**The Relationship of Posttraumatic Stress Disorder to Law Enforcement:
The Importance of Education GaryG.Felt MA, M.H.C.**

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| In just over the past decade it has become common knowledge that law enforcement personnel, along with other emergency services workers, are a population highly prone to suffering with Posttraumatic Stress Disorder (PTSD). As a direct result of their work, there is regular involvement with traumatic events over the course of their entire careers. This is especially true for those of us working in the field of critical incident stress management. For those individuals in law enforcement, however, who generally entered into their careers as physically and mentally "strong," highly idealistic, and caring people, PTSD is often quite baffling. Moreover, it is a concept that is hard to accept by those who are following the mantra "to protect and serve." Understanding the needs of this unique population, highly prone to PTSD, is imperative for mental health professionals attempting to assist survivors with healing and moving beyond this disorder.When discussing PTSD within the law enforcement community, one must be careful not to presume that it only affects the men and women on the "front lines" - those in uniform. PTSD does not only affect police officers. Call takers who first talk with a traumatized victim or dispatchers who send their "men and women in blue" into harm s way or hear the frantic voice of an officer (who is, perhaps, also a personal friend of theirs) calling over the radio for desperately needed help, are also affected. Depending upon the dispatcher s or call taker s perception, any of these events can be just as harrowing for them as they can be to an officer on the scene.Those of us who work with PTSD know the importance of education for the sufferer; however, some populations are not so easy to teach. As a police officer myself on the job since 1973 and, more recently, also as a mental health professional, I know how hard it can be to educate these "strong" men and women. It may be a challenge to teach them that there are forces out there that can and do erode their defenses and their sense of invulnerability over time, causing them to need help and care for themselves. They avoid discussion about job-related stress because they believe that it should not be bothering them. They have a concern about being seen as "mentally ill" or "unfit," because this can mean the loss of their job. They oftentimes may present with an aversion to going to a psychologist or other mental health professional, as these people are the ones who commit the "truly" mentally ill to institutions. Consequently, law enforcement personnel can be the last people to seek out qualified help.In educating, I often teach law enforcement personnel about the natural relationship of PTSD to their profession. In fact, by the very definition of and by the diagnostic criteria for PTSD, I inform them that law enforcement is a natural "set up" for PTSD. I educate them about their expected responses to trauma (i.e., "normal" reactions to "abnormal" events). From this perspective, they begin to understand. Ultimately, this paves the way for them to begin to truly heal - transitioning from victim to survivor. And, they learn to take better preventative measures to lessen the impact of future traumatizing events that are sure to occur during their careers.The Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV) indicates that the essential features of PTSD include: "experiencing, witnessing or confrontation with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of self or others." Moreover, the person's response involves "intense fear, helplessness, or horror" (American Psychiatric Association, 1994). When PTSD was first recognized and named as a disorder in 1980, the Diagnostic and Statistical Manual of Mental Disorders - Third Edition (DSM-III) simply indicated that the essential feature involved exposure to a "traumatic event that is generally outside the range of usual human experience" (American Psychiatric Association, 1980). In either case, this essential feature seems to be a constant, unavoidable hallmark of the law enforcement career.A comparison of the remaining diagnostic criteria for PTSD to the "routine" experiences of law enforcement paints an interesting picture. Other DSM-IV criteria include:   (1) Persistent re-experiencing of the traumatic event (e.g., dreams, flashbacks, or other intrusive recollections; intense psychological distress and physiological reactivity upon exposure to internal or external cues that symbolize or resembles an aspect of the trauma).(2) Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (e.g., avoidance of thoughts, feelings, activities, places or people; diminished interest or participation in significant activities; feelings of detachment or estrangement from others; restricted range of affect and sense of a foreshortened future).(3) Persistent symptoms of increased arousal (e.g., sleep disturbance, irritability or anger, difficulty concentrating, hypervigilance, exaggerated startle response).