

**The Bill Blackwood
Law Enforcement Management Institute of Texas**

=====

**Post Traumatic Stress Disorder (PTSD)
and
Management's Responsibilities**

=====

**An Administrative Research Paper
Submitted in Partial Fulfillment
Required for Graduation from the
Leadership Command College**

=====

**By
Michael C. Moon**

**Ovilla Police Department
Ovilla, Texas
May 16, 2005**

ABSTRACT

Long term Post-Traumatic Stress Disorder (PTSD), if not detected and treated, is too often a career ending sickness. Most that are involved in shootings don't realize they suffer from PTSD and need assistance in assuring they receive the help they need. After reading articles, speaking with officers that were involved in shootings, and interviewing police department psychologists, it was discovered that long-term PTSD is a legitimate concern to officers and police administrators. With the research showing a real threat of long-term PTSD, it is hopeful that the Texas Commission on Law Enforcement Standards and Education (TCLEOSE) will pass mandates requiring officers and police departments to have mandatory psychological testing, at two and five year increments after an officer is involved in a shooting. This would be if an officer is shot or he was the one that did the shooting. With these mandates in place, there is a stronger possibility of the law enforcement profession retaining good, well trained, experience officers.

TABLE OF CONTENTS

	Page
Abstract	
Introduction.	1
Review of Literature	3
Methodology	11
Findings	12
Discussions/Conclusions	14
References	15

INTRODUCTION

The law enforcement profession is facing a silent killer of police officers who are survivors. The death spoken of is not of the physical body, but of the minds and careers of what were once outstanding officers. These officers may have survived a shooting, a serious car wreck, or some other traumatic experience on the job, but have succumbed to the silent, but detectable and treatable killer of these officers. That killer of minds and successful careers is called Post-Traumatic Stress Disorder (PTSD).

PTSD is not a malady of law enforcement only. In fact, it has only been recognized in the law enforcement sector in the past 20 years. As far back as the Civil War, U.S. soldiers have returned from war suffering from symptoms of stress labeled as, "shell shocked," "battle fatigue," and "the thousand yard stare." In 1980, the American Psychiatric Association formally recognized the civilian version of battle fatigue, which became known as post-traumatic stress disorder.

One definition used for PTSD is "...the development of characteristic symptoms following a psychologically distressing event that is outside the range of human experience" (American Psychiatric Association, 1994, p. 3). It is also noted that these symptoms must last for at least 30 days for an individual to be diagnosed with PTSD. When a law enforcement officer is involved in a deadly force issue, he is examined once shortly after the incident. In most cases, he has been diagnosed to be mentally healthy and is released to return to a full duty status.

Research has shown that critical incident stress affects up to 87 percent of all emergency workers at least once in their careers (Pierson, 1989). A very large percentage of officers involved in the use of deadly force leave law enforcement within 5 years of the incident. The purpose of this research is to impress upon law enforcement administrators the financial and civil obligation of agencies to prevent, recognize, and treat PTSD among their officers. It would be much better to train officers and their families about PTSD as opposed to the cost of later, long term treatment, and or replacing the once productive and experienced employee.

Law enforcement agencies and state regulatory agencies, such as the Texas Commission on Law Enforcement Standards and Education (TCLEOSE) should assist in the mental and career survival of officers who may suffer from PTSD by taking the following steps:

- preventive education of rookie officers and their families about PTSD
- continued education of all officers, supervisors and management about the recognition PTSD
- a mandatory debriefing and psychological exam following a critical incident
- follow-up psychological exam at two year increments for approximately five years following a critical incident, and or 3 to 5 year mandatory psychological assessments for the extent of the officer's career

- development of a comprehensive policy covering all of the above topics

Admittedly these mandates would add a financial burden to police agencies, particularly smaller agencies. However, in comparison to the costs of extended psychological treatment of long term PTSD, civil litigations, or short and long-term disabilities, the original costs for education about PTSD would be minimal. Law enforcement agencies in Texas should concentrate on maintaining good employees as opposed to the financial and other burdens of replacing them. Well-trained, experienced police officers are entirely too valuable a commodity to lose due to a preventable, treatable disease, like PTSD.

