

Running head: EXPLORING THE IMPLICATIONS OF POST-TRAUMATIC STRESS
DISORDER ON POLICE

Exploring the implications of Post-Traumatic Stress Disorder on Police

Jordan Grebenc

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Instructor: Florence Daddey

Mentor: Stu Wyatt

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Exploring the implications of Post-Traumatic Stress Disorder on Police

Executive summary

To date, extensive research demonstrates a correlation exists between a critical incident by police officers and post-traumatic stress disorder. This is a significant issue as police officers are inherently exposed to critical incidents throughout their work duties, placing them at an increased risk of developing post-traumatic stress disorder. According to Fox et al., (2012), approximately 24% of the police officers have some degree of post-traumatic stress disorder in their United States survey.

Post-traumatic stress disorder can be defined as “a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event” (Mayo Clinic, 2017b, para. 1).

Post-traumatic stress disorder can have a negative impact on an individual: it can impact their sleeping pattern, lead to alcohol abuse and develop into severe mental health issues (Hartley, Violanti, Sarkisian, Andrew & Burchfiel, 2013). Many officers have not sought mental health assistance because they believe that this will have a negative impact on their career (Fox et al., 2012).

In order to limit the impact of post-traumatic stress disorder, one must know what it is and become aware of the indicators of symptoms of the disorder (Gates, M., Holowka, D., Vasterling, J., Keane, T., Marx, B., & Rosen, R., 2012). Education with respect to post-traumatic stress disorder is important to get the person in need the help they require. The Vancouver police department created a critical incident stress management team to address this issue amongst their members after the exposure to a critical incident (Behind the blue line, 2009b).

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Early intervention after exposure to a critical incident has shown to be critical in eliminating the progression of the disorder. The main purpose for screening of post-traumatic stress disorder is to identify individuals who have had exposure to a critical incident. The goal of this process is to intervene early on in an attempt to prevent the disorder from progressing and becoming more intrusive in the individual's life (Gates et al., 2012).

The relationship between critical incident exposure, the development of post-traumatic stress disorder and the subsequent cost of post-traumatic stress disorder will be examined in this research paper.

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Background

Research demonstrates a significant correlation exists between critical incident stress exposure, the subsequent development of post-traumatic stress disorder and the costs that are associated with the disorder. The Ontario Provincial Police (OPP) Human Resources Bureau (2006) acknowledges the effects that post-traumatic stress disorder can have on the individual police officers as well as the cost to the police department. There are various terms used throughout the literature but for the purpose of this paper critical incident stress will encompass extreme police stress and traumatic incident exposure.

Critical incident stress exposure can lead to poor work performance and low morale, this can have a dysfunctional impact on police officers when proper coping mechanisms or professional support does not exist. For the purpose of this research, critical incident stress will be defined as “any situation faced by individuals which causes them to experience unusually strong emotional or physical reactions and has the potential to interfere with their ability to function either at the scene or later” (OPP Human Resources Bureau, 2006, p. 2). The Canadian Mental Health association defines post-traumatic stress disorder as “a mental illness. It often involves exposure to trauma from single events that involve death or the threat of injury” (Canadian Mental Health Association, 2016).

This can lead to long term medical issues, absenteeism in the work place, poor job performance and poor job satisfaction (OPP Human Resources Bureau, 2006). The Human Resources Bureau also stated that approximately three quarters of accidents and illnesses which resulted in a period of absenteeism from work were stress related, this is just one statistic that is aimed to quantify the issue.

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Critical incident stress can develop into various psychological issues such as post-traumatic stress disorder (Martin, Marchand, Boyer & Martin, 2009).

The effects of post-traumatic stress disorder are profound and encompass a spectrum from low morale, disturbed sleeping patterns to alcohol abuse and ultimately suicide. Hartley (2013) found that critical incident exposure could cause poor sleep quality, alcohol abuse and mental health problems (Hartley et al., 2013). These conditions require some varying degree of medical services, whether it be in the long term or short term.

