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### Features

## Police and PTSD

Once thought to only affect war veterans, PTSD is now known to be a common affliction among first responders.

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February 22, 2013 | by Dean Scoville - Also by this author



Photo: Mark W. Clark

Wanted: Police officer to protect life and property and secure the safety of citizens. The work environment may be physically demanding, stressful, and dangerous.

Advertisements for police officer positions may list 20 or more requirements for the job, but they rarely specify the inherent dangers that come with the profession. Whether an officer has been on the job for a day, a year, a decade, or more, there is the omnipresent possibility of that officer becoming involved in a traumatic incident. How well you deal with the aftermath of a shooting, a fatal accident, a crime against a child, or any number of other traumatic situations is determined by a number of factors. When an individual's inability to cope with the effects becomes too overwhelming, then he or she may develop Post-



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## Traumatic Stress Disorder.

Today, the initials [PTSD](#) are familiar to many in law enforcement. Less known are the vagaries with which it is incurred, manifests, and is treated. In 1980, the American Psychiatric Association introduced PTSD in its Diagnostic and Statistical Manual of Mental Disorders, and has since refined the criteria by which PTSD is diagnosed.

PTSD is not new. The symptoms associated with PTSD have long been recognized. The horrors associated with the trench warfare of World War I saw hundreds of thousands of service men physically and emotionally scared, with fewer means of dealing with their trauma. At the time, medical professionals labeled this phenomenon as combat fatigue or shell shock.

As time went by, not only was PTSD diagnosed of war veterans, but of others who'd suffered some damage to their psyche as the result of being exposed to a traumatic event. High on the list of professions associated with the condition are first responders, including fire, EMS, and law enforcement.

### Symptoms of Misery

Ord Elliott, Vietnam War veteran and author of "The Warrior's Silence," points to the similarities between war veterans and law enforcement personnel. "In law enforcement, men and women are facing many of the same things that you do in combat. You're risking your life. It's perhaps a different form of combat; it's certainly the threat of combat."

In the wake of a traumatic incident, it is not uncommon for law enforcement officers to be plagued by insomnia, fatigue, loss of appetite, recurring thoughts and nightmares, anxiety, depression, numbness, or fear for their own safety. Worse, inability to maintain intimacy with their loved ones or increased feelings of guilt can lead to severe depression or even suicidal thoughts.

If anyone doubts the power of mind over body, all they have to do is look at the very real repercussions that the stressed mind can have on a body further stressed by endless sleepless evenings, night terrors, and sweat-soaked sheets. It is hardly surprising that these effects should become self-replicating and self-strengthening as the sleep-deprived person's judgment becomes increasingly subject to question.

### Cultural Barriers

PTSD can be greater than the sum of its already heady parts, so dealing with PTSD is a formidable challenge for the profession. When officers, dispatchers, and civilian law enforcement personnel are diagnosed with PTSD, it is important that they, their departments, and their family members be able to seek out and find treatments that best suit their individual needs.

Perhaps the largest barrier to finding effective treatments and support systems



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is the culture that exists within law enforcement. The profession requires officers to rein in their own emotions in order to take control of complex situations. Flipping that emotional switch and turning their focus inward can be difficult for those engaged in a profession steeped in "never let them see you cry" sensibilities. Even when their department offers mental health services, officers may be reluctant to use the service fearing lack of confidentiality or the perception of weakness.

Terry Bykerk, a retired Grand Rapids, Mich., police officer, notes that individuals may react differently to a single traumatic incident. "What can be a minor experience to one person can be traumatic for another. There may be a higher risk with someone who is an introvert, less social, less physical. They tend to be gatekeepers with their emotions."

The first step toward breaking down the emotional and cultural barriers in law enforcement is to address the issue during academy training. Bykerk cofounded the public safety training organization Two the Rescue, which conducts pre-incident education in police academies for both police recruits and their loved ones. He notes the importance of addressing the issue early and often: "People are starting to believe that there has to be a change in the way we deal with this problem because the numbers aren't getting any smaller."

