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**Police and Untreated Trauma:
A Toxic Relationship**

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ABSTRACT

According to Kates (2008), Post-Traumatic Stress Disorder (PTSD) is a serious condition that is common among police officers and other first responders. PTSD can lead to depression, thoughts of suicide and suicide attempts, addictions, and eating disorders as well as job and family conflict. Common symptoms include nightmares, flashbacks, anger, concentration problems, emotional detachment, and avoidance of people and places. On average, this disorder will affect one out of three police officers.

It is the belief of this author, that training must be implemented early to normalize PTSD. With training and positive support from administrators, officers will be more inclined to recognize signs of stress and trauma, and seek out treatment. It is time that every law enforcement agency takes a strong stance to create an early, open dialog in regards to trauma and resilience, maintain consistent mandatory training, feed their employees with as many resources as possible (peer support teams, chaplain programs, wellness programs, etc.), and continue to seek out and implement a culture of support and understanding within their department.

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INTRODUCTION

Over one single law enforcement career, an officer will undoubtedly be a witness to many traumatic and critical incidents. Seeking out early intervention for officers who are exposed to traumatic events can have a positive effect on that officer and the agency as a whole. Every law enforcement agency should ensure that their department offers employees resilience training and resources to recognize, prevent, and/or treat Post Traumatic Stress Disorder (PTSD) and trauma. Law enforcement agencies need to move away from the negative side of police culture or subculture, and work towards allowing officers to seek help and healing before a lack of treatment leads to career and/or self-destruction. Utilizing Employee Assistance Programs (EAPs), and implementing wellness, peer support and chaplain programs that seek to relieve stress through healthy living can not only benefit the officer, but the department and the city. There are many different avenues for agencies to identify and normalize the effects of trauma. This paper will focus on how departments can do better and what is holding departments back. It is time for police administrators to focus on redefining the age old police culture, moving more from a warrior to guardian mentality, while embracing both.

POSITION

One resource that agencies are implementing more regularly to help recognize and prevent PTSD is that of a peer support team. Bohl-Penrod & Clark (2017) stated that "Peer Support Groups are uniquely positioned to help law enforcement personnel obtain assistance when facing professional or personal challenges...[Peer Support Groups] can also counter-balance the emotional strain of critical incidents as well as prevent the accumulation of frustration, anger, and helplessness that could lead to

substance abuse, depression, domestic violence, or suicide” (p. 249). In 2012, a study of risk and protective factors related to suicidal ideation among police personnel was conducted. Evidence identified that “Five prominent aspects of policing were associated with risk for suicidal ideation: organizational stress; critical incident trauma; shift work; relationship problems; and alcohol use and abuse” (Chae & Boyle, 2013, p. 108-109). This study also found that “protective factors”, such as close personal relationships and “peer-counseling programs” helped decrease those aforementioned stressors. As Bohl-Penrod & Clark (2017) said, peer supporters, unlike mental health professionals, are in a unique position to assist colleagues when dealing with a critical incident. Seeking advice from peer supporters may give an individual the “reassurance, support, and encouragement they need to enlist the services of mental health professionals” (p. 23). Many studies have shown that social support from friends, family, and co-workers is crucial for those who are suffering from PTSD symptoms. Stevens & Long (1999) conducted a study and found that emotional support from police peers moderated symptoms of PTSD. Marmar, McCaslin, Metzler, Best, & Weiss (2006) also conducted a study finding that PTSD symptoms increased in those with lower levels of social support.

A second program that assists with PTSD, is that of a chaplain program. Chaplain programs can not only bridge gaps in the community, but can also win the trust of law enforcement and act as a confidential sounding board for officers. Police chaplains can play a huge role in assisting law enforcement. Chaplains can be volunteer or sworn officers. We know that some officers are often guarded and keep their emotions and feelings subdued. They rarely speak of actual witnessed trauma to

psychologists and/or mental health professionals. Ordained chaplains come from all faiths and walks of life. They are able to be an informal and trustworthy support mechanism for officers (PoliceOne Staff, 2018).