Understanding the impact of post-traumatic stress disorder is essential for public safety personnel as those tasked with protecting the public must first protect themselves. When police are not adequately taken care of their performance can become hindered, potentially leading to a less safe society.

A search of the Justice Institute's SearchMe! database suggests that there are many resources available for this topic, thus showing that it is a problem. There are enough available resources to proceed with this research project. It was also confirmed that critical incident police stress is a significant issue to proceed with this capstone project. Preliminary results seem to support that there is a link between critical incident stress and the psychological issues, such as post-traumatic stress disorder. This topic area should be examined in depth to see if any prevention strategies are available to limit the impact of police stress.

Research question and rationale

Front line supervisors, managers, employers and family members need to understand that critical incident stress can have a severe impact on police officers. They operate within a work environment subject to high stress situations. Police officers have to make split second decisions

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that can have severe consequences if a wrong decision is made. The audience also needs to be made aware of what factors can lead to crippling police stress. When the front line supervisors, managers, employers and family members are aware of these factors, they can be minimized. If they are not minimized the stressors place officers at an increased your risk of physical and psychological harm (Violanti et al., 2006).

Statement of research purpose

This research will examine the impact of critical incident stress on the individual officers and their departments. Police officers in Canada and the United States will be examined in this descriptive study of available literature.

The results of this project will benefit individual officers, their departments and their families. If the effects of stress can be mitigated, the psychological and physical health state of officers, departments and families will be in a better state. This will allow officers to provide a higher quality of service to the public. Violanti et al., (2006) state that there is a link between psychological and physical health issues due to critical incident police stress. The aim of this research is to limit the development of post-traumatic stress disorder early on.

Methods

A search was conducted through the SearchMe! database on January 5, 2017, using the subject terms of police, police stress, post-traumatic stress disorder. The search produced 1,189 results. Results were further narrowed by selecting the following limits; scholarly (peer reviewed), full text, date (2006-2017), and by using a source type of academic journals. This narrowed the search to 696 articles. After a review of the titles and abstracts, 9 articles were chosen for a review.

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A search was also conducted on the Google search engine. This search included the same key terms used in the SearchMe! Database. This search produced articles that were not indexed in the SearchMe! Database.

Non-scholarly articles may be used to supplement scholarly articles; journal articles are often out of date or no longer current after they undergo the lengthy peer review and publishing process. Non-scholarly articles are often the most current form of literature; however, they are not peer reviewed. It is for this reason that they must not be solely relied upon.

During the title review, articles were chosen based on the association to the key words. The key subject terms assisted in narrowing the focus area of the results which further assisted in eliminating articles which did not fit the research question. Articles with titles from other countries other than North America. Articles that were not written in English and titles that were not focused on post-traumatic stress disorder were easily identified and eliminated from the search. A total of 17 articles were chosen for a title review, four of which were excluded due to their titles. Articles that were unrelated to policing were also excluded.

Thirteen articles were then examined by their abstract. Articles were chosen based on the examination of critical incidents, post-traumatic stress disorder or the adverse costs associated with post-traumatic stress disorder. Articles were excluded due to their age, were not from the targeted geographical area and not similar or related to the chosen articles and the research question. This process eliminated four more articles. Only articles specifically related to policing were included, articles related to the broad category of first responders were excluded. Finally, articles that had no describable relation to the researchable question were excluded.

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In total, 9 articles were selected for a full review and subject to a thematic review. During this process, a preliminary analysis was conducted to search for possible themes. Only 8 had themes beneficial to the research question. One article was excluded as it had no relation to the subsequent articles. A thematic analysis was conducted on the remaining articles, in which three reoccurring themes were identified relating to; critical incident stress, post-traumatic stress disorder and the subsequent cost of post-traumatic stress disorder.

Literature Review

The purpose of a literature review is to identify common themes within research articles that will assist in providing a better understanding of the research question. When there is a greater understanding of the problem steps can be taken to limit or prevent the seriousness of the problem from escalating. To create a better understanding several articles were examined.

