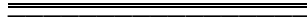
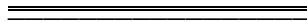


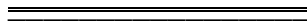
**The Bill Blackwood
Law Enforcement Management Institute of Texas**



Post-Traumatic Stress Disorder is the Agency's Responsibility



**A Leadership White Paper
Submitted in Partial Fulfillment
Required for Graduation from the
Leadership Command College**



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ABSTRACT

Agencies should execute dynamic projects to address post-traumatic stress disorder, by giving numerous methods for assistance. Mental issues and policing go hand in hand. There is a great deal of visually traumatic incidences that stay plastered within the minds of police officers affecting them and their families greatly. Exposure to natural disasters, accidents and violence could happen to anyone but frequently it is often a guarantee in policing. An officers repeated exposure to traumatic events leads to Post Traumatic Stress Disorder.

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INTRODUCTION

Selye (1980) perceived police work as an upsetting occupation. Police work has been depicted as civilian combat and police officers confront the practically certain plausibility of exposure to traumatic events in their work (Violanti & Paton, 1999). Cases of traumatic events incorporate shootings, physical ambush, seeing brutality and domestic abuse, dealing with dead bodies, and calamity scenes, for example, 9/11 or Hurricane Katrina in New Orleans (Violanti, 1997). Different exposures to such injuries expand the danger of mental health issues.

More than 50% of American adults will experience some sort of traumatic event during their lives. The occurrence of traumatic events is more frequent for police officers. The average police officer is exposed to over six traumatic events for every 12 months of service (Patterson, 2001). Because of police officers unpredictable sort of work, traumatic events can be particularly upsetting (Pasillas et al., 2006; Violanti, 1997). Examples of the various events that can cause Post-Traumatic Stress Disorder (PTSD) in police officers are barricaded suspects, hostage circumstances, drug busts, reacting to deadly mishaps, and working different cases that incorporate horrendous injury or death. There are numerous less horrendous circumstances that can be significantly upsetting for a police officer such as shift work, taking care of an individuals' states of mind, and waiting for a call and not knowing what the circumstance will be. What is not realized is that even political issues inside the police stations can affect an officer mindset further causing mental health stress. Officers, due to stress can at times second-guess themselves, be criticized and profiled as either racist or un-ethical for choices they make in split second decisions.

PTSD is standard among police officers and keeps on incurring a significant injury on their lives and those of their families. The vast majority of what individuals consider as PTSD identifies with injuries endured by warriors and those in the military. A police officer's PTSD is unique. Military regularly gets PTSD from a solitary or brief presentation to a traumatic event such as spending time in a war zone. The time in the war zone comes to a finish and the soldiers come home ending their exposure. PTSD in Police tends to show after some time and repeated exposures to different traumatic events sometimes occur daily. A police officer's job never ends, they do not leave their "war zone," they stay in for the duration for their careers. This is also called Cumulative PTSD.

Cumulative PTSD can be significantly more perilous than PTSD caused from a solitary traumatic event because total PTSD will probably go unnoticed and untreated. At the point when a traumatic event happens, for example, an officer involved shooting; most agencies have approaches and experts to enable an officer to address and manage the consequence of a single event. The development of events that emerge throughout an officer's career for the most part do not warrant such specific consideration. Accordingly, an officer with cumulative PTSD is more averse to get treatment. Dissimilar to physical damage, mental damage can happen every day and build upon itself. After time has passed, when PTSD finally surfaces, it regularly goes overlooked. Officers, without proper treatment, can place themselves and others in jeopardy.

One recommendation to combat PTSD in law enforcement is that agencies should conduct frequent testing of police officers' mental well-being targeting PTSD.

