

Trauma Treatment for Law Enforcement Officers

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Trauma and Post Traumatic Stress in Law Enforcement

As Law Enforcement leaders strive to understand and assist their agencies in an increasingly stressful profession, it's helpful to understand how to mitigate the effects of trauma on officer's mental health. These conversations are critical to be having given recent statistics showing that Law Enforcement Officers in Minnesota are over four times more likely to die by suicide than in the line of duty. Some symptoms of stress following trauma are manageable and will often resolve through regular sleep cycles, healthy exercise routines, feeling supported by superiors, co-workers, family, and friends, and keeping up a balanced life outside of work.

It's helpful to think of Post Traumatic Stress Disorder (PTSD) as a spectrum and to think of trauma as acute stress. Symptoms can worsen as stress piles up from repeated trauma exposure. Officers can find themselves meeting criteria for a diagnosis if stress symptoms are severe enough and last more than a few weeks. Symptoms can include anxiety, anger, isolation, re-experiencing, avoidance of reminders, hyperarousal, persistent negative thoughts, sleep disturbances, nightmares and more. Symptoms can arise from a single acutely stressful event or from the accumulation of many stressful events.

Post-traumatic stress symptoms are a normal reaction to experiencing abnormal events that overwhelm the nervous system. When the brain receives sensory input that causes it to react with an adrenaline rush and the fight/flight/freeze response is initiated, the brain creates a memory that is easily recalled and the body replays the stress response after the incident is over. Unfortunately, when the stress is overwhelming enough, the brain can later have a hard time distinguishing if the threat is still happening or if it happened in the past. This is why stress symptoms can persist even when the logical part of the brain knows it is safe. Reminders of the stressful events can trip the brain's alarm bells to turn on causing hyper-arousal symptoms like anxiety, high blood pressure, and an increased heart rate to return.

Law Enforcement Officers tend to be mentally strong. The repeated stress of professional duties forces officers to gain emotional and mental endurance by learning coping strategies to compartmentalize and manage dangerous, emotionally taxing, and chaotic situations they are called to be involved in. Stress has to be contained in order to quickly transition into the next call, but a container can only hold so much. Over time, the experiences that get pushed aside can start to resurface with stress symptoms. Our window of stress tolerance decreases as unprocessed stress experiences accumulate. Officers will tell me that they feel as though they are one stressful call away from boiling over because they have had to pack away so much for so long. Others are seeking help knowing they've already taken on too much and it's become difficult to function. Symptoms can be so severe that some officers have thoughts of suicide which can feel like the only way to escape the psychological pain.

Due to stigma and a lack of access to competent care, many officers don't receive information on how to watch stress levels and seek help before the container runs over. Fortunately, there is an encouraging trend with agencies taking a proactive approach to mental health through wellness programs, mandatory mental health check-ins, and resilience training. Officer wellness is being researched, trauma therapy is improving, and those who start out resilient and strong have a very good chance at successfully returning to a healthy mental state. Given the right resources and the best treatment modalities, the opportunity for Post Traumatic Growth is always present.

Making Therapy Accessible for Law Enforcement

There are two main barriers to LEOs accessing trauma therapy: access to competent care and stigma. Two typical routes for mental health care are (1) Employee Assistance Programs where providers are not often culturally competent or (2) finding a provider through health insurance which requires a diagnosis. In addition, officers understandably may fear negative job consequences for seeking mental health care and being labeled. They may also fear that their mental health records could be subpoenaed, or they may have already had a negative experience with a therapist making it more difficult for them to reach out again.

In order to reduce stigma and pave the way for access to care, agencies can adopt policies that prioritize mental health care. All staff mental health check-ups are becoming more common and should be psycho-education, not therapy. Additionally, agencies can offer regular training on officer wellness, resilience, and suicide prevention. When a Critical Incident has occurred, it is a natural point to require that all officers who were directly involved check in with a care provider. Due to the potentially traumatic nature of critical incidents, officers are at increased risk of post-traumatic stress and the required nature of the check-in can reduce stigma. Critical Incident Check-Ins are most helpful when the therapist isn't acting as an evaluator, but purely a care provider who can build trust and increase the chance that an officer will be honest about symptoms and will return if symptoms persist. There is well documented evidence that any doubt about confidentiality is a barrier to treatment, so keeping these sessions completely confidential vs using it as a return to work evaluation is important if reducing the prevalence of PTSD and suicide is the goal.