Tovar (2011) states that “Spirituality does not denote religious practices, God, or theology but rather an inherent human awareness of the elusive impact of experiences” (p. 16-19). It is difficult for officers to manage stress, respond to trauma, and lead satisfying lives without effective training programs and a spiritual culture (Tovar, 2011). A police chaplain’s main goal is to provide a sounding board and emotional support to officers who find themselves in need. Chaplains are not there to push an agenda or a specific religion on the officers (PoliceOne Staff, 2018).

Police officer health and wellness programs are a way to focus on the physical and mental health of officers and gives them a way to destress. Kelly & Hoban (2017) advised that when it comes to wellness in law enforcement, “The primary goals should include increasing resilience and improving mental and physical health in response to stress and adversity through the development of strong ethical principles, physical health, adaptive coping and resiliency skills can be taught, practiced, and learned for the benefit of all officers” (p. 220). Research has indicated that police officers are at high risk for developing cardiovascular disease, high blood pressure, and diabetes (Zimmerman, 2012). Anshel (2011) described the daunting task of making diet changes and changing fitness routines, as being ambiguous and hard to continue over a period of time. Anshel (2011) believed that there are behaviors that can be programmed for officers at the developmental stage of physical health. Kelly & Hoban (2017)

“...identified 5 components believed to be needed to change health behavior: (1) Having a specific mission and developing a mission statement; (2) obtaining social support; (3) using some identifiable measure of change; (4) developing routines with proper time management strategies; and (5) acknowledging ones values...” (pg. 227). Employee Assistance Programs (EAPs) have found benefits to offering programs that improve overall health. These programs include preventative health screenings and promotion of healthy activities and choices. Axelrod (2017) stated that “by utilizing EAP’s, public safety agencies are taking advantage of an invaluable tool that helps with supporting and sustaining their personnel in meeting their mission of safely and effectively serving the public” (pg. 216).

COUNTER ARGUMENTS

There are many noted factors that pose obstacles for law enforcement when it comes to seeking out mental health care. The idea of police culture is widely discussed in studied literature. Beginning in the police academy, a police culture is introduced. Brucia, Cordova & Ruzek, (2017) stated that “police culture promotes officers as invulnerable, heroic protectors, and the police identity is built on principles of self-reliance, toughness, control, strength, vigilance, quick and effective problem-solving, discipline, and resilience” (p. 121). Instead of being taught how to prepare for the trauma that officers will undoubtedly see, they are taught to hide any emotion and believe that it is just part of the job. (Clark & White, 2017). When it comes to law enforcement officer suicide, the cultural variables of mental toughness and emotional control, can make the warning signs hard to detect.

A rebuttal to the idea of negative police culture, is the fact that departments can change the old police culture and replace the negative with positive police culture. We simply need to replace the old mentality with new ideas based on studies and current trends. By teaching officers early on in the academy's and in annual training, departments will be able to normalize the effects of trauma on their officers. If departments normalize these negative effects, and supply officers with supportive programs, officers will be more apt to identify signs of stress and trauma in themselves and their partners. Bohl-Penrod & Clark (2017) believed that "Access to support, from either peers or mental health providers, can result in a reduction of depressive symptoms such as isolation, shame, and hopelessness, providing much needed psychological relief" (p. 239). Furthermore, we have learned that spouses and families are a very important part of healing. Departments need to include family members and spouses in trauma training and preparation.

