

Post-Traumatic Stress Disorder and the

Effect on Law Enforcement

By

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Abstract

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 which related these terms to Post-Traumatic Stress Disorder (PTSD).

In 2005, I got to witness the effects of PTSD firsthand. 2005 is the year I returned home from serving in Operation Iraqi Freedom II in Baghdad, Iraq. 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, Arkansas. During my first few months as an officer, I ran into one of the soldiers that I watched struggle back in 2005. This particular individual introduced me to some of the programs he used to help treat his PTSD. He also informed me of some other programs being used to help individuals suffering from PTSD. I knew working as a police officer 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 and it may be from demands and pressures of the future. The most serious and most often untreated is 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.

Post-Traumatic Stress Disorder and the Effect on Law Enforcement

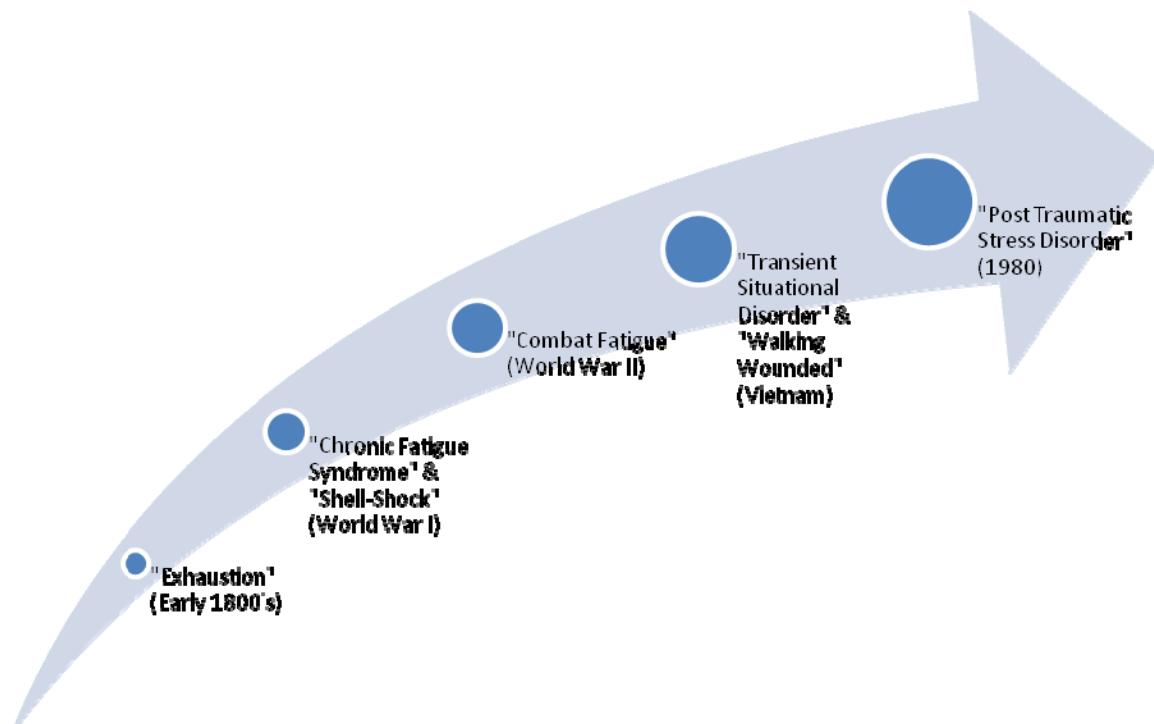
If you've turned on your television or picked up a newspaper within the last 10 years then chances are you've probably heard the term Post-Traumatic Stress Disorder (PTSD). This term is more commonly associated with veterans of wars foreign and domestic; however, we as police officers will undoubtedly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

The (National Institute for Mental Health (NIMH), 2011) 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 after the danger is over. So how do you know if you have a problem? (NIMH, 2011) states that 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 certain 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 which were placed in extremely stressful situations and evaluate their mental status. Thanks to science and 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 (Parish, 2008) 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 1900's 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). Shell-shock; however, is more commonly correlated with World War I. 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.