Finding a mental health clinician who is competent in working with law enforcement can be challenging. It can be helpful to vet EAP clinicians to help ensure they are culturally competent and are a more familiar option if budget doesn't allow for more specialized wellness programming. There are a number of characteristics to look for when connecting your agency and your staff with a care provider. A therapist who knows law enforcement culture through personal relationship can help ensure the therapist will understand their clients' unique experiences and minimize bias or an underlying agenda. A therapist who thoroughly understands trauma and is trained in trauma treatment such as eye movement therapy helps minimize the number of providers an officer will have to see and the number of sessions needed to get the care they need. A therapist who has steadfast self-care practices is more likely to be able to manage the significant secondary trauma that can come from work with first responders. And someone who can build trust quickly and provide necessary assurances about confidentiality is best suited to be helpful.

Allowing officers to voluntarily be seen by a culturally competent care provider who can bill the department for anonymous sessions that don't include a diagnosis can also reduce stigma and fear of negative consequences for seeking mental health care. The Blaine Police Department in Minnesota started a program that uses this approach. With a number of developments to their program over this past year and their commitment to officer wellness, they are well ahead of the curve. Other agencies are seeing the value as well and a positive trend is beginning to develop.

Trauma Treatment Methods for Law Enforcement

There are a number of trauma treatment methods with varying degrees of efficiency, effectiveness, and completion rates. Eye movement therapy (Accelerated Resolution Therapy/ART and Eye Movement Desensitization and Reprocessing/EMDR), Prolonged and Narrative exposure therapies, and Cognitive Processing Therapy are some of the most well-known approaches to treating trauma. Sensorimotor

Psychotherapy, Neurofeedback, and Brainspotting are two more treatment options for post-traumatic stress treatment.

Eye movement therapy is an interactive treatment method used to relieve psychological stress through eye movements that the therapist guides. This is the most commonly used trauma treatment for law enforcement and is also widely used in the military. Distressing memories or images are brought up in the imagination and the corresponding emotions (fear, anger, sadness, etc.) or physical sensations (tightness in the chest, pit in the stomach, etc.) are then reduced or resolved over the course of treatment. Trauma happens deep in the core of the brain and the idea is that no amount of talking can do what a non-verbal therapy like eye movement therapy can do to heal the brain and help a person to feel safe again. The eye movements provide a calming sensation and the bilateral stimulation of the brain helps integrate information. For ART, an average of about 3-4 sessions are necessary and it's rare to need more than 6 sessions total. Eye movement therapy utilizes memory reconsolidation so that a person keeps the knowledge of the acutely stressful experiences but loses the distressing emotions and negative physical responses. EMDR has been around since 1987 and is well studied. ART is about a decade old and has its roots in a number of evidence-based therapies making it more efficient than most treatment modalities with very low dropout rates. Through ART or EMDR, the mind can heal from psychological injury just like the body can heal from physical injury.

Cognitive Processing Therapy can also be used to address the negative thinking that can go along with trauma exposure. Traumatic stress can quickly lead to negative thought patterns which can then lead to depression and anxiety. The good news is that when trauma is the core issue and we treat it effectively, any secondary issues such as anxiety, depression, and alcohol abuse tend to be reduced or even resolved. Talk therapy like CPT can be thought of as a "top down" approach, using the thinking part of the mind to adjust unhelpful patterns, while eye movement therapy, Brainspotting, Neurofeedback, and Sensorimotor Psychotherapy are "bottom up" approaches since they target the emotional and survival systems of the brain and body.

Other approaches that are effective and can be used in combination with eye movement therapy are prescription medications that can help take the edge off of any anxiety or depression, meditation/mindfulness, tactical breathing, and yoga. There is good evidence for the effectiveness of mindfulness for stress reduction. The benefits of yoga are also regarded as a helpful option for teaching first responders to manage and reduce stress. One of the prominent trauma researchers, Dr. Bessel van der Kolk, wrote a book titled "The Body Keeps the Score", where he explains how we hold stress as muscle tension and he describes the way that stress taxes our entire system. Just as the health of the body relies on strength, endurance, and flexibility, our emotional and mental health relies on emotional flexibility and resilience.

The brain and body are inextricably connected, so in order to have a chance at a truly healthy state, we have to care for both. The gains that can be made through work with effective care providers vs the life-long or life-threatening costs of burying trauma are substantial and well worth it for those who serve and protect.

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