To reinforce understanding of mental health issues within the profession, Two the Rescue also provides in-service training for all emergency responders. "There still is the stigma of seeking help and a belief of being weak, but our method of training with family and friends seems to be helping this in leaps and bounds," notes Bykerk. "Once we are able to convince the decision makers that this training is needed, pre-incident education in combination with after-action methods reduces not only PTSD, but divorce, alcoholism, and suicide rates among emergency responders."

### **Anonymous Help**

Adam Pasciak agrees that early intervention is the key to successfully treating PTSD in law enforcement. As a sergeant with the Redford Township (Mich.) Police Department, Pasciak received injuries in an on-duty shooting incident that would later lead to his retirement. He then earned a Ph.D. in clinical psychology, and now works with law enforcement personnel with the expectation that his own experiences will bring a fuller understanding to issues facing officers.

"There is no question that not enough attention is paid to mental health among police officers," says Pasciak. "Undoubtedly, more focus in the academy on how to stay mentally healthy would help—except that these officers tend to be younger and less likely to see how they might be negatively affected. I've found that older officers are more willing to discuss troubling incidents. I imagine that has to do with feeling less like they are competing with anyone and that they have to keep up a facade."

To avoid the stigma associated with psychological services, Pasciak developed the [Website](#), which provides an anonymous forum for officers to share their experiences and provide support to one another in a non-judgmental way.

Another confidential source of support for officers in need is [Safe Call Now](#), also established by a former police officer, Sean Riley. By calling or e-mailing Safe Call Now, public safety employees and their family members can speak confidentially to peers who understand the demands of a law enforcement career and receive referrals to mental health professionals and services.

A number of similar hotlines and confidential forums exist to provide support for law enforcement personnel. As valuable as these outlets are for helping to combat the stigma surrounding mental health in law enforcement, they do not replace the need for more formal support systems within law enforcement agencies. It is imperative that departments offer employee assistance programs, whether developed in-house or outsourced, to their employees.

### **Statewide Support**

The State of South Carolina has developed the South Carolina Law Enforcement Assistance Program (SCLEAP), which provides critical incident stress management to any agency or department within the state for law enforcement officers and civilian employees who have experienced a traumatic event.

Clinical director for SCLEAP, Andrew Gruler, a former special agent with the U.S. Secret Service, believes that the willingness of officers to seek help is changing in most departments. "When I started in law enforcement in 1976, no agent would admit that they were having issues. We felt that was a sign of weakness, and it showed we were not cut out for the job. I now see officers who voluntarily come to see me. More and more officers are seeking help not only for mental/stress issues but also drug and alcohol issues. To quote Dylan, 'The times they are a changing...'"

The South Carolina program also sponsors post critical incident seminars, developed by the FBI, to help law enforcement officers, civilian employees, and their significant others who are struggling with PTSD and critical incident stress. The three-day seminars, held twice yearly, provide group discussions led by law enforcement peers, education, and mental health services.

A similar program designed specifically for first responders who suffer from PTSD and other mental health problems is offered through the Brattleboro Retreat. The Uniformed Service Program, led by former Rhode Island police officer Frank Gallo, also emphasizes peer support and provides opportunities for physical activity in a calm and relaxing environment. The retreat has nine miles of trails, a ropes course, a basketball court, and other facilities, and offers a number of psychotherapy groups, including mindfulness training, sleep and dream therapy, acceptance and commitment therapy, recreation therapy, practical recovery, and trauma sensitive yoga.

As clinical director for the First Responder Support Network, Dr. Mark Kamena believes that the build-up to the treatment program is as important as attending the program itself. The Network conducts the West Coast Post-Trauma Retreat, a six-day residential treatment program for first responders and their spouses, as well as an educational program of advanced peer support training for first responders. Prior to participation in the program, each participant is paired with a peer coordinator who maintains contact and provides guidance in preparation for the retreat. During the program, clinicians, chaplains, and peer counselors—often fellow officers or firefighters who have gone through the program—work directly with the individual to develop a 90-day treatment plan that is tailored to his or her specific needs. Following the program, monthly follow-ups and periodic assessments are conducted to maintain progress toward the individual's recovery plan.

