** (also called hyperarousal): You may be jittery, or always alert and on the lookout for danger. This may cause you to suddenly become angry or irritable; have a hard time sleeping; have trouble concentrating; fear for your safety and always feel on guard; and be very startled when something surprises you.

Another View

Approximately 6.8% of Americans suffer from PTSD at some point during their lives, and approximately 3.6% of U.S. adults (5.2 million people) have PTSD during the course of a given year, according to the U.S. Department of Veteran's Affairs National Center for PTSD.



As law enforcement officers, we never know what type of situation we are going to encounter—rape, child neglect, physical abuse, sexual molestation, physical attack, suicide. You never know how you or the people involved are going to react or how these situations may affect you or the others involved later on down the line. Individuals suffering from PTSD often experience problems with their family and relationships, problems with employment and increased incidents of violence, according to the U.S. Department of Veteran's Affairs National Center for PTSD. This is a perfect recipe for incidents that usually require law enforcement involvement.

How does this impact your family? Some traumas are directly experienced by only one family member, but other family members may experience shock, fear, anger, and pain in their own way because they care about the well-being of the survivor.

PTSD affects each member of the family in several ways (Fischer, 2004):

1.) Family members may feel hurt, alienated, frustrated, or discouraged if the survivor loses interest in different family member activities.

2.) Even if the trauma happened years ago, family members may feel if the trauma never stopped happening.

3.) Everyday activities may lead to a flashback and your reaction to the flashback will push them away.

4.) Family members may have their sleep disrupted by the survivors sleeping problems.

5.) Trauma survivors rage will most definitely leave family members feeling frightened and betrayed.

6.) Addiction from the survivor may expose the family members to emotional, financial, and sometimes domestic violence problems.

If you are diagnosed with PTSD, can you be hired by a law enforcement agency? This is a question a lot of service members ask when returning from duty after serving in a combat zone. They often find themselves looking for a career that correlates with what they have been doing in the military and find it difficult to find a career that is very accepting of the fact that they may suffer from PTSD. According to the Naval Center for Combat & Stress Control, approximately 1-2 out of every 10 soldiers returning from combat in Iraq will be diagnosed with PTSD. Most departments include a number of considerations when factoring whether or not to hire some who suffers from PTSD as indicated by the chart below:

INSTITUTION	Psych Evaluation	PTSD-specific Evaluation	Automatic DQ for PTSD diagnosis	Other Exclusions	Medication Exclusions	Published Guidelines
San Diego Police Department	Yes	Unknown	Unknown	Medical capability is on a case-by-case basis	Unknown	Unknown
San Diego Fire Department	No	Unknown	Unknown	PTSD evaluated during medical exam	Unknown	Unknown
Los Angeles Police Department	Yes	When Appropriate	No	Psychological capability is on a case-by-case basis	Medications evaluated on a case-by-case basis	Unknown
California Highway Patrol	MMPI-2 and PF 16	No	No	No, medical/ psych evaluation determines fitness for duty	Unknown	No
California Department of Forestry	Yes	No	No	Suddenly incapacitating issues (i.e. seizure disorders)	narcotics, sedative-hypnotics, tobacco use	National Fire Protection Association Guidelines
Seattle Police Department	Yes	Treatment records and standardized testing	No	Unknown	All medications evaluated on a case-by-case basis	Unknown
New York Police Department	MMPI and PF 16	No	No	All candidates assessed on a case-by-case basis	Duration of use for anti-psychotic meds reviewed	No
Boston Police Department	Yes	Unknown	Unknown	Unknown	Unknown	HR department approved psychological screening plan
Atlanta Police Department	Yes	Unknown	No	Unknown	Unknown	Unknown
Chicago Police Department	Yes	Unknown	Unknown	All conditions reviewed on a case-by-case basis	Unknown	No
Border Patrol	Unknown	Unknown	Unknown	Disorders affecting normal judgment and behavior	Psychotropic medication evaluated on case-by-case basis	Unknown
FBI	Unknown	Medical records, doctor's letter, polygraph test	Unknown	Unknown	Unknown	Unknown

Preventing PTSD

So how do we prevent PTSD from occurring in the first place? A common intervention strategy is debriefing. Most law enforcement agencies refer to this as Critical Incident Stress Management (CISM). CISM is a comprehensive program that promotes pre-event stress and crisis management education, planning and policy development, as well as training and preparations for the management of traumatic stress. The program also features a set of interventions that are helpful when a traumatic event is in progress. Finally, the CISM package has interventions that are useful in the aftermath of a traumatic event. This may include individual support processes. It may precede small group crisis interventions, and then the small group interventions may be followed up with additional individual sessions (Mitchell).