REVIEW OF LITERATURE

On December 8, 1998, Officer Bill Bates of the Glenville Police Department, Glenville, Texas was forced to shoot and kill an armed suspect. Among the ranks of his police department, he was deemed a hero.

Officer Bates was given the standard three days administrative leave. During that time he was sent to the departmental psychologist and was tested to see if there would be any negative effects after the shooting. Bates was given a clean bill of health and was allowed to return to work. Administrators and colleges alike consistently asked him “how he was doing?” Due to fear of being considered weak and unable to cope, his answer was always the same, “fine”. Bates was cleared by the Grand Jury and the shooting was declared “justified” due to protection of one’s self from deadly force.

On February 28, 2000, Bill Bates left the field of law enforcement, never to return. He turned in his badge and resignation after being placed on administrative leave, pending an internal affairs investigation. You see, Bill Bates was not “fine”. He was suffering from a full-blown case of Post Traumatic Stress Disorder. At this point treatment was too late to save the career of this hero officer.

On June 18, 1997, Deputy Glenn Glasscock was involved in a deadly force confrontation with a mentally unstable suspect. Glasscock physically survived the shooting. He took the standard psychological tests and was cleared to return to work. He was also cleared by the Grand Jury and his shooting was declared justified. Glasscock returned to work to resume a successful law enforcement career. On January 3, 2001, Glasscock quit his job and turned in his badge. On February 4, 2001, Glenn Glasscock put his 40-caliber pistol in his mouth and pulled the trigger.

These stories are fictional but instances like these do happen and can go on and on. Real stories were not used in order to protect identities of officers and agencies. This is a constant dilemma in law enforcement. Outstanding, successful officers are being lost due to an all too common, treatable disease called Post-Traumatic Stress Disorder (PTSD).

According to (Jones, 1989, p.1), “there are three threats to deal with in every police shooting: the immediate threat to your life, the post-shooting investigation, and yourself.” Some small departments are either unaware of the trauma or do not accept it and the investigation is accomplished accordingly, but

they may not devote a full effort to addressing PTSD. Unfortunately, many departments do not deal effectively with PTSD. Every officer should be protected from the ill effects of PTSD. However, this is not the case.

There is probably no one in a small agency that could provide peer assistance; no one else was ever involved in shooting. The officer either deals with stress himself, repress or deny emotions or gets help at great personal expense.

What are the events that take place after a shooting? The officer's gun is taken away from him for evidence and it may or may not be replaced while at the scene of the shooting. Sometimes all guns are seized, off duty guns also. This gives the officer a feeling that he can not be trusted. According to Massab Ayoob in one of his articles in Police Product News, "the taking of an officer's gun is tantamount to ripping his badge off his shirt; it's a gesture of demotion, of punishment, of disgrace. Some psychiatrists call it an act of symbolic castration (Ayoob, 1984, p. 131)."

He must answer questions, write statements, and do reports that may be incriminating. He is placed on leave for approximately three days during the investigation. The case of the shooting will then be presented to the Grand Jury and they will decide if the proper amount of force was used. During this time, the officer feels like a criminal under investigation, which he is. This officer gets the feeling of betrayal by his own department.

Within the three days the officer is on leave, he is sent to a psychologist for a psychological evaluation to determine if he/she is fit to return to full duty.

There are never any follow up evaluations completed after this point unless it is initiated by the officer involved. Therefore, symptoms of long term PTSD may re-surface at a later date.

Police officers are taught that they must be strong and in control of every situation they respond to. Therefore, police officers feel that any display of emotion may be interpreted by fellow officers, supervisors, and administrators as a sign of weakness or inability to cope with the situations they are asked to respond to. Typically, officers continue to hide their emotions even after the incident. Historically, officers have been told that talking about their pain, guilt, or fear is considered taboo. Thus, if an officer has to resort to talking or counseling, he is seen as not able to handle his emotions, or not being in control of his emotional responses (Pogrebin & Poole, 1991). As a result, officers have failed to vent their feelings and relieve stress because they do not want to be viewed as an inadequate officer. In the past, officers suffered from PTSD and did not realize what it was. They may deteriorate in their job performance to the point where disciplinary action may have to be taken, such as suspension or dismissal. In extreme cases, some officers resort to suicide.