### **Covering the Costs**

Funding for PTSD programs is often covered by worker's compensation or health insurance, employee unions, or the employing departments, minimizing the amount of out-of-pocket expenses for the individual.

For officers seeking treatment programs for PTSD, it is important to find a program that meets their individual style and pocketbook. Kamena suggests that officers first receive an evaluation from a qualified physician, particularly someone who understands PTSD. If an officer's agency does not offer an employee assistance program, they can call their local Veterans Administration Hospital and ask for recommendations to local therapists who treat PTSD.

It is important to note that PTSD can have far-reaching effects—to an officer's family and friends, co-workers, and the public they continue to serve. More importantly, officers who have experienced a traumatic event and are having difficulty coping must understand that they are not alone.

"Although most civilians can never understand the horrors of the job—of perpetually wondering what that last moment of life might be like—there are ways in which the families of officers, and others, can help," notes Vietnam War Vet and author Elliott.

"For families who know their loved ones have been through a traumatic event, trying to get them to talk about it or deal with it or pressing them is probably the wrong thing to do. Just being there, being patient, listening, being supportive in a quiet way, knowing that they may behave differently is something to expect rather than something to react to negatively. The softer way of being with someone is helpful. You won't go wrong with loving tolerance while seeking the help of a trained professional to help your loved one work through problems like depression and anxiety," Elliott says.

**Tags:** [PTSD](#) [Grand Rapids \(Mich.\) PD](#) [Michigan](#)



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melissabofficer.mb@gmail. @ 3/29/2013 3:26 PM

I'm a corrections officer for the Oregon Department of Corrections I have a husband that is a sergeant in the Army and served 3 years overseas a crew chiefsince he's been home PTSD has had an intact on my career Are marriage and familyI do not feel I receive enough support enough understanding where acknowledge about PTSD or an effort to support families with what they deal withI sometimes feel forced to choose between my career or helping my family through this n part ou ayou are limited on what you could say & who you could talk to.

Officer Avila @ 4/25/2013 12:13 AM

I have been a patrol officer for 16.5 years. I have been involved in 2 officer involved shootings. I was diagnosed with PTSD approximately 8 years ago. However, my symptoms seem to become more extreme the older I get. A recent suicide scene involving an 18 year old man seems to have really amplified my symptoms. I am reluctant to talk to anyone within my department for fear I will be labled as "damaged goods." My wife and kids have definately seen an angry side to me which saddens me. Any suggenstions would be very helpful, because I feel like my wife is extremely sympathetic but just does not understand.

Outriding @ 6/10/2013 2:18 PM

I went through the whole denial thing for years and had the fortune of meeting a PTSD counselor from the Vet Center, a couseling ceter for veterans geared solely on PTSD counseling. Through the course of time, she helped me to recognize what I was dealing with. That was step #1. Having that person that I could bounce things off of, helpful tips to change my thought process, etc was invanuable. I learned of a Yoga-based breathing practice from a Viet Nam vet sponsored by Project Welcome Home Troops called Power Breath WorkSAhop. I recently completed the course and have been able to get solid 8 hours of sleep and actually wake up rested. Check out the website and contact them. They told me that they do LE groups also.

Bottom line for me was to get beyond the denial, "this can't be happening to me" mindset. Find a competant counselor that understands PTSD (a local Vet Center or VA PTSD counselor may be able to recommend one). Continue to move forward. This is not "what's wrong with me" but rather "what's happened to me".

Never give up, never stop. You are worth it!

mark nehrenz @ 12/15/2013 12:23 PM

I was a firefighter for over 30 yearswith phx az fire dept.I was diagnosed with ptsd after an off duty d.u.i. .the dept let me go but let me get help though e.a.p. .im now on medication and get therapy for last 2 years that is helping using different types of therapy.Iwas denied a disabilitypension but due get disability through the city. The ptsd was diagnosed as being due to my years of exposure to tramatic event .Ive been sober now for over 2 years but still ssuffer from the effect of ptsd.

