

LAW ENFORCEMENT MANAGEMENT INSTITUTE

A STUDY OF POST-TRAUMATIC STRESS AND
ITS IMPLICATIONS IN LAW ENFORCEMENT.

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INTRODUCTION

Post-Traumatic Stress Disorder (PTSD) was discovered when psychiatrists were providing help to the numbers of Vietnam veterans that had developed certain unexplainable symptoms of severe stress. Though the research on this stress began in 1969, it was not until 1980 that the American Psychiatric Association recognized the disorder and gave it the name "post-traumatic stress."

Many natural and man-made disasters have caused people to develop the same type of symptoms that the veterans had displayed. Earthquakes, tornadoes, hurricanes, plane and train accidents, floods, chemical and other substance explosions, and the list goes on, have led to the discovery that many people can only tolerate a certain amount of stress. When the body goes through a drastic and emotional change it must have an outlet or the entire system begins to break down. Law enforcement is one of only a few occupations where a person can expect to experience unusual levels of stress because of the requirements of the job. It is not only a hazardous job but one that is both physically and emotionally draining. It is also a job that will involve officers in extremely stressful situations that are far beyond the normal encounters of every day life.

This paper will identify Post-Traumatic Stress Disorder in the field of law enforcement; it will begin with a basic definition and continue into how the disorder can become a severe problem to all law enforcement officers. It will also reveal ways that the disorder can be caught in an early stage and how it can be prevented from destroying an officer's life. There are many programs currently being formed to assist police departments in providing the valuable

and necessary information to their officers about post-traumatic stress. The programs are created to be presented to police officers both before and after traumatic events. Police officers have dedicated their lives towards helping others; they have a responsibility to make sure their dedication does not ruin their future.

I

THE DISCOVERY OF POST-TRAUMATIC STRESS

All occupations create a certain amount of stress. Some more than others. Law enforcement is an occupation that necessitates involvement in life-threatening situations; accidents and domestic disturbance cases when children are abused, injured, or killed; public disrespect and defiance; investigations of vicious and brutal murders; attempted murders; assisting at scenes of plane and train accidents where people have been mutilated or burned beyond recognition; and incidents that have resulted in the serious injury or death of fellow officers. Post-trauma stress is defined as an anxiety disorder that evolves from the experience of a traumatic event that is beyond normal human expectations. Police officers must endure stressful situations on a continuous basis and over a period of time this can become so severe that the officers will begin to develop symptoms of post-traumatic stress.

Post-Traumatic Stress Disorder was not formally acknowledged until the year 1980 when the American Psychiatric Association published its third edition of the Diagnostic and Statistical Manual (Goldberg 1982, 617). Previously, the symptoms were referred to as "gross stress reaction" and "anxiety neurosis." It was believed that this particular stress was a temporary physical condition (Brody 1985, 406). During the research conducted by psychologists with the Vietnam veterans, it was discovered that the soldiers with combat experience had developed the signs and symptoms of post-traumatic stress. It was also determined that the disorder

was not only a physical but an emotional condition as well. The symptoms progressed into a long term dilemma instead of just a temporary imposition on the veterans. In some cases, symptoms of post-traumatic stress did not appear until several years after the soldiers had returned to the states.

When signs of stress were discovered in the soldiers of the Civil and Korean Wars and World Wars I and II, many psychologists, at that time, named the cases "shell shock" and "war neurosis." The men did not receive any type of assistance to help them readjust to life after war. Documentation of those cases led to the discovery and identification of post-trauma stress. The Vietnam War was the turning point in realizing that all of the cases could be characterized into the same category, it was the result of the Vietnam research that gave the psychologists the insight for establishing the groundwork for the disorder. The research was responsible for "the recognition that shell shock is a psychological rather than a physiological disorder..." (Sonnenberg 1985, 15).