Critical Incident Stress Exposure

The OPP Human Resources Bureau defines critical incident stress as “any situation faced by individuals which causes them to experience unusually strong emotional or physical reactions and has the potential to interfere with their ability to function either at the scene or later” (OPP Human Resources Bureau, 2006, p. 2). These situations often take place when a one-time event triggers such a strong emotional response that normal coping strategies are ineffective. Indicators of critical incident stress can include nausea, chest pains, disorientation, confusion, numbness, fear, anxiety, disturbed sleeping, memory problems, flashbacks and nightmares (Behind the blue line, 2009a). According to the OPP (2006), the majority of officers whom are exposed to critical incident stress will have some of these symptoms and they will be temporary, often resolving on their own over time.

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Similar to the OPP, Hartley (2013) states that previous assaultive violence places officers at a higher risk of post-traumatic stress disorder from subsequent trauma than a previous trauma that did not involve assaultive violence (Hartley et al., 2013). Assaultive violence is an example of a critical incident stress where an officer may fear for their life.

Hartley (2013) also found that approximately 60 percent of men and approximately 46 percent of women witnessed or were involved in five or more different critical incidents within the past year (Hartley et al., 2013). It was also stated that three quarters of the officers reported experiencing a traumatic event within the prior month to the study (Hartley et al., 2013). Critical incident stress can lead to the development of post-traumatic stress disorder if not dealt with properly in many officers.

It is important to have a clear definition of what a critical or traumatic incident is because it is most likely the triggering event for the development of post-traumatic stress disorder. Once an incident can be known, departments or the individual officer can seek assistance as soon as possible rather than waiting for symptoms to emerge.

Post-Traumatic Stress Disorder

Post-traumatic stress disorder can be defined as “Post-traumatic stress disorder (PTSD) is a mental illness. It often involves exposure to trauma from single events that involve death or the threat of death or serious injury” (Canadian Mental Health Association, 2016).

Post-traumatic stress disorder is a dangerous mental condition where the results of the disorder can kill. Symptoms of post-traumatic stress disorder can include; re-experiencing the precipitating event, avoidance of situations that trigger memories of the precipitating event, hyperarousal which includes difficulty sleeping and difficulty concentrating (Hartley et al.,

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2013). Hartley (2013) states “exposure to traumatic, violent and horrific events can lead to an increased risk of developing post-traumatic stress disorder” (Hartley et al., p. 1, 2013).

The OPP Human Resources Bureau estimated that accidents and illnesses directly related to stress account for approximately three quarters of all lost time incidents from work (Ontario Provincial Police Human Resources Bureau, 2006). Additionally, the OPP also estimated that the annual cost in the United States is estimated at approximately 300 billion dollars. Severe cases of employee stress can lead to a number of issues ranging from poor employee performance, and absenteeism from the workplace, to low employee morale and increased rates of employee turnover (OPP Human Resources Bureau, 2006).

Doctor Lapalme, an Ontario provincial police psychiatrist, states that individuals perceive events differently (OPP Human Resources Bureau, 2006). Some effects of post incident perceptions include diminished sounds, tunnel vision, slow motion time, memory loss for parts of an event, and perceptual distortions (OPP Human Resources Bureau, 2006). Doctor Lapalme stated that these reactions are normal reactions for individuals who experience an abnormal event.

Martin (2009) found that eight percent of her 132 participants of Canadian police officers had lifetime post-traumatic stress disorder and seven percent had lifetime partial post-traumatic stress disorder. This research was conducted through self-administered questionnaires.

Fox (2012) discovered that 30% of the 150 participants had intrusive thoughts or nightmares, 22% had reported avoiding situations that reminded them of a traumatic event and 14% self-reported that they should limit their alcohol consumption. Furthermore, Fox (2012)

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states “Police officers are frequently exposed to situations that can negatively impact their mental health” (Fox et al., 2012, p. 1). This research was conducted in the state of Connecticut.

The results of their study also discovered that 24% of participants had post-traumatic stress disorder, 19% abused alcohol and nine percent had depression (Fox et al., 2012). Overall 40% of participants had either post-traumatic stress disorder, depression or alcohol abuse. Surprisingly, only 47% of participants reported even using mental health services (Fox et al., 2012). Unfortunately, this was primarily due to the fear that these mental health services may have a negative effect on their career.