Historically, police administrators have viewed the police officer who needs help, whether professional or not, as a departmental problem. The administrator sees the officer as inefficient, whom they believe, makes administration look bad. The administration also perceives bureaucratic problems, paperwork, and litigation against the department as a result of the officer (Blau, 1994).

When the officer who works for this administration is involved in a deadly force incident, the administration quickly turns the incident over to a grand jury for review. Not only does this administration send a message to the officer that he no longer has the support of the department for which he works and has dedicated his life, he also feels he is guilty until proven innocent. This administration will usually not show support for the officer until after the grand jury has cleared him. The effects of this non-support leave the officer feeling alone and confused about the loyalty of his department. Often the officer will begin looking for another place of employment, sometimes outside of the law enforcement profession.

A survey was conducted by Nielson and Eskridge. The survey revealed that a majority of the departments surveyed tend to be insensitive to the mental health needs of the officer, perhaps because of concern with legal processes and the responsibilities of the officer and the department. A striking statistic was that in only 12 percent of the departments surveyed was post-shooting mental health evaluation required for the officer. Seldom is concern demonstrated for the reactions and well-being of the officer who was required to do the shooting (Nielson & Eskridge, 1988).

As one may see, police departments have not been, and in many cases continue to fail to be, responsive to the needs of the officer after an officer-involved shooting incident. These departments risk the loss of the officer's services and may be placing themselves in the position of absorbing even greater losses. They may find themselves dealing with a non-productive officer,

an officer who becomes a discipline problem, or just a generally less desirable officer. Their medical insurance programs may later have to deal with increased costs of health care due to the medical complications associated with the trauma. They may find themselves dealing with further shooting incidents, possibly unjustified, by the officer. Or, they may have to deal with the shock and confusion in the other officers of the department should the involved officer take his own life (Jones, 1989).

Gentz (1994) conducted a study in an anonymous police department that dealt with the response of officers to critical incidents. The first study was conducted in 1983 and the second study was conducted in 1993. Questionnaires were sent to each officer in the department asking how they reacted to critical incidents. Both studies showed officers expressed a need to talk about the incident to fellow officers, family, friend, counselor, or clergy. Both studies also concluded that if put in the same situation again, the majority of officers would prefer to leave the scene as soon as possible (Gentz, 1994).

Another study conducted within the Los Angeles County Sheriff's Department in 1984 revealed that deputies involved in shootings received more support from supervisors closest to them in rank, and less support from supervisors as the supervisory level increased (Stratton, 1984).

Bettinger's research also follows officers who have been involved in shooting situations. According to his findings, sixty-three percent of officers involved in shootings suffer some form of PTSD. Twenty percent will be divorced within one year. Seventy percent leave law enforcement within five years of the

incident. In addition, if an officer who has been involved in a shooting is not afforded counseling and he is involved in a similar situation, seventy percent will be killed or wounded in the second incident (Bettinger, 1990).

Involuntary changes take place in the human body when placed under extreme stress such as a deadly force situation. Some changes are profound and unavoidable. These include increased heart rate, rapid breathing, activation of adrenal glands, and dilation of the pupils. Among “professional” occupations, police rank highest in heart disease, and almost twice as high in suicides (Violanti, 1983).

Some departments are beginning to implement policies and procedures in order to help the officer involved in a deadly force situation. Some departments have begun implementing programs such as debriefings, peer support programs, or staff psychologists, and chaplains to give officers a variety of ways to relieve stress associated with a shooting incident. There are two problems with these two sentences. First, there are too many departments that have written policies that address post-shooting procedures for liability reasons **only**, and these departments have the written policies in place but do not abide by them or practice them. There are no governing agencies or laws that hold departments accountable to ensure these policies are followed. Second, debriefings are carefully structured and occur shortly after the shooting. Debriefings are a great tool for post-shooting incidents but, this does not address the possibility of long term effects of PTSD.