The police calling can never again overlook the quiet enduring of police officers with post-traumatic stress disorder. PTSD can never again be a despicable mystery in the police culture. Agencies should execute dynamic projects to address post-traumatic stress disorder, by giving numerous methods for assistance

POSITION

PTSD has genuinely been viewed as a mental condition; in any case, lately it has been perceived as a natural sickness (Storch & McKay, 2013). Wilson (2004), reports that mind structure including areas that include nervous and hormonal systems, memory, comprehension, emotion, desire, consciousness, and behavioral expression can change due to a traumatic event.

PTSD is a severe disorder that creates mental injury which includes side effects such as psychological and physical impacts that incorporate deadness, blame, outrage, memory aggravations, passionate separation, hyper-carefulness, misery, implosion, disgrace, an absence of center, bad dreams, mind flights and flashbacks (Zimbardo & Sword, 2012). Police officers experiencing PTSD have issues sustaining relationships, behavioral problems and a lessening in their personal satisfaction that straightforwardly impacts their own and expert achievement (Schnurr et al., 2006). Side effects of PTSD cause the afflicted to re-experience the event, abstain from anything that may help them to remember the event, sorrow, affect-ability to a loud commotion, uneasiness and inconvenience resting (McFarlane, 1985).

PTSD is a standout amongst the most widely recognized mental issue that starts with a traumatic event. The typical rate of PTSD among police officers is in the vicinity of 7% and 19% (West et al., 2008). Many officers may encounter awful side effects;

notwithstanding, they may neglect to meet the full indicative criteria for PTSD.

Research demonstrates that police officers with PTSD are at more serious risk for lifetime self-destructive ideation and are five times more inclined to be divorced than officers who don't have PTSD (Maia et al., 2007).

Police officers are presented to an assortment of occasions that are conceivably horrible while they are on the job. A few examples of these events are armed confrontation, witnessing violent deaths and car accidents as well as having their own life threatened (Carlier et al., 2000). These occasions are otherwise called basic occurrences. The episodic nature of these critical incidents means that they are low frequency but a high impact source of police stress (Brown et al., 1999). Being presented to these basic occurrences are probably going to influence the officers' emotional well-being.

Numerous organizational stressors are normal in police officers' everyday routine. These could incorporate disappointing scam calls, merciful court choices or not being able to capture somebody who is guilty (Stinchcomb, 2004). Managerial issues in the department can be a source of anxiety for police officers; additionally, when managers offer up pamphlets in the absence of an acknowledgment; trustworthiness, morale and faith decreases adding to the mental health issues at hand (Stinchcomb, 2004). These stressors are a high recurrence, and after some time they may affect officers mentally, which brings about maladaptive results (Stinchcomb, 2004). Authoritative stressors are more typical than basic occurrences and are probably going to add to antagonistic mental results (Hart et al., 1995).

Studies show that police officers are an exciting populace of people who deliberately pick a distressing calling and have passed a thorough choice process (Wang et al., 2010). Some who can't adapt drop out in the academy or right off the bat in their career. Wang, et al. (2010) defines this as a sort of survival of the fittest because of the self-selection, foundation screening, and thorough preparing. After being employed, officers are presented to the police culture. Research proposes that the police culture comes a long way past telling the officer which loyalties they should maintain (Woody, 2005). A profession-based culture produces favorable circumstances and hindrances. One advantage is that police officers pick up security by having the capacity to identify with different officers in this culture. The philosophy comprises of pre-characterized qualities and convictions. More critically, the exploration appears to suggest that individuals who accept and bolster this philosophy progress toward becoming individuals from this way of life, while the individuals who reject or neglect to help this belief system are dismissed from the culture. This police culture shifts by every agency. It can fluctuate depending on the kind of agency, the area, and the mission of the agency that is procuring and choosing new officers. Each individual's experience is diverse relying upon the agency by which they are utilized.

