

Recognizing and Addressing the Symptoms of PTSD in Our Police

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One of the difficult issues germane to policing is the repetitive nature of calls for service, repeat situations that they have addressed with all manner of people. Some calls are for assistance with a problem, medical needs, personal and social concerns, and often those that need help in resolving escalating conflict. Other calls reflect the breakdown of social order, the re-occurrence of violence and criminal events, and trauma of victimization counseling. It is these instances that leave the officer feeling either a sense of accomplishment or discouraged over the detritus of humanity.

Those situations where officers return time and again, encountering adverse environments, injuries, victimization, crime, disorder, and death, takes their toll over time. The repetitiveness of calls for service facing someone doing something unscrupulous will result in varying degrees of officer anger and disbelief. Constant encounters with deviant behavior eventually take its toll. How many times in twenty plus years have officers encountered people under the influence, someone ranting, threatening, and acting aggressively? How many dead bodies, injuries, and harm must be witnessed before a realization that society is cruel sets in and alters what was once a more optimistic attitude? That accumulated anger, frustration, disgust and other emotions do not just evaporate, they linger, and they are harmful.

Immersion in problems, crime, offenders, victim needs, death, and destruction, encountered for years on end, can warp optimistic beliefs that society can overcome the negativity associated with harm to others. When most encounters with the public include events that demonstrate a deviation from social norms, normality may appear a distant component of humanity.

Officers seek immunity from the onslaught of constant negativity, yet they frequently are engaged in providing a shield against undesirable human behaviors. An officer continuously hears the same dumb comments by drunks, smells alcohol, vomit and worse, and engages in work-related activities from which most people flee. The same threats are repeated, similar bloody results caused by out of control people, and adults and children fearful of becoming a victim, if not already so. Police see children who have been physical, mentally and sexually abused, suffering malnutrition, or who are sent off to school without boots and warm clothes in the winter, no breakfast and little hope for food when they get home to a cold and empty house. It is a painful fact to reconcile and challenging to fix.

A drunken husband's assault on his wife or significant other that requires her hospitalization greets the officer with, "*get the fuck out of my house*" and acts defiant

and aggressive. Rationalization of the situation and the outcome that will result in an arrest, perhaps requiring a physical engagement, elevates stomach acid, pumps adrenaline, increases sweating, adds tension in arms and legs, heightens reflexes, raises heart rate, breathing and evokes a peremptory challenge to self-control. When it is over, the officer often finds it nearly impossible to return to physical and emotional balance before dispatch to the next call. The effect of the stress and adversity on the human body in encounters as described, will, over time cause lasting physical and emotional harm.

At this time, the recall of places and people from past events who engaged in these life episodes in policing, will often trigger the earlier revulsion, anger, and sadness; a combination that is not emotionally healthy. Past events continue to haunt my psyche even though decades have passed.

The journey of a police officer is not without danger, stress, adversity, and trauma. Over time, well-being replaces suspicion, unease and a growing discomfort with people, place, and position. Self-protection becomes necessary, which then necessitates wearing or having a firearm nearby. Focused attention wanders from those speaking to us to a scan of the environment in which we are standing. There is a body tension, awareness, a persona that indicates, somewhat willingly, that I am a cop. The world that others observe with normalcy and a degree of unawareness replaced by a reality that offers a more unsavory side. It has its level of sadness, and it requires some effort to understand that everyone is not bad. After twenty-five years of urban combat, normalcy seems elusive and the scars, both internal and external, remain as symbols of engagement in a world often never seen by most of the population.

Some incidents live within the head and heart, silent and waiting for a trigger event. If the sudden awareness is positive, the outcome is affirmative. If evoking a negative memory the results may be harmful.

We observe the same post-traumatic stress symptoms in today's police officers. Initially associated with combat or war experiences, it recently is recognized as being prevalent in any population exposed to traumatic events (Ahmed, 2007). PTSD is represented by an accumulation of stress and adversity and exposure to trauma from engagement and witnessing accidents, murders, rapes, assaults, robberies, and other appalling events for decades. A job that engages in other people's problems corresponds with danger, where people strike at you, use weapons, drive recklessly, and threaten you and your family. It gradually replaces optimism with pessimism and while more gradual than military combat; the results are no-less-deadly in the outcome. Exposure time is longer, and the accumulated morbidity is no less severe to the individuals who encounter them.

PTSD is illustrated by high morbidity, divorce, suicide that is twice the rate of average citizens. We observe officers that are physically overweight have respiratory and heart issues, back problems and unfortunately alcohol and substance abuse. Physiological,

psychological, social and emotional issues that, while mostly hidden, are eating holes in the officer's physical and mental health, leading to an accumulating and debilitating outcome. The typical "suck it up" attitude is contributory and solves nothing, yet it remains part of the culture.