Though the majority of the Vietnam veterans were examined and treated for post-trauma stress, it was found that not all of the veterans had developed symptoms. Some of the soldiers had been able to cope with the trauma and continue with their lives as if nothing had happened. After lengthy studies of these individuals it was revealed by them that they had prepared themselves psychologically for war. Because of this preparation, these soldiers were able to endure the combat duty without developing physical or emotional problems (Kelly 1985, 107). Reiser states that "the best response to uncertain threat is the contingency response which is possible when one has a knowledge of the danger agents and their effects so that proper steps can be taken when alerting occurs." Reiser also felt that if a person is trained to expect the possible outcomes of situations that these same people will be prepared, both mentally and physi-

cally, to handle the expected stress without any adverse emotional or physical problems (1982, 134).

II

DEVELOPING POST-TRAUMATIC STRESS IN LAW ENFORCEMENT

The public not only expects courtesy, service, and protection from the police, they demand it! In fact, the public demands more from police officers than any other public service occupation. Police officers are expected to control their emotions and remain composed while fulfilling their duties as public servants. Officers must be prepared to handle any type of emergency or crime, they must also act as doctors, psychologists, parents, and be experts in each of those fields. Police officers are constantly in the public eye, and if they should misbehave just once the complaints come pouring in to the department. They must face constant danger, not only to themselves, but to their families as well. It is no wonder the job is causing health and emotional problems.

It was not too long ago that when a police officer was involved in any traumatic incident it was expected, by the fellow officers, that the officer "take it like a man and get back to work." It was understood that an officer was strong enough to control his emotions and not show that he was apprehensive or scared because of what was happening inside of him. Currently, since the findings of post-trauma stress were released, it is the policy of many police departments that officers consult with a psychologist after encountering a traumatic event. The psychologist will make a determination as to when, and if, the officer will return to regular duties or attend support programs to help with the aftereffects.

Depending upon each individual officer, different types of trauma will

produce different symptoms. Use of deadly force is among the major causes of post-trauma stress. When an officer makes the decision to use deadly force in a situation, he will experience traumatic turmoil (Solomon 1988, 40), and there is a tremendous sense of guilt. A police officer is at a low emotional state after taking another life. The words and actions of fellow officers and supervisors are very important, and what these people say or do will make an enormous impact on the already stressful situation. If anything is said in an unkind or misunderstanding manner, the officer's state of mind can be severely damaged.

Vehicle accidents are another cause of post-trauma stress. High speed chases that cause serious injury or death to unattentive motorists, officers becoming the victims of drunk drivers or drivers that have fallen asleep at the wheel, and accidents that have injured or killed young children, are all possible prospects. The feeling of accidentally killing another human being cannot be described, watching helplessly as children or others die, knowing you cannot help them, or investigating an accident that has killed or seriously injured a fellow officer has a devastating effect on an individual.

Child abuse has become just one more cause for severe trauma to develop in some officers. It is really very hard to understand why some parents must abuse their children to the point of hurting them severely or even killing them. The point is this, law enforcement can be a rewarding career as long as there is help available to control these situations and prevent them from destroying the ability to think clearly.

III

SIGNS AND SYMPTOMS OF POST-TRAUMATIC STRESS

Signs and symptoms will vary in each individual. Emotional numbing, and an isolation from other people, are primarily the first two reactions after an officer has had a traumatic experience. Later, the officer may begin to feel depressed, experience flashbacks of the incident, develop insomnia and a diminished interest in sex, and there is a possibility that the officer will turn to drugs and/or alcohol to help relieve the feelings he is having about the incident (Bergmann 1987, 102). All of these symptoms can be attributed to post-trauma stress. Brody states that, "The most unique aspect of the PTSD diagnosis appears to be the intrusive symptoms, including intrusive images and recurrent dreams and nightmares" (1985, 409).

After the initial shock wears out, the body may begin to experience an increased heart rate and breathing, shakiness, weakness, and dizziness. Only about one-third of those that encounter traumatic events will develop the more severe, emotional symptoms, the other two-thirds will either have mild symptoms or none at all (Stratton 1984, 225).