Meffert (2008) discovered that of her 180 participants, 19% had depression, 21% had indicators of alcohol abuse, and seven percent had indication of alcohol dependence. It was also discovered that anger was linked to individual and public health issues (Meffert et al., 2008). Participants from this study included members from several urban police departments across the United States.

Chopko (2010) discovered that from his 183 participants; 18 participants had indicators of post-traumatic stress disorder and that 29 participants most likely had post-traumatic disorder. Furthermore, 27% of all participants had experienced clinically significant post-traumatic stress disorder symptoms. Participants of this research were from the United States.

Violanti (2016) stated that an individual is drawn to the idea of suicide as a solution to an insoluble problem. The relationship between hopelessness and suicide was examined in this study and there was an identified correlation between the two variables. It was discovered that hopelessness reached its highest level when there was a lack of organizational support (Violanti et al., 2016). This left the officers feeling alone with nowhere to turn to.

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Furthermore, the correlation between hopelessness and lack of support was at its strongest when an individual had a higher level of post-traumatic stress disorder symptoms. This is also the case for the opposite; lack of organizational support does not have a correlation with hopelessness in individuals who had a low level of post-traumatic stress disorder symptoms (Violanti et al., 2016). Participants from this research were from New York State.

Subsequent cost of post-traumatic stress disorder

Critical incident stress can lead to post-traumatic stress disorder as shown above and this can have an impact on health care systems. The effects and symptoms of post-traumatic stress disorder can lead to various health care issues.

Stressors can have an impact on how police view their job. Duxbury and Higgins (2012) discovered that of the approximately 4,500 police officers surveyed in Canada, roughly 60% were committed to their police force, 30% had a moderate level of commitment while the remaining 10% of participants had a low level of commitment to their police force (Duxbury & Higgins, 2012).

Furthermore, it was also discovered that only 51% of participants self-reported themselves as being in very good to excellent health, 35% reported that their health was in a good condition and 14% reported that their health was poor (Duxbury & Higgins, 2012). Another key finding to this study found that five percent of participants had been in hospital overnight and that two percent had previously been admitted to a hospital within the prior six months to this study (Duxbury & Higgins, 2012).

High levels of work overload can be associated to higher levels of stress, depression, work absence, poor physical and mental health. These conditions cause officers to use our health

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care system more frequently, this can generate higher costs and longer waiting periods for the rest of society (Duxbury & Higgins, 2012).

Hartley et al., (2012) found that critical incident exposure could cause poor sleep quality, alcohol abuse and mental health problems. These conditions require some varying degree of medical services, whether it be in the long term or short term.

According to Fox et al., (2012), approximately 14% of officers in his survey reported that they should cut back on the amount of alcohol they are consuming in their opinion. Alcohol abuse can also have an impact on the officers' health as well as the health care system.

Additionally, it was found that 47% of participants have reported to have ever used mental health services (Fox et al., 2012). This is reportedly due to the belief that the stigma associated with mental health issues may negatively impact their career in the future.

Furthermore, Dr. Mike Webber, a former psychologist for the Royal Canadian Mounted Police stated "there is still a great amount of stigma put on Mounties who go and see a shrink, especially if word spreads through the executive levels and down the ranks" (Hutchinson, 2014, para 20). This example illustrates that it is still fear for police in Canada as recently as 2014.

Fox's research represented a rather small sample within the United States of 150 officers from one geographic area, however, the percentage of officers whom not only used the mental health services was large but if the others who were fearful to use the services were included the true statistic would be rather alarming and deeply concerning. Health care issues can be mitigated if the officers receive the social and professional support they need early on when they are first exposed to traumatic events.

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Many of these articles have limitations in the fact that they focused on a small number of officers from a certain geographic area. Generalizations cannot be accurately portrayed across police officers as a whole. Furthermore, the various studies used were from within Canada and the United States. The styles of policing are similar but the organizational structure and support programs offered to the police officers could be different.

