

Police Officers' Responses to Chronic Stress, Critical Incidents and Trauma by Andrew M. Leeds, Ph.D,

"It probably won't be a bullet that strikes an officer down, but the effects of chronic stress" Sgt. Robin Klein, Long Beach, California Police Department, FBI Law Enforcement Bulletin.

Police officers experience frequent and ongoing stressors in their work. These stressors range from cumulative stress—constant risk on the job, the need to adhere to often restricting and conflicting regulations, public perceptions that may be inaccurate—to critical incidents: violent crimes, shootings and mass disasters.

Stressors officers commonly experience:

Within organization characteristics: lack of supervision, lack of positive reward, restrictive policies, excessive paperwork, poor equipment.

Criminal Justice practices: unfavorable court decisions, recidivism, court delays and continuances, adversarial nature of the justice system.

Public practices: distorted press accounts of police work, allegations of brutality and racism, adverse local government decisions such as funding.

Police work itself: role conflict (e.g. apprehension of criminals while needing to maintain their rights), irregular work schedule, danger inherent in the profession, inability to resolve and close many problems in the community, witnessing human suffering, seriousness of the consequences of one's actions, critical incidents from shootings to mass disasters, cumulative nature of stress.

Ways to Help Manage Your Stress

- ✓ Limit on-duty work hours to no more than 12 hours per day
- ✓ Make work rotations from high stress to lower stress functions
- ✓ Make work rotations from the scene to routine assignments, as practicable
- ✓ Drink plenty of water and eat healthy snacks like fresh fruit and whole grain breads and other energy foods at the scene and after the event
- ✓ Take frequent, brief breaks from the scene as practicable.
- ✓ Talk about your emotions to process what you have seen and done
- ✓ Stay in touch with your family and friends
- ✓ Participate in memorials, rituals, and use of symbols as a way to express feelings
- ✓ Use physical exercise to help work through the stress
- ✓ Take care of your body through rest, relaxation, massage etc.
- ✓ Pair up with a responder so that you may monitor one another's stress
- ✓ Use the employee assistance program available through your agency

Critical Incident Stress:

Of the factors associated with stress in policing, incidents outside the range of normal activity affect officers. Such events may include ***shootings, witnessing death and mutilation, attending to disasters, and dealing with abused or maltreated children***. Police officers have rated these incidents as highly stressful.

Frequency of maladaptive responses to Police Stress:

A survey of law enforcement officers found that in the month prior to the survey, 26% had headaches, 43 % had backaches, and 22% had digestive difficulties. A 1998 study surveyed 852 law enforcement officers. *Forty-eight percent* of male and *forty percent* of female law enforcement officers reported *excessive drinking*, and about the *same percentage* reported *excessive eating*. These behaviors can be explained as reactions to chronic or extreme stress.

Signs and Symptoms of Police Stress:

Headaches - Fatigue - Pounding Heart - Digestive Upsets - Teeth Grinding - Backaches - Muscle Aches - Light Headedness - Lowered Sex Drive - Irritability - Short-tempered – Over-eating - Insomnia - Restlessness - Muscle Tics - Rashes - Drinking too much.

Acute Stress and Posttraumatic Stress Disorder:

Critical incidents are associated with psychological reactions classified as Acute Stress Disorder (ASD) lasting 2 to 30 days) and Posttraumatic Stress Disorder (PTSD) lasting more than 30 days. Experiencing, witnessing, or being confronted with events that involve death or serious injury, or a threat to the physical integrity of oneself or others and a person's response of intense fear, helplessness, or horror may trigger ASD and PTSD. The affected officer may persistently re-experience and avoid stimuli associated with the event, and experience symptoms of increased physiological arousal.

Depressed mood as a response to persistent stress and/or critical incident stress:

After the smoke clears, the sirens stop, and the crime scene is left to the second unit, what's next? Shaky legs? Instant replays when you're trying to get to sleep? Trouble finding the groove again? After being flooded by waves of adrenaline, the brain seems to shout to the body, "Hey! We're having waaaay too much fun here! How about a break?"

Intense stress produces floods of neurotransmitters needed for fight or flight that, in turn, can deplete certain brain chemicals. The persistent loss of neurotransmitters may be expressed in what we call symptoms, e.g., insomnia, fatigue, poor concentration, and a downturn in mood.

According to a recent report by the US Preventive Task Force, answering “yes” to either of the following two questions may indicate the warning signs of depression: "Over the past two weeks, have you felt down, depressed or hopeless?" and "Over the past two weeks, have you felt little interest or pleasure in doing things?"

