Proactive Risk Management Strategies for Addressing PTSD in Safety Forces

Carrie Gutowski, Account Manager, Clemans Nelson
“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

(Remen, 2006)
Risk Management

- Failure to address mental health issues in safety forces can result in:
  - **Increased administrative costs**—discipline, internal investigations, citizen complaints, grievance & arbitration process, increased leave use
  - **Increased legal costs**—citizen constitutional claims (e.g., use of force, unlawful search/arrest, state claims), employment discrimination claims, unemployment
Risk Management

- Failure to address mental health issues in safety forces can result in:
  - Decreased organizational productivity—morale, communication, cohesion, collaboration, quality of services
  - Poor organizational health—decrease in concentration, focus, effective decision-making, motivation, performance
  - Employee turnover—one of the most expensive costs in personnel systems
Scope of Today’s Seminar

Proactive Strategies
- Administrative & executive education—issue spotting
- Safety forces education
- Centralized approach
- Annual + mental health program
- Mentoring
- Peer Support
- Restructure FTO program
- Identify resources

Reactive Strategies
- Appropriate discipline
- Corrective action
- Disability vs. post-misconduct “excuses”
- Americans with Disabilities Act
  - Disability discrimination
  - Reasonable accommodation
  - “Regarded as”
  - Confidentiality requirements
Scope of Today’s Seminar

- Impact of PTSD on Safety Forces
- What is PTSD?
- Agency Actions
Impact of PTSD on Safety Forces
Individual Impacts

- Suicide
  - Officer deaths by suicide occur 2.4x more frequently than death by homicide
  - 25% police vs. 13.5% general pop experience suicidal ideation
  - Strong correlation between PTSD & suicide
  - 2019: 159 police suicides

- Higher incidence of PTSD in safety forces than general population (NAMI)
  - 19% meet criteria for diagnosis vs. 3.5% gen pop
  - 34% demonstrate symptoms

- High rates of substance abuse, marital strife, financial strain, depression, anxiety

- Increase in use of “abusive tactics”
Organizational Impacts

- Early retirement
- Absenteeism
- Sick leave & workers comp
- Estimated productivity loss: $4,000.00/each officer affected
  - Difficulty managing time
  - Difficulty performing physical tasks
  - Difficulty interacting with people
  - Difficulty completing tasks
What is PTSD?
What is PTSD?

- PTSD is a mental injury that can develop after an individual is exposed to a traumatic event or series of events.

- How does it develop?
  - Fight or flight response = reflexive nervous phenomenon
  - Produces thousands of involuntary chemical reactions
  - Survival advantage—fear keeps us safe
  - After trauma, survival responses can become “dysregulated”
  - Chronic dysregulation in turn may cause functional impairment

- Why do some people develop PTSD and others don’t?
Diagnostic Criteria

A. Stressor (1 required)

- Individual exposed to death, threatened death, actual/threatened serious injury, actual/threatened sexual violence in the following ways:
  - Direct exposure
  - Witnessing the trauma
  - Learning that a relative or close friend was exposed to the trauma
  - Indirect exposure to upsetting details of the trauma, usually in the course of professional duties
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<tbody>
<tr>
<td>Shooting of another officer</td>
<td>27 (10.4)</td>
<td>3 (3.0)</td>
<td>1.5 (0.6)</td>
<td>1.0 (0.0)</td>
<td>5.0 (3.7)</td>
<td>4.7 (4.0)</td>
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<td>Involvement in a shooting</td>
<td>22 (8.6)</td>
<td>7 (7.1)</td>
<td>6.0 (6.5)</td>
<td>6.1 (7.2)</td>
<td>3.5 (3.4)</td>
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<td>Seeing abused children</td>
<td>166 (63.9)</td>
<td>64 (64.7)</td>
<td>6.9 (10.7)</td>
<td>8.8 (13.1)</td>
<td>2.8 (2.6)</td>
<td>3.0 (3.0)</td>
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<td>Seeing victims of a serious traffic accident</td>
<td>167 (64.2)</td>
<td>62 (62.6)</td>
<td>5.5 (5.5)</td>
<td>4.8 (4.7)</td>
<td>2.8 (2.5)</td>
<td>3.0 (2.8)</td>
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<td>Seeing someone die in front of you</td>
<td>94 (36.2)</td>
<td>23 (23.5)</td>
<td>2.3 (2.4)</td>
<td>1.5 (0.7)</td>
<td>4.5 (3.3)</td>
<td>5.2 (3.1)</td>
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<td>Seeing dead bodies</td>
<td>217 (83.5)</td>
<td>80 (80.8)</td>
<td>7.1 (7.4)</td>
<td>7.4 (9.8)</td>
<td>2.4 (2.2)</td>
<td>2.7 (2.9)</td>
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<td>Seeing severely assaulted victims</td>
<td>215 (82.7)</td>
<td>77 (77.8)</td>
<td>14.0</td>
<td>10.0 (11.2)</td>
<td>1.4 (1.3)</td>
<td>2.2 (2.1)</td>
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Stressor: Organizational conflict

- Stress induced by organizational factors may be a better predictor of depression, anxiety, and traumatic stress than exposure to critical incidents
  - Ineffective communication from supervisors
  - Poor management practices
  - Higher workloads due to shrinking budgets
Diagnostic Criteria

- B. Intrusion symptoms (1)
  - Traumatic event persistently re-experienced in the following ways
    - Unwanted upsetting memories
    - Nightmares
    - Flashbacks
    - Emotional distress after exposure to traumatic reminders
    - Physical reactivity after exposure to traumatic reminders
Diagnostic Criteria