This paper should address several items. First, police administrators must realize what PTSD is, how to recognize the signs of PTSD in their officers, and realize the strong possibility of long-term effects of PTSD. Second, police department should have written policies in place before a shooting incident, not wait until after it happens. Third, laws or governing agencies, such as TCLEOSE, should make all police departments accountable for implementing and following the policies in place and make it the department's responsibility for the mental health of officers involved in shootings or any other critical incident they may become involved.

The police administration and supervisors should be trained to recognize the symptoms of PTSD. According to Mock (2001) the symptoms of PTSD are as follows:

- addictions: alcohol, drugs, sex, (repeated affairs, or found with a prostitute)
- weak work performance
- avoiding work: increased absenteeism
- stops exercise and previous self-care (poor hygiene)
- irritability
- worse than usual problems with police management and/or the public
- more than usual contempt/exasperation with supervision, peers, public
- increasingly cynical, maybe at most everything

- sudden outbursts of anger or rage, especially overkill for the situation at hand
- they were previously balanced in their work, or maybe even one of the best, but now it's insatiable, like a crusade
- more violence

There is no substitute for a trained experienced psychologist/psychiatrist that works specifically with PTSD, and especially one that knows the social environment in law enforcement. Part of the problem with this disorder is that there are far too few that have a lot of first hand experience with PTSD and cops.

A person with PTSD usually can not tell you, "I have PTSD". Spouses and family members should be taught to look for these symptoms, as police officers will often exhibit the symptoms associated with PTSD at home and attempt to mask these symptoms at work.

A difficulty with PTSD is there is generally a period of time that elapses between the trauma and when the behaviors start to show. Chronic PTSD can conceivably be years between the trauma and the fallout. The symptoms of PTSD are digressive, meaning over time they will probably get worse if not treated. Mock (2001) confirms the fact that PTSD does not go away by itself

METHODOLOGY

Are there long term effects of PTSD? Should there be state mandated follow up psychological exams for officers involved in shootings? According to research that has been completed by several authors, the evidence leans towards an affirmative answer to these questions.

Right now TCLEOSE requires all officers to take a psychological exam before they are issued their Peace Officer's License, to insure they are mentally sound enough to be police officers. TCLEOSE is the governing organization for law enforcement in the state of Texas. They should pass a law that requires follow up psychological exams for all officers involved in shooting to ensure there are no long term or re-occurring effects of this disease.

To help justify this, there were several interviews completed with two psychologists. One was interviewed via email. Her name is Dr. Kelly Shannon, Ph.D., who is licensed clinical psychologist that works full time for the San Antonio Police Department. The other is Dr. Somodevilla who has worked for the Dallas Police Department for many years. He specializes in assisting police officers with stress management issues as well as testing officers for their peace officer's license.

According to Dr. Shannon, (personal communications, August 22, 2004) she has seen in working with police officers, most that are involved is shootings, the symptoms of PTSD re-occurred three to five years after the incident if continued counseling sessions are not completed. When asked if she agreed that laws should be passed to prevent long-term PTSD she replied with a resounding "yes".

Dr. Somodevilla, (personal communications, July 2004) also agreed that any officer involved in a shooting should have "follow-up" exams "a few years" after the event. He did not have research material at hand to set an exact time for the follow-ups.

Another resource for this research project was an interview, either by phone or in person, with five anonymous officers (or former officers) who were involved in shootings, either as the shooter or the one shot. All officers expressed a desire to remain anonymous and did not want their names or departments mentioned in this paper.

FINDINGS

Three of the five officers completely left the law enforcement field within the first five years after their shooting incident. They began to experience a multitude of problems, both personal and professional. Some of these problems involved infidelity with an informant, marriage problems, disciplinary problems with their respective departments, and all experience either drug or alcohol addictions.

One of the five officers interviewed is still working in law enforcement. He has experienced a multitude of disciplinary problems. He has also changed departments five times in six years. He has an alcohol addiction all though he does not admit it. This is one of the reasons he has experienced many discipline problems and has changed police departments so often. This officer has also experienced serious marriage problems on a continued basis.