We now know that PTSD has been a problem for well over 200 years. We also know that as police officers we are going to experience high levels of stress on an almost daily basis. So how do we differentiate between dealing with the aftermath of “normal” stressful situations and PTSD?

What Causes PTSD?

PTSD can be caused by many things; however, it is primarily caused by living through or seeing something that's upsetting and dangerous. 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

(NIMH, 2011)

If you've been working in law enforcement anytime at all 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 and how PTSD develops.

PTSD Development and Symptoms

How does PTSD develop? As we talked about 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 have 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. Some of the factors that led to his 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

(United States Department of Veterans Affairs (U.S. Dept. of V.A.), 2010)

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. It's being involved in an officer related shooting. According to (Gersons, 1989) 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 3 should no symptoms of PTSD at all.

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 you grew up with. 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 then you should pay very close attention in looking for symptoms of PTSD.

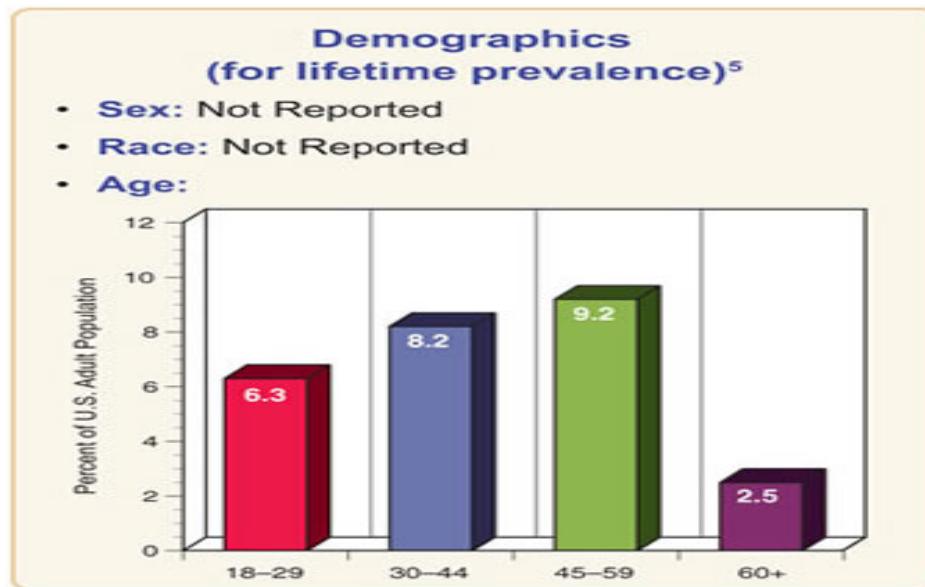
What symptoms am I looking for? According to the (U.S. Dept. of V.A.), 2010) There are four types of PTSD symptoms:

- Reliving the event (also called re-experiencing symptoms):
 - Bad memories of a traumatic event can come back 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).
- Avoiding situations that remind you of the event:
 - You may try to avoid situations or people that trigger memories from the traumatic event.
- Feeling numb:
 - You may find it hard to express your feelings. This is just 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 may not be able to talk about them.
- Feeling keyed up (also called hyper arousal):
- You may be jittery, or always alert and on the lookout for danger which 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.
 - Be very startled when something surprises you.

Another View

As law enforcement officers we tend to keep an open mind when dealing with the public because we never know what type of situation we are going to run into. Man as we all know can be a complicated creature. One reason for this complication could very well be because they are suffering from PTSD. To give you a little perspective 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 (U.S. Dept. of V.A. Natl. Center for PTSD, 2010).



(NIMH, 2010)

A few of the numerous calls you may be dispatched to could be to a rape, child hood neglect, physical abuse, sexual molestation, physical attack, or a suicide. You never know how you or the people you are dealing with are going to react to the given situation. You also don't know how these situations may affect you or the others involved later on down the line. The numbers don't lie. Individuals suffering from PTSD often experience problems with their family and relationships, problems with employment and increased incidents of violence (U.S. Dept. of V.A. Natl. Center for PTSD, 2010). This is a perfect recipe for incidents usually requiring law enforcement involvement.