- C. Negative alterations in cognition and mood (2)
  - Inability to recall key features of the trauma
  - Overly negative thoughts and assumptions about oneself or the world
  - Exaggerated blame of self or others for causing the trauma
  - Negative affect
  - Decreased interest in activities
  - Feeling isolated
  - Difficulty experiencing positive affect
Diagnostic Criteria

- D. Alterations in arousal and reactivity (2)
  - Irritability or aggression
  - Risky or destructive behavior
  - Hypervigilance
  - Heightened startle reaction
  - Difficulty concentrating
  - Difficulty sleeping

- E. 1 month duration

- F. Symptoms create distress or functional impairment (e.g., social, occupational)
On-the-Job Manifestations

Performance: Decrease in quality/quantity of work, low motivation, task avoidance or obsession with detail, working too hard, setting perfectionist standards, difficulty with inattention, forgetfulness

Morale: Decrease in confidence, decrease in interest, negative attitude, apathy, dissatisfaction, demoralization, feeling undervalued and unappreciated, disconnected, reduced compassion

Relational: Detached/withdrawn from co-workers, poor communication, conflict, impatience, intolerance of others, sense of being the “only one who can do the job”

Behavioral: Calling out, arriving late, overwork, exhaustion, irresponsibility, poor follow-through
What is unique about first responders?

- Cumulative stress: constant exposure to people suffering distress and pain
- Threats to officer safety and health
- Responsibility for protecting lives of citizens
- Misperception of control & unpredictable circumstances
- Officers often have unrealistic beliefs about their ability to control situations
- Trauma happens and it makes no difference how hard you try or how good you are
What is unique about first responders?

- You’re either way up....
  - Altered spectrum of emotions: always be prepared to use deadly force but never lose control
  - It’s ok to shoot this guy but not this guy
  - But save this guy after you shoot him
  - Constant vigilance

- ....or you’re down
  - Sedentary work
  - Hours alone
  - Work abnormal hours
  - Media scrutiny
Agency Actions
Recognize barriers to treatment

- Fewer than half of officers experiencing PTSD, depression, and alcohol abuse seek mental health services.
- Fear of negative work-related outcomes deter them from seeking help.
- Cultural standards in PDS often stigmatize asking for help as a sign of weakness.
- Many sources of stress stem directly from supervisors and coworkers.
Annual + Mental Health Check

- Annual = minimum
- Confidential—does not trigger report, nothing sent to employer
- Voluntary
- Similar to annual physical/dental cleaning
- Examine the past year:
  - What has worked well & can be reinforced?
  - What has not worked so well?
- Bring a buddy
- NOT a fitness for duty exam
Annual + Mental Health Check

- Must be taken seriously as annual maintenance
- Supervisors check in & encourage maintenance
  - Often the people who protest the most, need it the most
- Include dispatchers, civilian employees who experience secondary trauma
- Encourage family participation
Training

- PTSD recognition
- Resilience training
- Trauma inoculation
- Critical Incident Stress Management (CISM):
  - A peer-led approach to crisis intervention developed specifically for first responders dealing with major stress-producing events
Agency Mentoring/Peer-to-Peer

- FTOs, newer officers need continuing guidance on mental aspects of policing
  - But, beware ingrained attitudes about mental health
- New officers: sensory experience (smells, sounds, etc)
- Peer-to-peer: develop a ‘debrief’ culture between senior officers
Wellness Unit

- Employee(s) dedicated as a “clearinghouse” for all things stress/resilience
- Responsible for coordinating interagency programs
- Developing training
- Oversee a general health & wellness program
Indianapolis Metro Police Model

- Started as a disciplinary program
- Recognized high levels of personal problems correlated with work issues (marital strife, infidelity, financial strain, substance abuse)
  - Worked with officers who were consistently failing
- With success, progressed to proactive developmental programs
- First three years: disciplinary referrals decreased 40%
Indianapolis Metro Police Model

- **Components:**
  - Peer support
  - Mentoring
  - Deployed Member Support Unit
  - Critical Incident Team
  - Routine internal/external training
  - Wellness Symposium
  - CrossFit/Yoga
  - On-site accessible health clinics
  - Partnerships with university mental health programs
Indianapolis Metro Police Model

Mentor Training
- 2-3 days
- Police wellness
- Behavior profiling
- Active listening
- Intergenerational/cultural communication
- Goal setting
- Team building
- Individual awareness

Case Management/Crisis Intervention
- Officer-involved shooting
- Discipline
- Sick or injured officers
- Crimes against children
- Divorce/Infidelity
- Other risky behavior
IMPD Program Implementation Recommendations

- Start small
- Work with recruits
- Centralize your efforts
- Find a champion
- Identify currently-existing resources
- Police chaplain
- Addiction & stress centers
- Equine therapy
- Training
Philosophy

- Top down commitment
- Supervisors—routinely check in with direct reports
- Acknowledge that police work is evolving
- It’s not the millennials, it’s not the media, it’s not PC….it’s about keeping good men and women alive.
Treatment Options

- Residential treatment
- Cognitive behavioral therapy
- EMDR: Eye Movement Desensitization and Reprocessing

Eye movements during traumatic memory recall
Associated with decreased activation and connectivity in brain regions involved in emotional processing

OSU Wexner Medical Center Neurological Institute—Stress, Trauma and Resilience Center