This author knows this particular officer, although not considered friends. This officer does not have a conversation for more than five minutes without him comparing whatever the conversation is to, “....well when I was shot....” Any person, who is in the presence of this person for any length of time, quickly

observes his shooting is an obsession with him. This shooting occurred approximately seven years ago.

One of the officers interviewed began to experience personal and professional problems approximately two years after the shooting incident. Fortunately for him his post-shooting PTSD was diagnosed during marriage counseling. His marriage and his career were both saved and he is still a very productive member of his police department and his profession.

According to Olsen (2004, November) most officers are ready and eager to go back to work as soon as possible because it helps get their mind off it. In addition, those officers admitted they lied to department psychologists about their feelings because they did not want to be forced to miss more work.

The officer's mental state is largely disregarded in small agencies, or, at least, placed at a lower priority than the department's needs. Unless the officer has been trained in PTSD, he is likely to disregard or deny the feelings he is experiencing. If the officer is sensitive to these emotions, he often finds that professional counseling provided by the department is unavailable, or available only at his own expense. He may also be ridiculed or belittled for asking for the help he needs.

History states, for the most part, officers do not realize they are suffering from PTSD after a shooting but most of them will not voluntarily seek assistance for many different reasons.

CONCLUSIONS

The research findings indicate a strong need for mandates that the appropriate steps are taken to ensure officers, who are involved in shootings are given the counseling, follow-up counseling and exams necessary to guarantee the officers does not suffer from long term effects of PTSD. Police departments should have policies before a shooting or critical incident occurs. This is one way to guarantee help for the officers without mandates. Another thing that police departments can do is implement peer counseling groups for post shooting officers. This would be a very cost effective method to ensure the career survival of good officers involved in shootings.

Even the smallest police department with very small budgets can take cost effective measures to ensure they are able to keep their employee that might be involved in a shooting. After all, the department that employs an officer is also responsible for his recovery of a post shooting incident.

It is understood that, in the very near future, TCLEOSE will make it mandatory for all officers to participate in training to deal with the mentally ill citizens. This is an excellent idea that officers received this training. If this kind of law can be passed to help officers help the mentally ill citizens, then why can't a law be passed to ensure officers are trained to help each other and themselves, should a shooting occur?

This researched was hindered by several items. It is difficult to find officers who were involved in shootings that are willing to talk about it openly. Also, not many officers who have been involved in a shooting will admit or even

realize that at some point they suffered or still suffer from PTSD because of the shooting. Therefore the study of and research from others material played a large part in gathering the information needed for this paper.

REFERENCES

- Ayoob, M. (1984, February). Post-Shooting trauma – the police association's role. *Police Product News*, 13.
- Bettinger, K.J. (1990). After the gun goes off. *State Police Officers Journal*, 91-93.
- Blak, R. (1991). *Critical incident debriefing for law enforcement personnel: A model*. Washington DC: U.S. Government Printing Office.
- Diagnostic and statistical manual of mental disorders, (1994, July). *American Psychiatric Association*, 35-37.
- Gentz, D. (1994). Critical incident reactions: A comparison of two studies ten years apart in the same police department. *Journal of Police and Criminal Psychology*, 35-37.
- Jones, C.E. (1989). *After the smoke clears: Surviving the police shooting*. Springfield, IL: Charles C. Thomas.
- Mock, J.P. (2001). *Recognizing police officers with posttraumatic stress disorder*. Retrieved January 20, 2001, from <http://www.pw1.netcom.com/~jpmoch/recog.html>
- Nielson, E. & Eskride, D. (1982, June). Post shooting procedures: The forgotten officer. *Police Product News*, 42.
- Olsen, L. (2004, November). Shooting aftermath. *American Police Beat*, 58.
- Pierson, T. (1989, December). Critical incident stress: A serious law enforcement problem. *The Police Chief*.
- Pogrebin, M. & Poole, E. (1991). Police and tragic events: The management of emotions. *Journal of Criminal Justice*, 397-399.
- Stratton, J.G. (1984). Post-traumatic stress – study of police officers involved in shootings. *Psychological Reports*, 128.
- Violanti, J. M. (1983). Stress patterns in police work: A longitudinal study. *Journal of Police Science and Administration*, 211.