Greater social support and opportunities to talk about traumatic experiences and their emotional impact, with others in the work place, were shown to be related to fewer PTSD symptoms (Australas, 1997). Based on these findings, intervention programs should be developed to take into account social environmental factors and recovery needs over time.

The state of Arkansas offers an Employee Assistance Program (EAP). This program offers state employees counseling and treatment referral for alcohol and drug abuse, family crises, legal conflicts, and interpersonal relationships.

The majority of departments throughout the state offer a number of duties that assist in the prevention of PTSD. These include police management and supervisory training, police academy teaching and instruction, research and development, urban crime prevention programs, advanced officer training, diagnosing and solving organizational problems, and the implementation of human resource development programs. Combining these efforts is designed to increase a department and its personnel's growth and wellness (Hargrave & Berner, 1984).

These programs, unfortunately, don't always work in preventing PTSD. One of the most common reasons these programs don't work is because officers simply don't use them. Either the officer is embarrassed or in complete denial that they are even having problems. Some studies have shown a link between religion and PTSD, but further research and investigation needs to be conducted to better understand the relationship between the two (Chen & Koenig, 2006).

Treatment of PTSD

PTSD will not go away untreated and oftentimes will get progressively worse. The course of treatment for PTSD can be different for different people and can change over time. Most people notice improvement within the first year of treatment. Treatment often reduces symptoms, but for some, those symptoms can be prolonged and last a lifetime. According to the U.S. Department of Veteran's Affairs National Center for PTSD, approximately 30% of individuals develop a chronic form of PTSD.

The two most commonly known forms of treatment are psychotherapy (talk therapy) and pharmacotherapy (medication). Larger departments usually have a psychologist either on staff or as an outside consultant who provides services under contract department wide. Pharmacotherapy is the treatment you may require if you are having trouble that the psychologist can't address through psychotherapy. The treatment of choice for PTSD is generally a combination of both psychotherapy and pharmacotherapy.

Another form of treatment that has appeared to be quite promising is cognitive-behavioral therapy (CBT). CBT includes a number of techniques such as cognitive restructuring, exposure therapy, and eye movement desensitization and reprocessing (EMDR).

It is not recommended for any officer suffering from PTSD to make any drastic life or career changes without seeking some type of therapy first. Sometimes officers seem to do very well once they move out of law enforcement into something completely different following a critical incident that resulted in PTSD (Brown, 2006). This is a very difficult decision for an officer to make. In an article entitled *The Best Careers for PTSD Patients*, it states that officers who do make the choice to try a different career path often seek careers involving the following:

- 1.) **Outdoor Work:** Good career choices include working in a park ranger position that does not involve dealing with the public. Working in nature can relieve stress and give you a sense of productivity and accomplishment.
- 2.) **Working with Animals:** PTSD sufferers may find it peaceful to work with non-threatening animals. Working with animals can be emotionally healing as well as rewarding.
- 3.) **Advocacy:** If you like working with others you might consider becoming an advocate for the less fortunate. As long as you find it emotionally uplifting, it can help you see your own problems in a new context.

4.) **Working with Objects:** Even though you may have a difficult time concentrating, many times working with objects can be a good fit. Many people find working with objects to be calming and low-stress.

Conclusion

There are no age requirements, no gender requirements, and no race requirements for PTSD. It can affect anyone at any time. If you ever have thoughts about harming yourself, call your doctor immediately. If you know someone who is considering hurting themselves, I urge you to point them in the right direction. This is a very serious issue with today's law enforcement. The best estimate of suicide in the law enforcement profession is 18.1 per 100,000. This figure is 52% greater than that of the general population (Aamodt & Stainaker, 2006).

Working in law enforcement is stressful. Talk to your supervisors when the pressures seem like they are too much for you to deal with on your own. Listen to your subordinates when they need someone to talk to. You may be saving a life without even realizing it. We can't expect to help our communities if we don't take the time to help ourselves.

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