Some argument surrounds the idea of negative consequences, for an officer seeking help. Studies show that there is a perceived lack of organizational support. When an officer feels that his administration does not support him, this can lead to an overall sense of hopelessness. Hopelessness was defined by A.T. Beck (1967) as "a situation where individuals systematically misconstrue their life experiences in a negative way and anticipate dire outcomes for their problems" (Violanti, Andrew, Mnatsakanova, Hartley, Fekedulegn, & Burchfield, 2016, pg. 408). In 1985, a 10 year study conducted by Beck, Steer, Kovacs, and Garrison (1985), indicated that hopelessness was a predictor of suicide. Between 2004 and 2009, a cross-sectional study examining the health consequences of stress was conducted with 378 officers of

the Buffalo, New York Police Department. This study found an association between hopelessness and lack of organizational support. The study suggested that those officers with high PTSD do not believe that they have support of their leadership. The lack of support was correlated with hopelessness. Those with increased hopelessness are believed to be at a higher risk of suicidal behavior. Albrecht (2011), advised that police stigma associated with seeking counseling is much less than it used to be. Although officers may be concerned with confidentiality, Albrecht states that it is the job of supervisors to educate officers about the EAP as well as the fact that the program is confidential. He further stated that this should not be associated with discipline or any kind of fitness for duty evaluation. Albrecht (2011) believed that EAPs should never be seen as a punishment, but officers should always feel that they have a voluntary and confidential means to seek support.

In conclusion of the study, although those officers with PTSD believed that they had minimal support from their organization, the study still showed that support from peers, family, friends, and supervisors assisted in the reduction of psychological stress amongst law enforcement (Violanti, Andrew, Mnatsakanova, Hartley, Fekedulegn, & Burchfield, 2016). No matter what, departmental leaders have an obligation to show support and back their officers. Including spouses and family members in annual department wide training could provide additional protections to the officer as the people closest to them would understand and recognize certain behaviors and effects of PTSD.

A final issue that impedes officers in their quest for help is the perceived lack of confidentiality and stigma attached to reaching out. Bohl-Penrod & Clark (2017) believe that a significant challenge to a successful peer support program is a “perceived lack of

confidentiality, whether due to an actual breach of confidentiality by a peer support team member, the perception of a breach by a team member, or by an agency not respecting or protecting the need for confidentiality of a peer support team” (p. 247).

A rebuttal to this final counter is that all peer support officers should be trained on confidentiality and trusted by their administration to carry out their assigned duty without compromising this trust. Research suggested that the officers whom were diagnosed with PTSD citing lack of organizational support, still benefitted from the support of peers and family. Bohl-Penrod & Clark (2017) believed that “When a peer support program becomes an integral part of a law enforcement department’s culture, the officers and other personnel in that department are likely to reap important, perhaps life-changing benefits. A peer support program also promotes trust...” (p. 249). It is necessary for the peer support team and administration to have the officers’ best interest in mind, and more importantly, to show it.

RECOMMENDATION

It is ultimately every leader’s job to create a culture of support and understanding within their department. Every officer should feel safe seeking assistance. Law enforcement agencies across the nation should, without a doubt, implement officer wellness programs and trainings to educate and normalize the realities and effects of trauma and PTSD. There are many different ways to offer support to our officers that cost very little. This article suggests to start with training young officers in the academy and continue on to offer annual departmental trainings that identify trauma and signs of PTSD. Training and education will also help mitigate treatment barriers to include: stigma, mistrust, and confidentiality. Allen, Jones, Douglas, & Clark, (2014) believe that

through early education and training, departments can minimize the stigma of treatment, by overcoming the barriers of mistrust and lack of confidentiality. When individuals understand the signs of stress on the body, they will be better informed and prepared to seek treatment. Instead of turning to detrimental habits to cope, it is hoped that officers will rely on training as they do in other aspects of law enforcement. There are several different programs that can be recommended to departments on a low budget.

A peer support group can easily be started by every department. Although there are concerns in regards to confidentiality, it is important to have an understanding peer support group that can reach out to, or be accessible to officers in need. Everly (2015) spoke of the importance of peer supports groups and pointed out that when an officer begins to exhibit signs of stress and trauma, peers are often times the first to recognize a problem. Every department should identify their position on confidentiality within their policy and procedure guidelines as well as the Standard Operating Procedures (SOP) for peer support groups. This delivers a black and white message of what officers can expect.