(4) Duration of the disturbance is more than one month (or onset of symptoms is delayed beyond six months); the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. Beyond the obvious, such as a shooting, what events are "generally outside the range of usual human experience" that might contribute to the potential development of PTSD? Among many, consider continually being called upon to make split-second, sometimes "life or death" decisions that, in many cases, have no favorable resolution. Consider facing a weapon in the hands of a criminal who would kill you if given a chance. Moreover, consider involvement with fights, foot chases, vehicle pursuits, physical injuries and/or death of a fellow officer. Imagine having to deal with hostage situations, undercover work, dangerous drug busts or other raids or handling injury or fatal accidents. How about having to manage in-progress crime calls, shift-work, disasters (especially those man-made), the never-ending procession of people being injured, mutilated or killed and having to become "accustomed" to seeing, smelling, feeling and hearing the blood, gore, pain and suffering associated with crime scenes and victims including battered and abused children. Finally, think about what it would be like to have made an error on the job and be criticized or worse, face investigation, disciplinary action or criminal prosecution. By virtue of their job, law enforcement personnel generally experience or are exposed on a recurrent basis to traumatic events. Consider the fact that these individuals persistently re-experience traumatic events by virtue of responding to and handling similar events throughout the duration of their careers! They need to operate despite their personal feelings and be able to resume action immediately beyond a traumatic event because the public depends upon them to be available when needed. Over time, officers get accustomed to "numbing." They may not even realize that, after a while, many of their daily activities which seem so "routine" are actually quite stressful. Seeing the devastating effects of criminal activity, hypervigilance can become constant on and off-duty. Any noise or disturbance within hearing range of the hypervigilant is usually interpreted as a pending attack so an exaggerated startle response also appears to be a norm. Being ever vigilant, tuned in to anything out of the ordinary and being ready for anything are often the difference between whether an officer survives the job or not (Mason, 1990). This, of course, increases anxiety.Because a law enforcement career usually lasts for at least twenty years, the duration criterion is met. Clinically significant distress or impairment in social, occupational. or other important areas of functioning all too often show up in an officer s life as evidenced by high divorce, alcoholism, and suicide rates. On an intimate level, officers who learn to keep things at work on a depersonalized level, are usually unable to talk about the details of brutal and horrifying experiences with anyone other than a fellow officer. Also, along with being accustomed to always being the "authority" who must take control of every situation, they may have a hard time successfully relating emotionally with their loved ones. An officer s traumatization does not grant immunity from its effects to his or her loved ones! When it comes to PTSD, individuals going into law enforcement do so with the deck stacked against them from the start! It is a natural "set up" for PTSD or other stress-related diseases and maladies.Law enforcement is a profession where the danger level and stress potential of traumatic events remain fairly high on any given day. To best ensure survival, law enforcement personnel must be "combat ready" at all times while remaining "normal" in every other way (Williams, 1987). They learn to remain at a high level of readiness.There is also an unrealistic stereotype that many officers must keep up like "Superman" or "Wonder Woman" (Shilling, 1993) and be immune to stress. In addition, regardless of what the officers believe, the public often holds officers to this stereotype. Officers may go out of their way to portray themselves as "cool," "calm" and always in "full control" of their emotions - an image that is reinforced repeatedly on TV and in movies (Jones, 1988). Too often in law enforcement, personnel equate mental disorders with being "crazy" and they feel that an emotional response to trauma indicates "weakness." This myth must be erased. Law enforcement personnel must come to admit that they, too, are "normal" human beings who react in "normal" ways to exposure to abnormal events that make up their job environment. It is important to consider that this is an environment that lends itself naturally as a "set up" for PTSD. To this end, education becomes most imperative! **References**American Psychiatric Association. (1980). Diagnostic and Statistical Manual of Mental Health Disorders 3rd Ed.). Washington. D C Author, pp. 236-238.American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Health Disorders (4th Ed.). Washington. D.C.: Author, pp. 424-429.Jones, C.E. (1988, March). Fatal feelings. The Thin Blue Line, pp. 1-26.Mason. P. (1990). Recovering From the War. New York: Penguin Books, pp. 231-253.Shilling. R. 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