If you answered yes to either of these questions, the task force recommends that you see a M.D., talk to a behavioral health specialist, or at least complete a depression screening.

If you've had 5 or more of the following symptoms for more than two weeks, maybe you could use some R&R and a professional consult:

- | | |
|---|---|
| <input type="checkbox"/> Depressed mood most of day, nearly every day | <input type="checkbox"/> Diminished interest in food, fun & sex |
| <input type="checkbox"/> Unplanned weight loss or weight-gain | <input type="checkbox"/> Trouble sleeping or sleeping too much |
| <input type="checkbox"/> Feeling slowed up or hyper | <input type="checkbox"/> Tired, worn out and low on energy |
| <input type="checkbox"/> Feeling worthless or guilty | <input type="checkbox"/> Poor concentration |
| <input type="checkbox"/> Recurrent thoughts of death or suicide | <input type="checkbox"/> Memory problems |

It will never happen to me

Over a series of studies, active duty Police Officers have been found to have current rates of PTSD ranging from 3% - 17%. For law enforcement working in urban areas, 20-30% of the officers develop a Posttraumatic Stress reaction to during their lifetimes. These figures are dramatically higher than for the general population (1-3%), urban adolescents (9-15%), or even for Vietnam Veterans (15-20%).

A recent study found 45% of active duty officers were having sleep difficulties typical of patients seen in insomnia clinics. In this study, stresses related to their work environment were strongly associated with sleep quality; sleep disturbances were associated with PTSD symptoms. "These high rates of insomnia are particularly alarming, because sleep deprivation can drastically hinder mental and physical performance" (Thomas Neylan, MD, 2002).

Basic self-care after a Critical Incident:

- ✓ Realize others have gone through this and have felt the same way you do now.
- ✓ Remember that your reactions are NORMAL and are expected.
- ✓ Avoid labeling yourself as "crazy" or "weak".
- ✓ Give yourself permission to feel rotten.
- ✓ Keep your life as routine as possible. Avoid making life-changing decisions.
- ✓ Make deliberate choices about daily activity; doing so can return a sense of control.
- ✓ Keep busy. Structure your time. Be with people, especially those who have been there.
- ✓ Watch your diet: avoid sugar and caffeine.
- ✓ Avoid alcohol and drug usage. Any relief felt will be short lived, and your feelings afterward will be more extreme than before.
- ✓ Eat regular and balanced meals. Increase intake of fruits and vegetables.
- ✓ Alternate strenuous exercise and relaxation for the first 24 to 48 hours.

Signs That You May Need Stress Management Assistance

Difficulty communicating thoughts	Difficulty remembering instructions
Difficulty maintaining balance	Atypically argumentative or angry
Difficulty making decisions	Limited attention span
Unnecessary risk-taking	Tremors/headaches/nausea
Tunnel vision/muffled hearing	Colds or flu-like symptoms.
Disorientation or confusion	Difficulty concentrating
Loss of objectivity	Easily frustrated
Unable to engage in problem-solving	Unable to let down when off duty
Refusal to follow orders	Refusal to leave the scene
Increased use of drugs/alcohol	Unusual clumsiness

Benefits of Early Intervention after a Critical Incident:

A 1996 FBI Law Enforcement Bulletin on critical incident stress exposure in law enforcement states the budgetary impact of replacing a five-year veteran is roughly, on average, \$100,000. This includes the costs of retraining, overtime, benefits, testing for replacements, and the knowledge lost when an officer leaves the department. In contrast, one study showed when an officer was experiencing psychological problems (as a result of critical incident exposure) *and early intervention and treatment took place*, the average cost to the department was \$8,600. When treatment was delayed, the average cost rose to \$46,000. Even delayed treatment was less than half the cost of losing an officer due to early medical retirement.

Early Intervention Options:

Peer support can be that early intervention point. Trained peer support officers can recognize the early warning symptoms of those headed for trouble and get these officers the assistance they need.

Critical Incident Stress Debriefing

CISD is an early intervention response to a critical incident. CISD is primarily supportive and educational in nature. It is not a form of treatment. All team members involved or impacted by a critical incident attend the CISD session. The emphasis is on giving every member of the team an opportunity to hear each person's experience and to reinforce options for support and self-care in the post-incident recovery phase. CISD sessions are generally led a specially trained and experienced peer and facilitated by a specially trained mental health professional.