All of the sources used in this literature review were scholarly and peer reviewed. They were also published in journals and underwent strenuous critique before being published. Therefore, the credibility and quality of the authors is well established. The only exception to this is the report published by the Ontario Provincial Police Human Resources Bureau. This report was published by the board in 2006. References are made to a department psychiatrist and the findings and results are academically sound, aligning with the other articles.

A thematic analysis was conducted on eight articles and they revealed three general trends. The statistical differences across the studies are minute and thus, leads to the conclusion that post-traumatic stress disorder is a significant issue among police officers and can occur after critical incident exposure among officers. Many independent studies lead to this same conclusion. This form of triangulation strengthens the validity of their findings.

Critical appraisal

Reliability and validity

The research findings will be validated by the majority of the literature. Any findings will be supported by an academic claim that must be subjected to a strenuous peer review process, if other experts in the field find any significant errors the article will not pass the peer review process and therefore will not be subsequently published. Therefore, the credibility of the authors

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is well established due to peer reviews. This use of triangulation will examine different articles and see if they present similar conclusions.

The findings are also reliable because they are relatively consistent across multiple independent studies. Sources of information included journal articles, websites and academic studies. This illustrates that the same result can be produced through different studies, even when they are not exploring the same issues.

Limitations of the data

Many of these articles have limitations in the fact that they focused on a small number of officers from a certain geographic area. Generalizations cannot be accurately portrayed across police officers as a whole. Furthermore, the various studies used were from within Canada and the United States. The styles of policing are similar but the organizational structure and support programs offered to the police officers could differ.

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Only had access to the articles that were indexed within the SearchMe! database and google. The articles found on google were academic and google provided non-scholarly information to supplement that of the academic work. There may have been better research and resources in the field of PTSD.

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There was a time constraint on this project. There may have been more exhaustive literature search if there was no set time frame to produce this report. With this said, the main components and symptoms have been highlighted.

Problem encountered collecting data

Narrowing down the vast number of results from the data base and making sure they relate to the researchable question. This process was time consuming and exhaustive.

Another problem when collecting the data that occurred was that a significant portion of articles relating PTSD were amongst first responders rather than specifically police. This caused several articles to not be chosen, although, the chosen articles did have the same themes as the excluded articles. Therefore, minimal data was excluded from the research.

Research design and methodology

Design

Some advantages of using secondary data are that the research has already been done, it is less time consuming, easy to access, minimal to no cost and ethics approvals have already been completed by the original authors who are often subject experts in their field. However, it is our responsibility to ensure that the ethical principles are still followed while using others research.

Some disadvantages of using secondary research are that the secondary data is not tailored to this specific researchable question, and is therefore not directly relatable to this research question. Another disadvantage is that studies may have been conducted by academics

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but sponsored for a specific purpose. This may mean that the secondary data could have researcher bias and should thus be looked at with a critical thinking perspective.

A mixed methods approach was used to provide a more comprehensive answer to our research question. This method allowed for the least amount of gaps in information from the collection of data. Quantitative data was used to provide statistics on issues and this was then supplemented with the use of qualitative data to attempt to provide meaning to the statistics, for example, why a statistic was high or low. Having the statistical numbers would be meaningless if there was no context behind the numbers. The aim of this was to provide a more holistic view of the researchable question and promote a deeper understanding of the issue.

The best method for collecting data or evidence for this design was to conduct secondary research within data bases. No primary data collection will be needed to answer the researchable question. Any primary data that could have possibly been collected would only have scratched the surface of this issue. Secondary data is the best method for the collection of data because it is the most time efficient and has the best value.

Discussion and Findings

Definitions

While there are many different definitions of post-traumatic stress disorder, common elements in the definitions can be identified. The definition used in the literature search outlined the exposure to trauma that involved the threat of death or serious injury (Canadian Mental Health Association, 2016).

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Post-traumatic stress disorder can also be defined as “(PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event” (Mayo Clinic, 2017b, para. 1).

Many people who experience a traumatic event may have a difficult time coping, however, if the symptoms worsen or become long lasting it may develop into post-traumatic stress disorder (Mayo Clinic, 2017).