Post-Traumatic Stress Disorder can be distinguished in one of two phases. In the first phase, or acute PTSD, the officers are able to recover quickly and return to work, but only if they are treated soon after the incident. This phase occurs within the first six months following the trauma. Usually the symptoms are mild and the officers are able to work the problem out by themselves. In the

second phase, or chronic PTSD, the symptoms last for more than six months. It is in this phase that treatment becomes very difficult and it is hard to determine if the officer will fully recover or not. If the officer can receive help before he reaches this phase, his chances of surviving the stress successfully are much greater (Greist 1986, 45).

The symptoms may last for a short duration or they may last over a long period of time. Some of the symptoms that may develop over a longer period of time "include divorce, unemployment, violent relationships, and suicide" (Bergmann 1987, 102). The key to preventing post-trauma stress from becoming a major departmental problem follows in the next chapter.

IV

HELPING TO PREVENT POST-TRAUMATIC STRESS

A majority of the police departments in this country have set policies on how to assist their officers when they become victims of post-traumatic stress. Generally, there is a mandatory time-off period thus giving the officer the opportunity to collect his thoughts and regain his composure. In some departments it is also mandatory to talk with the staff psychologist. As stated earlier, the psychologist then makes a determination as to when the officer may return to work or if the officer should attend subsequent counseling sessions. Though there have been programs implemented to assist officers AFTER traumatic experiences, there must be programs provided to assist these officers BEFORE the incidents. It would be beneficial to include the families of the officers in each program. A police officer's family must cope with the effects of the trauma as well as the officer.

Training programs need to be developed for all police officers while they are attending recruit schools or police academies. For those already in the field, programs should be included as part of the in-service training. Currently, the emphasis is placed on training for street survival, defensive techniques for violent confrontations, and keeping physically fit. All of this expensive training is lost once the officer does survive but cannot adjust back into the normal course of his duties. Programs must be initiated to help the officers that have survived but are experiencing severe emotional trauma. Families must be informed about the disorder; families can suffer just as much as the officer. It is important to remember that the families are in a position to provide emotional support and

understanding. Family members are necessary in helping an officer recover (Greist 1986, 71).

It is recommended that support service programs be provided to the officer as soon as possible after the incident (Queen 1989, 188). If a department decides to provide programs for their officers it is important that several elements be included in each program. Support programs should provide information about signs and symptoms and what to look for when they begin to feel that they are getting out of control. Programs should provide both emotional and moral support. The officer must have a chance to release his frustrations and be able to reveal any personal problems, knowing it is all in strict confidence. Finally, a program should help the officer cope, not only with his current feelings, but to develop the skills to prepare himself for the next time. If the department will keep these important guidelines in mind, the support programs will greatly benefit their officers (Queen 1989, 190).

Several programs that are now in use include: stress management, peer group counseling, stress debriefing, and critical incident classes. When an officer is diagnosed of having PTSD it can become a loss to the department if that officer does not receive help. Therefore, it is imperative that the department provide the most adequate training available to inform their officers of the dangers of severely stressful occurrences.

Stress management has become an extremely popular program throughout the country. Not only for law enforcement personnel but for people in every known occupation. "Stress management training programs in the workplace are the human resource counterpart to machinery maintenance programs" (Matteson 1988, 199). This program benefits the department, the officer, and the officer's family. The primary goal of the stress management program is to improve the individual to the

point that the individual can adjust to outside stressors and learn to cope with these stressors. There are several objectives to this program, the major objective is to help the officer increase his self control and learn to use relaxation techniques.

Peer group counseling, or peer group sessions, is yet another program that has received special interest in the past several years. The groups are made up of fellow police officers that have been involved in trauma related incidents. These officers share their experiences and relay what their thoughts, feelings, and reactions were during and after their ordeals. The idea was originally used in the 50's and 60's when police departments were having large problems with alcoholism. Group counseling became a strong support program that assisted the officers to refrain from drinking and help to maintain a more productive life (Klein 1989, 1). Similar programs were designed for the Vietnam veterans. The "rap group" sessions became a vital link in helping the veterans to accept what they were feeling and let them know that those feelings were perfectly normal (Sonnenberg 1985, 168). The basic purpose of the peer group program is to provide effective results for both the department and the officer.