Steve Bogart @ 3/13/2014 8:17 AM

I was a Police Officer in NJ for 16yrs. Involved in several critical incidents including officer involved shooting. I was eventually diagnosed with PTSD in 2011, nine years after the first critical incident. I attempted to keep everything inside and it broke me. My family recognized early on that there were issues but they did not know what or how to approach me or circumvent me to get me the help I needed. In the end I didnt turn to alcohol or drugs. I began to commit minor criminal offenses because I did not care anymore. I was contemplating suicide. Now I have been treated and things are better, not cured but coping. Fighting for my pension after a decorated career. Get help, don't wait.

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Michael Lucas @ 4/18/2014 11:06 AM

Im a police officer and am working at this time. I have been told i have PTSD from me being shot back in 1998. I have been told if i seek a workman comp case that i would be forced to take a medical retirement. At this time I am a detective and performing my duties. I am forced to use my sick time, holidays and vacation days to attend my treatment. Im asking is there police officers that have been diagnosed with PTSD still employed as police officers.

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E. Duncan @ 5/30/2014 8:15 PM

We are a nonprofit organization dedicated to improving the quality of sleep of military, veterans, police and firefighters suffering from insomnia and/or PTSD. AmericanHeroesSleepProject.org provides herbal dream pillows at no cost.

"When those who protect us are well rested.....our entire nation can rest well."

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Terry @ 6/6/2014 12:47 AM

I was first hired as by a Sheriffs Office in 2009, then went to the state DOC as a Correctional Officer. I had witnessed only a few homicides, thought nothing of it, after all Law Enforcement/Corrections; part of the job. I sustained a few injuries in a couple of situations. One on Duty, one off duty. Its been 9 mos since Ive been out of LE period, and the episodes are getting worse. I don't at times know what to do. My fiancé worked for the VA, and I belong to an independent Law Enforcement support group. Which includes, Police Officers, Correctional Officers, Parole Officers, Detectives, Deputies, Troopers, you name it. My Physician knows about my condition, and urges me to seek counseling. However, I am still relatively young, and my passion is still in the LE/Corrections field. Im afraid of getting "washed" ffrom the next Dept for being damaged goods. Im starting to get snappy with people in public, I hate this, I pray for it to go away, not sure what to do!!

---

Sean @ 9/3/2014 11:08 PM

I was a cop from 1981 to 1997, left because of the politics...I was burned out, union had me see a top cop shrink in Seattle ..said I was fried, told me if I was on a dff ret system he'd have me out on a full ret, but diff retie sys so just walked I was always invov in the shit went it went down..first school shooting in the country etc took 6 years off went back to work in retail was there ten years got fired a few week ago I always had this prob that customers were making a life and death decision over what kind of toy to get their dog...I ran the pet dept..tonight I just dicov whats wrong.i've been watching old westrens which I always hated and old episodes of Adam 12..) I miss the fight or flight, I have reoccurring dreams of the PD..i know enough about PTSD I haven't enough space to tell you what I went through in my life as a cop, it would take 10000 characters(more)..; thanks for listening brothers 78 characters left 59 now..God Bless Law Enforcement

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Michael Juliano @ 10/26/2014 12:30 AM

Hello,

I am writing a short film on trauma & stigmatism officer may feel post serving in military to police, as after effects of combat cross into the stress of work as police officer taint perceptions into a complex world isolated from those one loves. It paints a picture of the darker side of the experience officers may feel which drives them to aggression. It rests on both sides of the fence to dividing lines, which separates a mass of public from good the police do's & the stigmatism the force has by just per example from protesters in Ferguson, while showing innocence of those that decide to serve & the struggle one faces in light of public exposure, blame, while re-enacting real life horror trapped in a rinse, repeat cycle. I am located in NYC please email:michaeljuliano.pallottastudios@gmail.com

I work under for acting coach to Emmy, Tony winning actors, Oscar nominee's, John Pallotta. Acting skills is +, co-producer works for News12 New Jersey.