City of Santa Rosa Police Department Employee Assistant Program

- A. The purpose of the EAP is to help adjustment to a stressful situation in a brief number of sessions.
 - 1. Services can focus on work, family or personal life issues.
 - 2. EAP services are not intended to take the place of the mental health benefit provided through health insurance.
- B. Anonymous and Confidential.
 - 1. The sessions are completely confidential and anonymous.
 - 2. Billing is by a code.
 - 3. There is no cost for use of the service.
- C. Number of sessions.
 - 1. Six sessions are available each year per employee (not per family member)
 - 2. Extensions are available if needed.
 - 3. Fiscal year benefit renews July 1.
- D. Providers.
 - 1. As of May 2009, the members of the EAP panel are: Dian Barkan, LCSW, Robert Benavides, Jr., Ed.D.; James Foster, MFT; Rita Giacalone, Ph.D.; Tom Hedlund, MFT; Sara Joslyn, Ph.D.; Andrew M. Leeds, Ph.D.; Mary Sue Sams, Psy.D.; and David Schneider, Ph.D.
 - 2. All share a commitment to and experience in working with law enforcement.
 - 3. All are California State licensed mental health professionals.

Specific treatment options

When a police officer develops persistent symptoms that do not spontaneously improve within 14-21 days, self-referral or peer referral for assessment and/or brief treatment should be considered. Any provider with the EAP can provide confidential and anonymous initial assessment and brief treatment as indicated. In many cases, the opportunity to discuss a stressful situation and review standard self-care strategies can help an officer make adjustments that facilitate recovery to baseline functioning. Cognitive behavioral methods of psychotherapy can also help officers recognize maladaptive thoughts and behaviors and develop more adaptive ways of thinking about and responding to recent or cumulative stressors. In some cases, a course of treatment with prescription medication can help the body and the brain return to baseline functioning. In such situations, the EAP provider may recommend a medication evaluation by the officer's personal physician or a psychiatrist. When treatment needs exceed the EAP program limits, the officer may use their mental health benefits with the same EAP provider or another qualified mental health professional.

EMDR

Eye Movement Desensitization and Reprocessing is an innovative method of psychotherapy that enhances people's abilities to resolve problems in living by assisting them to attend to internal experiences and external stimuli at the same time. EMDR appears to make use of innate stress resolving capacities of the brain that are normally active in the rapid eye movement (REM) phase of dreaming sleep. These innate stress-resolving capacities can be indefinitely blocked by chronic stressors and by critical incidents.

EMDR is the most researched psychotherapeutic method for the treatment of Posttraumatic Stress Disorder. EMDR is recognized as an effective and efficient method of treatment by numerous government agencies and professional associations including the US Department of Veterans Affairs and Department of Defense, the American Psychiatric Association, the American Psychological Association, the International Society for Traumatic Stress Studies, the National Health Service of the United Kingdom (NICE guidelines), the Israeli National Council for Mental Health, and many others.

EMDR has been shown to be specifically helpful as a stress management intervention for police officers in a 2001 study of 62 active duty officers in Colorado Springs, CO. EMDR is widely used for combat trauma both by the Department of Veterans Affairs and in all branches of the US military as well as in EAP programs in several federal law enforcement agencies including the FBI.

Note

This article, “Police Officers Responses to Chronic Stress, Critical Incidents, and Trauma,” was prepared from readily available online resources and assembled for easy reference for the City of Santa Rosa Police Department Employee Assistance Program. This information is believed to be reliable and up to date. Selected sources where additional useful information can be obtained are listed below.

Andrew M. Leeds, Ph.D. is California licensed psychologist in private practice in Santa Rosa, California, an EMDR trainer and an EMDR International Association Approved Consultant. He is the author of several articles and a book on EMDR treatment and is recognized as an international expert on EMDR. He has served as the SRPD EAP specialist in providing EMDR services since 2004.

Additional Resources

The Law Enforcement Wellness Association

<http://www.cophealth.com/articles.html>

Trauma Information Pages

<http://www.trauma-pages.com/pg4.htm>

What Is EMDR?

<http://www.andrewleeds.net/psychotherapy/whatisemdr.html>

The EMDR Institute

<http://www.emdr.com>

The EMDR International Association

<http://www.emdria.org>

The Trauma Center Resources for First Responders

http://traumacenter.org/resources/tc_resources.php

The FBI’s Critical Incident Stress Management Program

<http://www.fbi.gov/publications/leb/1999/feb99leb.pdf>