Alcoholism is not the only substance abuse problem; drugs are making their way into the hands of many officers who want to escape the every day stress. Alcohol, drugs, stress, marital problems all require assistance because officers need to learn how to cope with these problems. Peer group counseling is successful for several reasons. First, since the group is comprised of fellow officers, it is more comfortable for an officer to talk with his own peers rather than a psychologist. Secondly, officers with similar experiences are more qualified to provide insight as to what thoughts, ideas, reactions, and emotions can be expected. Finally, the attitude of the group members tends to be more compassionate

and understanding towards the officers that attend the sessions. Group counseling provides an outlet to release fears and anxieties that would otherwise build over a period of time until it finally leads to the officer's destruction. In essence, people obviously cannot control what is going to happen as they live day to day. But, if people learn how to respond to certain stressors in a positive manner, they can control how those stressors will affect them (Klein 1989, 3). Keep in mind, the members of these peer group programs are not professional counselors, their primary function is to show a genuine concern for their fellow officers and to provide support and reinforcement (Queen 1989, 192).

Another view of peer group counseling consists of providing the rest of the department with the opportunity to attend the sessions. Recently, the Texas Department of Public Safety created a "critical incident stress" class for the highway patrol in-service schools. The response was overwhelmingly positive. Highway patrol troopers agreed that the class was instrumental toward providing vital information relating to possible situations they may encounter out on the road. The class was so successful that there are plans to provide the same type classes for the police communications in-service schools. This class was designed to help troopers handle stressful confrontations with a positive attitude, thereby reducing the possibility of developing PTSD.

Stress debriefing is a new concept with the same goals in mind. A meeting takes place after each shift to help the officers relax and to provide time to release any built up anxieties or frustrations acquired during the shift. Stress debriefing can also be designated for officers that are currently having severe stress problems. Juan Forero indicated in an article he wrote for the Buffalo Newspaper dated September 3, 1989, that those people that are supporting the stress debriefing sessions are encouraging police departments to enact these

programs and require attendance by every officer. If attendance to the sessions were mandatory, then it would be more acceptable to the officers knowing that they were not singled out from the others. In larger groups, or didactic briefings, the emphasis is made on education and the use of coping skills. Smaller groups, or psychological debriefings, focus more on the prevention of PTSD and provides suggestions for other professional services (Queen 1989, 192). Queen recommends the psychological debriefing as the style with the most benefits. He states that this form of debriefing will provide the most adequate service for the officers.

The common idea each program is trying to get across is that help can be made available to the police officers in this country. It only takes the ability of each police department to identify the problem and design a program to provide a solution. That's all it takes.

CONCLUSION

There are a number of ways a police department can assist its officers when it comes to reducing job related stress (McCafferty 1989, 31). The bottom line is, post-trauma programs should be evaluated and implemented in every police department. The department has the primary responsibility for, not only to provide training for survival, but to provide programs to assist those officers after they survive and throughout their careers. Support services are vital to the function of each department and the progress of each officer. If an officer shows signs of traumatic stress and he fails to receive any support or protection from his department, it is a valuable loss to the department, the other officers, and to the community. A post-trauma program must become a part of every training school, academy, and in-service class. A stress debriefing or stress management program should become a daily requirement for attendance. It is essential for every officer to know that he is not alone when it comes to experiencing severe stress. Peer support and family support is very important, along with supervisor support. Officers must know that there will be an opportunity for them to ventilate frustrations, fears, and problems. This promotes a healthy and pressure-free work atmosphere.

Just think what this world would be like if everyone were unable to release their stress in positive ways? The people of this world would be in pretty bad shape.

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