Measuring 18,000 American agencies across the country, one can discover decent variety in mission, duties, style, and officers. Unpretentious contrasts in police duties, department size, public organizations, and different factors may reflect contrasts in devotion, center, and substance of police culture. There are normal parts of policing (coercive force, danger/uncertainty), and these guarantee normal social topics. Police culture can tend to push officers from social connections inside and outside of the

family. Skolnick, Feeley and McCoy (2005) reason that, "Most police feel okay, and mingle for the most part with different cops" (p.190). It is frequently fundamental for officers to acknowledge their careers' social thoughts keeping in mind the end goal to be acknowledged by others, keep their job and be chosen for advancements.

COUNTER ARGUMENTS

A counter position to the legitimacy of this hypothesis is the legitimacy of PTSD. There are scholars that oppose the order of indications into the analysis of post-traumatic stress disorder. PTSD was formally perceived as a condition in 1980 and has gone to the cutting edge of media and social cognizance after the September 11, 2001, terrorist attacks and the following wars in Iraq and Afghanistan (Galea et al., 2005).

There are the individuals who feel that the methodical treatment is the way to deal with PTSD as a generalized analysis can have a more hindering impact to the officer than focusing on conventional medicines (Zimbardo et al., 2012). One of the hypotheses offered in Brewin's book (2003), proposes that PTSD isn't caused by a person's response to injury, but instead that the event essentially intensifies pre-existing genetic or mental issue. This proposes that rationally sound people don't get what professionals are naming as PTSD, however, the traumatic event just triggers the side effects of prior conditions, for example, schizophrenia, major depressive issues, and innate predisposition to alcohol addiction. If this hypothesis were to be trusted, treatment fixated on the trauma experienced in police work might be wrong. It would propose that the treatment ought to be focused on the basic condition that the traumatic event activated, not merely the traumatic event.

To refute this hypothesis, one must consider the level of police officers that possibly experience the ill effects of PTSD which was referred to above as perhaps being as high as 33%. In an examination over, 51% first responders at the site of 9/11 endured mental damage that required treatment (Kates, 2008). In a similar report, 40% demonstrated a failure to adapt to mental triggers (Kates, 2008). By comparing, the general community has a rate of around 25% of the populace experiencing some psychological sickness with 5% encountering an actual dysfunctional behavior (Duckworth, 2013). Other mental illnesses can cloud the diagnostic process leading people to believe that PTSD does not exist.

Another counter position is that the duty regarding treatment lies with the officer and not the division. With physical wounds, for example, wounds obtained in a fight or by gunfire, there is a definite confirmation that the injury incurred during the police action. With mental injury, mainly damage that is delivered after some time, the qualification isn't so certain and can occur over a broadened timeframe. It might take five years or a more considerable amount of time seeing the accident casualties, dead children, victims of industrial accidents, and gruesome murder scenes for PTSD to show. The contention can be made that the officer's crumbling of psychological condition occurred after some time and place the duty of treatment on the officer rather than the agency. On the off chance that the desire exists that the officer keep up his physical wellbeing as a routine course of life, the contention can be made that the officer must look after his mental wellbeing too. Delprino and Bahn (1988), suggest a police agency may potentially be held liable by employing an officer who shows side effects of PTSD and even if the organization provides treatment for the disorder to those

needing it. If an officer were to commit a careless act because he/she was excessively worried, making it impossible to concentrate at work, the agency can be seen as irresponsible for allowing that officer to serve in an official capacity. Not only may the officer and agency be sued, but the incident could destroy the general population's trust in the agency overall.

Various sources portraying the stressors a police officer have on the officers' personal and mental psychology censure this hypothesis. Marx (2014) examines the expanded weight on police officers and the trouble in recognizing when a significant injury to an officer occurs. Expanded anxiety and steady perception of injury is the standard in law enforcement, yet they are considered occasions that are outside the ordinary human encounter for society. Mental damage from such events must be considered an on-the-job injury. Similarly, a broken arm incurred during a fight with a suspect is found as an on-the-job injury. Mental wounds are an immediate aftereffect of law enforcement action.