This definition also suggests that there is a correlation between the development of post-traumatic stress disorder and the exposure to a critical incident, or in the example above, a triggering event. The fact that several independent definitions of post-traumatic stress disorder involves exposure to such a situation makes the correlation stronger. When there is a consensus as to the elements of the disorder from the literature, researchers can focus on how to limit the impact of it.

The Mayo clinic (2017) has identified several risk factors that may make it more likely for an individual to develop post-traumatic stress disorder if one or more of the following factors are present.

- Experiencing intense or long lasting trauma,
- Having experienced other trauma in earlier life,
- Having a job that increases your risk of being exposed to traumatic events,
- Having other mental health problems,
- Having problems with other substance misuse,
- Lacking a good support system of family and friends and having blood relatives with mental health problems.

(Mayo Clinic, 2017a, para. 11)

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Several of the identified factors above are inherent within police work. Specifically, they are exposed to intense and long lasting trauma in the course of their regular duties and they are in a profession that does increase their risk of being exposed to traumatic events (OPP Human Resources Bureau, 2006).

Symptoms and Indicators

To further examine the symptoms of post-traumatic stress disorder from the literature search, one can gain a more holistic view of what the disorder can look like. This can assist doctors with the diagnosis of post-traumatic stress disorder. The diagnosis can be made by a doctor in several ways and will be discussed later on.

Post-traumatic stress disorder can be characterized into several inter related symptom clusters; re-experiencing symptoms, avoidance and emotional numbing symptoms and hyper arousal symptoms (Gates et al., 2012). These symptoms have a varying level of intrusiveness to the individual.

Diagnosis of Post-Traumatic Stress Disorder

After defining post-traumatic stress disorder then next step is to diagnose it in an individual and there are various methods used to do this. There are various tests that are used by doctors to help in the diagnosis. The United States department of Veteran Affairs has developed and implemented programs that are evidence based treatment for post-traumatic stress disorder. Two of the programs are known as the Cognitive Processing Therapy (CPT) and the Prolonged Exposure (PE) therapy (Gates et al., 2012).

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According to American Psychological Association (2017), when diagnosing post-traumatic stress disorder a physician may perform a physical exam to look for physical symptoms of post-traumatic stress disorder, a psychological evaluation to assess signs of post-traumatic disorder and use the diagnostic and statistical manual of mental disorders. This tool is also known as the DSM-5 (American Psychological Association, 2017).

The DSM-5 is a handbook used by professionals as the guide to diagnose mental disorders (American Psychiatric Association, 2017b). The DSM-5 “contains descriptions, symptoms, and other criteria for diagnosing mental disorders. It provides common language for clinicians to communicate about their patients and establishes consistent and reliable diagnoses that can be used in the research of mental disorders” (American Psychiatric Association, 2017b, para. 1).

The American Psychiatric Association (2017b) also states that the DSM-5 has been reviewed and revised since 1952, however, it was only completed approximately two decades ago. The DSM-5 “is a manual for assessment and diagnosis of mental disorders and does not include information or guidelines for treatment of any disorder” (American Psychiatric Association, 2017b, para. 9). The American Psychiatric Association (2017a) states that the “DSM consists of three major components: the diagnostic classification, the diagnostic criteria sets, and the descriptive text” (para. 4).

The DSM-5 is “used by clinicians and researchers to diagnose and classify mental disorders, the criteria are concise and explicit, intended to facilitate an objective assessment of symptom presentations in a variety of clinical settings” (American Psychiatric Association, 2017a, para. 2).

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The American Psychiatric Association states that “a set of diagnostic criteria indicates symptoms that must be present (and for how long) as well as a list of other symptoms, disorders, and conditions that must first be ruled out to qualify for a particular diagnosis” (American Psychiatric Association, 2017a, para. 5). Once an accurate diagnosis of post-traumatic disorder has been made by a doctor, treatment options may then be considered. The focus of this project, however, is to eliminate the impact of post-traumatic disorder and will therefore not explore different treatment options.