You should also consider how this may 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 ways because they actually care about the well being of the survivor. PTSD affects each member of the family in several ways:

- Family members may feel hurt, alienated, frustrated, or discouraged if the survivor loses interest in different family member activities.
- Even if the trauma happened years ago, family members may feel if the trauma never stopped happening.
- Everyday activities may lead to a flashback and your reaction to the flashback will push them away.
- Family members may have their sleep disrupted by the survivors sleeping problems.
- Addiction from the survivor may expose the family members to emotional, financial, and sometimes domestic violence problems.
- Trauma survivors rage will most definitely leave family members feeling frightened and betrayed.

(Fischer, 2004)

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 suits what they have been doing for the past year or two 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 (COSC), n.d.) 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:

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

(COSC, n.d.)

PTSD Prevention

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 contains a set of interventions which are helpful for 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, n.d.).

According to (Australas, 1997) 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. These findings support that intervention programs should be developed to take into account social environmental factors and recovery needs over time.

The state of Arkansas also 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 which help 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. This may be due to a number of reasons. The most common reason these programs don't work is because officers simply don't use them. Either the officer is embarrassed of the situation or he is in complete denial that he is even having any problems. Some studies have even tried to develop a link between religion and PTSD which showed a link but further research and investigation toward the subject matter needed to be conducted to better understand the relationship between the two (Chen & Koenig, 2006). You may think you have the best prevention plan in place but if you think you may be suffering from PTSD then you should seek treatment to make sure.

Treatment of PTSD

First and foremost you need to understand that PTSD will not go away untreated and often times will get progressively worse. The course of PTSD is variable. It can be different for different people and it can change over time. The majority of people notice improvement within the first year of treatment. This treatment often reduces the symptoms but for some those symptoms can be prolonged and last a lifetime. According to (U.S. Dept. of V.A. Natl. Center for PTSD, 2010) approximately 30% of individuals develop a chronic form of PTSD.

There are a handful of more commonly used forms of treatment. The two most commonly known forms are psychotherapy (talk therapy) and pharmacotherapy (medication). Psychotherapy is the one you will deal with on a more consistent basis. Larger departments usually have a psychologist either on staff or as an outside consultant who provides services under contract department wide. Pharmacotherapy is one you may encounter if you are having trouble that requires medication that the psychologist can't take care of through psychotherapy.

The treatment of choice for PTSD is generally a combination of both psychotherapy and pharmacotherapy.

Another form of treatment which 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. The officers that do make the choice to try a different career path often look into careers involving the following:

➤ 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.

➤ 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.

➤ 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.

➤ 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.

(Boyd, n.d.)

Do the right thing. If you're suffering from PTSD then you may need to make that difficult decision. There are a large number of people out there that may be affected if you don't.

Conclusion

Just remember there are no age requirements, no gender requirements, and no race requirements. It can affect anyone at any time. The chart below illustrates these facts.

General U.S. Population Suicide Rates 1997 (Source: National Vital Statistics Reports)

Race	Gender		
	Male	Female	Total
White	20.2	4.9	12.4
Black	10.9	1.9	6.2
TOTAL	18.7	4.2	11.4

(National Vital Statistics Report, n.d.)

If you ever think about harming yourself call your doctor immediately or if you know someone who is considering hurting themselves then 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). You can see one approximation of these numbers listed in the chart listed below:

Table 1: Law Enforcement Suicide Rates from the *USA Today* Article

Department	Dates	Years	Size	Suicides	Rates per 100,000
San Diego P.D.	1992 - 1998	7	2,000	5	35.7
FBI	1993 - 1998	6	11,500	18	26.1
Los Angeles P.D.	1990 - 1998	9	9,668	20	20.7
Chicago P.D.	1990 - 1998	9	13,500	22	18.1
New York P.D.	1985 – 1998	14	40,000	87	15.5
San Antonio P.D.	1994 – 1998	5	1,871	0	0.0
Houston P.D.	1994 – 1998	5	5,441	0	0.0
Dallas P.D.	1994 – 1998	5	2,845	0	0.0
Phoenix P.D.	1994 – 1998	5	2,500	0	0.0
TOTAL				152	16.3

(USA Today, n.d.)

The stressors of working in law enforcement seem endless and they might be. This is when you need to take the appropriate corrective actions. 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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