RECOMMENDATION

Agencies should execute dynamic projects to address post-traumatic stress disorder, by giving numerous methods for assistance. Stressors experienced while executing the law enforcement agency's mission are outside of the ordinary human experience and perception of injury can prompt the manifestation of PTSD. Manifestations such as touchiness, expanded helplessness to brutality, restlessness, sleep deprivation and other pointless practices are markers of the manifestation of PTSD. Left untreated, these conditions can prompt coronary illness, diabetes, cancer or even suicide. The manifestations can have a great degree of detrimental

consequence for the officer's quality of life. Connections can endure, careers can be wrecked, and friends and family can depart, leaving once sound officers wiped out and alone. Agencies that implement successful projects to battle the impacts of PTSD in its officers can enhance the officer's quality of life and the general viability and financial success of the agency.

Upwards of 33% of police officers may experience the ill effects of PTSD that makes a noteworthy impedance (Kates, 2008). Be that as it may, the overall public has a rate of one out of twenty (5%) experiencing a severe dysfunctional behavior that makes a noteworthy weakness (Duckworth, 2013). These two measurements reproach this hypothesis. Investigation of these insights likewise demonstrates that the rate of psychological instability, particularly PTSD, is higher in police officers than the general population. Accordingly, the reason can particularly be connected to the stressors of the law enforcement calling. This puts the duty regarding treatment as exclusively the weight of the agency (Robinson, Sigman & Wilson, 1997).

The answer to this pandemic isn't a muddled one. Agencies have been directing officers associated with on-the-job shootings for quite a long time. The distinction between the officers associated with on-the-job shootings and the officer that is having trouble managing PTSD expedited by injury perception is that the last is hard to distinguish. Agencies must establish a multi-discretionary program to treat these officers while enabling them to remain nameless. The proposal of this thesis is to organize a program of a basic event by an authorized clinician coupled with various roads to get to available assets for officers to look for assistance. The accessible assets should comprise of access to a staff therapist, a contracted employee help

program and an assorted co-worker help group. The co-worker help group should comprise of officers and regular citizens all through the department to expand the odds of having a trained co-worker that is accessible to address an officer that is indicating side effects of trouble adapting. Adequately trained officers scattered through an agency will likewise, be capable of screening their co-workers and offering help when a need is determined. To guarantee the achievement of an expansive help program, the department must modify its way of life, and do away with the disgrace of mental health issues that are a part of police culture. With multiple options for assistance in place to combat the stressors upon an officer's mental health, departments can improve the lives of its officers, officers' families, and the departments' effectiveness.

Obviously, officers are experiencing enthusiastic difficulties that emerge from their regular duties being exposed to traumatic events. Their job requires control yet does not give psychosocial care. This can prompt a lessened ability to adapt to the anxiety and reduced mental capacity. The way to treat psychological injury can change through projects that present and advance flexibility and recuperation.

It is vital for emotional wellness experts who are working with officers to consider the way the police culture may influence the officer and even their relatives. It might be advantageous to investigate regardless of whether the officer sticks to the social belief systems of their areas of expertise's subculture and the effect this has on the officer being acknowledged or shunned among their co-workers. This career-based subculture may affect their readiness to look for assistance from a psychologist, contingent upon the predefined values and beliefs.

It is advantageous to train officers to manage their unpleasant occupation dependently and in groups, while they are in training. This would help officers who are new to the calling be set up for conceivable regions of misery, with compelling adapting techniques.

Patterson (2001) featured an assortment of suggestions for administration programs that benefit officers. A variety of variables ought to be considered when building up a traumatic event program. These elements might be past life events, identity qualities, their inspiration for being in this profession, and nature of a particular department. Patterson (2001) additionally trusts that these treatment projects should concentrate on the traumatic event, as well as concentrate on home life and stress the officer might be exposed to outside of the work environment. These stretch administration projects can be intended to enable officers to procure or create the cognitive aptitudes essential to look for social help and utilize feeling centered adapting procedures in light of stress.

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