Critical Incident Stress Debriefing

Many different police agencies have what is known as a critical incident stress debriefing after a major incident. The program that the Vancouver Police Department has implemented will be examined. The Vancouver police department formed what is known as the critical incident stress management team in the mid 1990’s (Behind the blue line, 2009b). This team is tasked with providing officers with peer support following a serious incident event. This team is made up of police officers and not mental health professionals (Behind the blue line, 2009b).

The team’s primary mandate is to do no harm. The police officers are there to listen to their peers and help them by educating them information about how their minds and bodies will react after a critical incident (Behind the blue line, 2009b). This education may help individuals understand that their reaction is normal.

Their second mandate is confidentiality. The team operates on complete confidentiality (Behind the blue line, 2009b). These types of situations often require the officer to open up and express their thoughts and emotions. If the process did not have the element of confidentiality, it would not be effective.

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Finally, the last mandate of the team is to work closely with mental health professionals (Behind the blue line, 2009b). Psychologists can provide assistance and help with the training of the officers on the critical incident stress management team.

The team defines a critical incident as “a cataclysmic event that serves to overwhelm one’s normal coping mechanism. An event that is outside the range of a normal or usual human experience” (Behind the blue line, 2009b, para. 6). This definition is similar to the definition that the Ontario Provincial Police provided of “any situation faced by individuals which causes them to experience unusually strong emotional or physical reactions and has the potential to interfere with their ability to function either at the scene or later” (OPP Human Resources Bureau, p. 2, 2006).

They also define critical incident stress as “the body’s normal response to an unnatural situation” (Behind the blue line, 2009b, para. 6).

The Vancouver Police Department has identified the ‘Big Ten’ critical incidents most likely to cause stress:

- Line of Duty death
- Line of Duty serious injury
- Suicide of a co-worker
- Disaster or multi-casualty incident
- Police involved shooting
- Accidental killing or wounding of a civilian
- Significant events involving children
- Prolonged incidents ending in failure
- Excessive media coverage
- any other powerful event

(Behind the blue line, 2009b, para. 6).

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Behind the blue line (2009b) provides an example of how the team would operate in a real situation. Behind the blue line (2009b) states that in a situation where a suspect may be killed by the police, all officers involved will be brought together before they are able to go home. It is at this point where the critical incident stress management team will go through a debriefing of the events, this will act as a diffusing. In this scenario, the team will see how all of the officers are doing after the event, the team will provide coping tips and may provide the officers with a handout of stress symptoms that they may experience (Behind the blue line, 2009b).

This is an effective strategy because the officers are informed early on about possible symptoms or emotional responses that they may feel later on. The team is able to intervene with the officers early on and provide them with a list of services and resources that they may require. By educating the officers early on, it makes them more aware of what is available to them should they require any further assistance later on.

Behind the blue line (2009b) states that within a week all of the officers involved in the incident will meet again for another debriefing at a location different from the police station. This debriefing a psychologist will be present. The focus of this meeting is to assess how the officers are doing. If any symptoms are present it may be comforting for officers to know that they are not experiencing symptoms alone (Behind the blue line, 2009b).

Some examples of symptoms may include behavioural symptoms (increased anxiety, sleep problems), physical symptoms (fatigue, low pain threshold) and cognitive symptoms (indecision, denial of the problem) (Behind the blue line, 2009a). All members of the critical

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incident stress management team receive training through the international critical incident stress foundation (Behind the blue line, 2009b).

The critical incident stress foundation's goal is to "provide leadership, education, training, consultation, and support services in comprehensive crisis intervention and disaster behavioral health services to emergency response professions, other organizations, and communities world wide" (International Critical Incident Stress Foundation, n. d., para. 1).

Early Intervention

Early intervention after exposure to traumatic or critical incidents is crucial and will be for more productive than a later diagnosis once the disorder has progressed. Gates et al., (2012) state that the main purpose of screening is to identify individuals who have been exposed to trauma and may have undiagnosed post-traumatic stress disorder, of individuals who may be at risk of developing it. The goal of this process is to intervene early on in an attempt to stop the disorder from progressing. Early intervention is essential because "the goal of reducing morbidity or mortality is similar, as early intervention may result in a shorter course of disorder and fewer negative outcomes related to PTSD" (Gates et al., 2012, p. 367).