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Steve vallance @ 11/16/2014 3:37 PM

i was LAPD from 1981-1991 then another dept til 93. No need to do the war stories part. I knew I was messed up and out of my mind just quit. Sure I had reported what was going through, saw some psychs. But I was a different person, messed up. From 87 til I walked I should have been helped. I am better now, and I realize I was ill. Departments need

to be forced to help us who just walked away

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Eileen Ryan @ 4/6/2015 10:34 AM

Dear Policemen and Policewomen, I recently lost my beloved Father to suicide. He had P.T.S.D. and dementia and arthritis. My message to all of you GREAT PEOPLE in law enforcement is: Do not feel less of a person or police man/woman if a case really bothers you and you need professional help. You are people first, then police. I love and respect every policeman and policewoman on earth cause you put your lives on the line every day to protect us every day people. Thank You for serving and remember, Be careful out there! Love Always, Eileen Ryan

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E.M. @ 7/20/2015 8:58 PM

I found this place while researching suicide. For myself. I was a cop for 22 years. I would have been retired with honor this year 2015. I was a patrol Sergeant on duty when I got the call, 10-19, see Commander X. I walked in and he said give me your gun and your badge. The county doctors have determined you are not physically able to perform the functions of a deputy sheriff due to your accumulated injuries in the field. In a matter of seconds they took my culture from me. They took away what I was. My neck and back surgeries were successful. I was able to function fine. Their concern was I was a liability. Over the 22 years I spent on the street; the most dangerous place was the office politics. I feel destroyed. I was the longest surviving female officer in the department. I am at a point where I'm in chronic pain and find little reason to continue in this capacity. "Cops eat their dead." Leave no evidence they existed. I survived the street. I was never trained how to survive this

---

Troy @ 8/14/2015 7:56 PM

E.M.

As a war veteran I too suffer from several injuries and have been kicked out to civilian life with p.t.s.d. blown discs in my lower back, plastic knee, and shrapnel throughout. They train us to be ready to defend/kill at a moments notice but never train us to turn it off. As far as the chronic pain I feel 100% what you are going through. I am trying to get into police academy (Wich was the whole reason I joined infantry) and am finding that due to pain meds and p.t.s.d. I can't even get into the academy. I can't re enlist to be an MP due to my injuries ect. So I completely understand the being left out in the cold, I too had feelings of not wanting to go on but I look at my kids and wife and that gives me motivation to continue. Remember there's always someone looking up to you and depending on you and some days the pain is unbearable but don't ever take the easy way out! You survived 22 years on the street you can and will survive this!

---

Lori M Connelly @ 8/19/2015 7:48 PM

E.M.- An injury was the next to final blow to my career too. As a former female officer I feel great isolation from the rest of the civilian world. To be set back physically and then also lose your culture, personal identity, maybe even the reason you get up in the morning is devastating in the complete sense of the world. Talking about it is a huge help to all of us. It takes a lot of courage. thank you for sharing- you're right- we were never trained for this part- no one talks about this part. No matter what because of who we have been we will always be sisters.

Your sister in blue,

Lori

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Eric @ 10/9/2015 9:18 PM

I've been a deputy for the last 11 years, in that time been involved in 2 officer involved shootings. The first one I went back to work 6 days later. The second it took me 4 months. My career has suffered because of the PTSD I now have. I want to retire but Florida doesn't recognize PTSD in Law Enforcement. So now I go to work and try and fight through all of my issues. Can't leave because I have financial responsibilities. Is there anything I can do?

---

CPS @ 10/10/2015 9:12 AM

I am assisting my nephew who is a decorated Marine from the Iraq war and 10 year veteran of a local police department. During his employment he had excellent reviews and was a dedicated officer who was suffering in silence after a shooting in 2009 that caused him to ultimately self destruct and suffer a complete breakdown at the hands of his department. They denied him follow-up care after the shooting for the stress so he pushed through while all along falling apart inside. We have since filed suit against the department for these injuries and they will stop at nothing to destroy his life. Do any of you have any recommendations as to how to help in wining this war against these ruthless departments? They eat their officers and toss them out for bad garbage if they suffer any signs of emotional stress. This practice has to stop officers give their life for our safety and the least thing a dept can do is take care of their injured and



wounded. Would love to hear any recommends....

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