If concerns have not risen to the surface yet, there are chronic issues of concern that should sound the klaxon horn. They include:

Table 1
Issues of Concern

Difficulty sleeping
Digestive problems
Addictive behaviors
Attraction to danger
Hyperactivity and restlessness
Diminished emotional responses
Reduced ability to deal with stress
Feeling of isolation and detachment
Flash back to traumatic experiences
Hyper-vigilance (on-guard all the time)
Abrupt mood swings (rage, crying, anger)
Exaggerated or diminished sexual activity
Depression and feelings of pending doom (pessimistic)
Psychosomatic illness (headaches, neck and back pain)



Stress contributes to a variety of physiological and behavior related ailments. They are serious manifestations that will diminish life, moderate the quality of one's life and reduce performance at work and with other engagements. They include the following indications:

Table 2
Manifestations of Stress

Ulcers
Anxiety
Nausea
Diarrhea
Smoking
Poor diet
Chest pain
Depression
Irritable bowel
Heart palpitations
Sleep disturbance
Breathing difficulty
Poor concentration

Shortness of breath
Flawed decision-making
Poor disposition with others
Restlessness and feelings of being overwhelmed
Excessive consumption of alcohol or illegal drugs
Physical and emotional withdrawal from family, friends, and colleagues.

Concerned yet?

If not, you should be! The days of “*shrug it off*” or “*suck it up*” are invalidated by the numerous examples of police officer self-destruction, a job incident whose occurrence results in discipline, suspension, firing or perhaps prosecution. Responsibility and accountability to address the issue rest with the individual, his or her supervisor, and the chief administrator of the organization. There is no room for error, no hoping that observed manifestations will cure themselves, and no excuse when some act results in discipline or other action, for with warning signs there is a corresponding increase in the mandate to take action.

Strengthening Resilience and Reducing Vulnerability

Not all officers experience PTSD, and many can manage a state of equilibrium when faced with an event of substantial stress or trauma. Ahmed (2007) attributes this to enhanced resilience and factors such as the individual’s beliefs, attitude, coping strategies, behaviors and psychosocial consistency in the face of adversity. Some strategies can be utilized to overcome and minimize the effects of trauma on the individual. The goal is to increase optimism and feelings of well-being while diminishing the negative pull of trauma that can suffocate unless cast off. Moreover, resilient people adapt well to adversity and can better cope with stress, grief, tragedy and other critical events encountered (Lumb et al., 2009).

The same level of care extended for officer physical safety (weapons, vests, safety training), must apply to psychological and emotional well-being. It is deemed a weakness to express the need for assistance, driven by the belief that it is controlled and self-manageable. Common beliefs include the need to “get a grip, snap out of it, get your head out of your rectum, or straighten your butt out,” and other euphemisms, whose utterance offers insignificant help. To quote an appropriate saying, it is a “cop out” by the supervisor and irresponsible for not drilling down to determine a sustainable resolution to the issues.

There is a strong belief that if the administration is aware of matter that it will be used against the officer. Peers, supervisors, and administrators harbor similar beliefs that they must not display any weakness whatsoever, for it indicates something disdainful to someone who represents law enforcement. Unwanted change occurs, and a day of reckoning will arrive if no decisive intervention takes place when issues are observed or identified.

Police administration often is not sufficiently stepping up to the plate to help ensure that mental and emotional health and well-being is as necessary and needed as is physical health (vest, guns, and other physical protection devices). The newspaper headline that Officer X was relieved of duty for a violation of department policy, or an allegation of wrongdoing, is not the first notice, it is the switch turning on a neon sign that indicates a series of missed opportunities to manage declining mental health and resultant behaviors.

In the policing profession, minimal training in resiliency is available, but it is not in sufficient depth to allow application when issues arise. The field needs to be open and honest about the challenges and obstacles each officer faces when dealing with the multiplicity of problems they encounter. Training should include direct and vicarious trauma, using examples and stories germane to their time and era. We must discuss the effects of long-term exposure to stress, adversity and trauma and what it can and will do to the individual's well-being. What is post-traumatic stress syndrome (PTSD) and how is it illustrated in policing and more importantly, what can be done to assist officers? What are the visible signs and symptoms, the manifested behaviors, thoughts and actions that if continued will result in adverse outcomes?

It is a normal human condition to be traumatized by exposure and immersion in events that are out the usual range of expected behavior or which boggles the mind in disbelief of the observed event. The challenge before us, what to do about it? Sadly, there are far too many stories of divorce, suicide, aberrant behavior, physical and psychological health issues, each of which illustrates the need for a change in policy and practice within the profession. An officer can wade through the blood, human damage, sadness, and abuse of others for only so long, and at the end of the day, it will extract a price.

Recognition, prevention, and treatment of emerging problems begin with the individual. Supervisors and administrators bear no less accountability to promote and instill beliefs in mental health well-being, as the harm to the officer, if not maintained, is devastating.

Closing Statement

Many police, public safety, and first responders all too often walk in the shadow of death, either aware of the implications or caught unaware of the danger that stalks them. Time on the job provides many with sharpened awareness, a sixth sense that danger is about and they intuitively and with corresponding automatic body functions, reactions begin to build defense and resilience, anticipation for what may come. Realized or not, the outcome of the individual's psychological and physiological system is the same, it responds, and it carries the consequence of high stress along with past incidents. It will diminish, but over time it also accumulates, and the harmful effects eventually manifest and the individual faces personal troubles that left unattended can be devastating.

We may require minimal resilience training, but it is not enough. We also must find ways to provide officers with periods of positive engagement and not constant exposure to calls for service where one encounters drunks, addicts, angry and abusive people,

those who have harmed, killed or engaged in events that, to the ordinary citizen, are horrendous when witnessed or read.

We know we can help, to build resilience and understanding that we can manage ourselves and our mental and physical health. The key lies in a willingness to do so. When we procrastinate, the path described earlier become harder to deviate from, time, in this case, is not the companion we should seek.

References

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