The current methods of screening for PTSD have inherent limitations (Gates et al., 2012). Self-reporting scales may be susceptible to bias from the individual as well as researchers (Gates et al., 2012). There are also concerns of positive and negative screening results that may cause over or under reporting of symptoms (Gates et al., 2012). Furthermore, the reliance of a single measure or assessment tool can lead to a diagnosis that is inaccurate (Gates et al., 2012).

Due to these significant flaws, it has become the standard practice to use multiple assessment tools to gain a more accurate result (Gates et al., 2012). This process can also reduce

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cost efficiency and increase the burden on the individual being tested due to the multiple methods being used (Gates et al., 2012). Gates et al., (2012) state that it is preferable to err on the side of caution when it comes to sensitivity testing rather than the area of specificity when such screening methods are used.

Furthermore, this study stated that “Although research and interest in this field has grown in recent years, there is still much to be learned about the risk, detection, natural history, and treatment of PTSD” (Gates et al., 2012, p. 374).

Recommendations

The findings from the literature are clear with respect to the development of post-traumatic stress disorder. The exposure to critical incident stress or traumatic events by police officers places them at an increased risk for the development of the disorder. The various academic studies used have identified that approximately 24% (Fox et al., 2012) of officers have some degree of post-traumatic stress disorder.

Access to mental health services should be increased. Fox (2012) found that only 47% of officers surveyed had used mental health services for the fear that it could negatively impact their career. In order to increase the access to these services departments must eliminate the stigma, or perceived stigma, of their members regarding the mental health services.

Educating officers on the signs and symptoms of post-traumatic stress disorder is a strong step forward in limiting the impact that it can have on the individual's personal and professional life. Catching the symptoms early can also have significant cost savings for the department they work for and the healthcare system. Officers may be aware that they are experiencing reactions

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after a critical event but it is important to know when to seek additional help from professionals.

In order to do this education is vital.

Early intervention is essential to prevent the disorder from progressing and becoming increasingly intrusive in the officer's life (Gates et al., 2012). If a problem becomes intrusive it can have a negative impact on other aspects of their life and lead to other issues such as sleeping disorders, which will impact their job performance (Fox et al., 2012). Furthermore, Hartley (2012) found that critical incident exposure could also lead to alcohol abuse. The impact of alcohol abuse is another potential cost in the long run to the individual and their health.

Early intervention programs, similar to the critical incident stress management team in Vancouver, can provide officers with support during their time of need. These programs aim to teach officers about their physical and mental reactions to a critical incident. By educating the involved parties, they are better able to understand what a normal response is and what is not. This peer support system is great to have because officers may not be as receptive to a mental health professional as they are with their peers. The members of the critical incident stress management team receive training in how to deal with such situations. Programs such as this should be implemented across all departments within North America when it is feasible to do so. Another benefit of using this model is that mental health professionals are brought in to assess the officers but not right away. This allows the officers to undergo a debriefing with the other officers involved.

Another recommendation is the use of mandatory psychological evaluations on a yearly basis for all members whom have been exposed to what can be defined as a critical incident. Each police department should create a list of criteria that would define what a critical incident is

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in their departmental policy, similar to what Vancouver police have done in their big ten list. The aim of the mandatory psychological evaluation is to catch problems before they develop into bigger issues. This may be an additional cost in the short term but the long term savings could be far more costly.

Conclusion

The literature was examined to identify what causes post-traumatic stress disorder and what the symptoms are. Now that there is a greater understanding of the disorder a plan can be developed to limit the impact of it on individuals. Many departments are beginning to recognize the impact that post-traumatic stress disorder can have on an officer and are developing strategies to deal with the problem. The likelihood of the disorder progressing has been shown to be mitigated by effective and timely intervention through various methods discussed once frontline supervisors, managers, employers and family members can recognize the symptoms of post-traumatic stress disorder. Education is perhaps the most important recommendation because it will often be people close to the officer who notice the changes in their behavior.

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