A Religious Outreach Program or Chaplain Program can be created on a volunteer basis. Religious leaders from the community can not only assist law enforcement in building relationships between officers and their community, but can act as a confidential peer support. If the chosen chaplains make themselves available to officers; ride out with officers on their shifts; work along-side peer support groups; show up to critical incident debriefs, funerals, weddings, awards banquets and promotional ceremonies; and get to know the officers personally, they too become part of the law enforcement family. A familiar face and a listening ear is sometimes all that is needed

in order to feel comforted and supported. Initiating a chaplain program shows officers that their administration is looking out for them, cares about them and is offering a confidential resource to them.

A wellness program can be initiated by sending officers for a no cost medical evaluation, depending on insurance, that thoroughly checks potential issues such as heart health, blood pressure, blood sugar and a basic physical overview. This testing can be a confidential baseline for each officers personal knowledge so they have a starting point to deal with weight loss, medication, dietary and nutritional education, as well as smoking cessation programs. The Pflugerville Police Department offered all commissioned officers the opportunity for cardiology testing. This testing lead to many officers learning of cholesterol issues, pre-diabetes, potential blockages, and many other health concerns that they would have otherwise been unaware of. This started a foundation for healthy living with many officers. Allowing officer's time to work out while on duty is a goal of many departments, but takes time, planning, and money to enact. Meanwhile, departments can offer access to weight rooms, fitness equipment, or seek out officer memberships to the city recreation centers. Many departments have started annual physical testing with incentives attached for officers who participate and excel. Kelly & Hoban (2017) indicated that "Regular staff trainings with respect to stress management, emotional resilience, the development of emotional intelligence, critical incident training, and substance abuse prevention are recommended for the sustainment of health and wellness programming" (p. 229).

Employee Assistance Programs should be available through the city for each hired officer. This program should be confidential in nature and allow an officer to seek

counseling or therapy to work through any issue. When it comes to police culture, it is very important to seek out treatment providers whom are familiar with law enforcement duties and the effects that the career itself can have on the officers (Kirschman, Kamena, & Fay, 2014). This person must be able to gain trust and credibility of the police department they serve. EAP counselors with specialized training can also conduct training with the department supervisors to assist in identifying problematic working behaviors that may be caused from work related stressors (Axelrod, 2017). The Pflugerville Police Department has contracted with a well-known and respected psychologist and licensed clinical social worker whom focuses on PTSD, critical incident response, officer resilience, and peer support training. The department not only holds mandatory training for the entire department, but also holds a second training for family and spouses to attend. During this training, officers, dispatchers, crime scene technicians amongst others, are educated on the confidentiality of this resource. Moving forward, the Pflugerville Police Department has also implemented a yearly session with the aforementioned clinical practice. This is mandatory for all commissioned employees as well as dispatchers and crime scene unit personnel. This simple act, lets the department employees know that the administration cares about them, supports them, and will go the extra mile to ensure that they have necessary resources for themselves and their family.

The theories that police culture, lack of organizational support, and lack of confidentiality hold officers back from seeking help is all something this paper shows to be insignificant. Every department can initiate a culture change. Every department can

create a new narrative. Every department can and should make a unified effort to put their officers first.

The law enforcement field is focused on training. It is the belief of this author, that training must be implemented to normalize PTSD. With training and positive support from administration, officers will be more inclined to recognize signs of stress and trauma, and seek out treatment. When officers are physically injured while on duty, the department and the city are readily available to treat the injury via worker's compensation. However, because PTSD may not be associated with a one-time incident, and could be a conglomeration of traumatic incidents over a period of time, the officer may find it hard to get assistance. Peer support groups, chaplain programs, officer wellness programs, and annual trainings that include family, can all be used by departments to support their officers and give them the means and outlets to work through trauma.

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