The Effects of post traumatic stress disorder (PTSD) on the officer and the family

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The following letter is from an officer who wrote it in the Guestbook and kindly gave me permission to use it in an article in the hope that his experience will help others. He describes many of the classic symptoms of police PTSD, or post traumatic stress disorder. In fact, every distressing thought, feeling and behavior he relates below is a symptom of PTSD.

I am a (10 plus)— year police veteran and (30 plus)— years of age. I have become seriously concerned with some of the events that have been taking place in my life for the past two years. I have started having nightmares frequently and have great difficulty going to sleep at night. There is always a feeling of uneasiness at night and I have started to develop some unnatural habits associated with these uneasy feelings. At the slightest sound, I have to get out of the bed and check every room in the house.

I have two children who live with me and my wife and I have gotten to the point that I almost always make them come into my room at night because of the feelings I have. If I am the first one in the house to go to sleep, I am ok, but otherwise, the feelings surface about 0:00 pm. I usually end up passing out somewhere between 3 and 5 AM. I get up for work at 7 am and this has started causing me a great deal of problems in my job. I often find myself in a trance thinking about traumatic events that have taken place in my career and always find myself in a very disheartened state afterwards. During the recollection of these events, I often experience a shortness of breath and fear. I feel sad often and one specific event makes me feel very guilty. I know that I could have stopped a murder if I had taken other steps at the time of this incident. I often think about things while driving and end up going in the wrong direction before I realize where I am at.

Certain events that I have experienced cause me a great deal of emotion l distress when I think or communicate about them. My hands are shaking here at 1:06 AM as I write this letter. I have recently found myself to be very irritable, and my wife and I often argue because I don't want to go to social gatherings with her. I am not being anti-social, I just don't like to be around people. I just like being with my kids and taking care of them. I feel bad about some things that are happening to me. My daughter came into my room four nights ago and kissed me on the cheek while I was sleeping. I jumped and scared her to death. My wife came to bed one night and when she walked up to the bed, I drew my fist back to hit her. I get up all hours of the night and check the house over and over. I don't even know what I am looking for. I was asleep about a month ago, and I just knew that someone had fired a gun in my living room. I hear people pound on my door in the middle of the night, when in fact there was never anyone there to my knowledge. One night I got up out of the bed and got my gun. I was about half-asleep. I don't know what I

was looking for, but on my way through the house, I cocked my weapon. On the way through the house, the .357 discharged and shot a hole through my floor. Some of the incidents that I remember the most seem vague. I remember every aspect of a shooting where I held the victim as he died. I can't remember what he looked like. We do not have counselors to speak to about these things and I feel that the average doctor would not be able to understand what I am talking about. I Know I need help, but I have dealt with it for the past two years. It is getting harder to deal with.

An officer may develop PTSD after experiencing an critical incident, or being exposed over a period of time to stress that he was unable to alleviate. These are two basic causes of PTSD with police officers:

The first is what the public envisions when police PTSD is brought up, especially after 9-11.

These are the single event traumas. Perhaps someone shot him (or, throughout him = and/or her), or maybe he had to kill someone himself. Or perhaps both. The critical incident stress management team might have made every effort possible to debrief the officer. They could have been skilled, they could have been novices. Everyone paid attention at the time, but their lives are like everyone else's lives, and after a while they go about their business and while they still cared, the officer and his family are their own. Hopefully everything worked out and there were no lingering effects. Post traumatic stress disorder can sometimes be avoided even when an individual has the most traumatic, life threatening and life changing experience. Sometimes officers don't get any treatment at all and never develop it. Other times they get what seems like the best treatment and they do.

But sometimes intervention isn't as good as it should be. And other times even the best intervention doesn't work. As far as CISM and CISD*, look at it like a vaccine that is effective a certain percentage of the time. You don't not want to be inoculated, but you have to realize the preventative measure isn't 100%. So it is with critical incident stress management and debriefing. It doesn't always prevent PTSD. Nobody really knows why, except that knowing this there's no excuse for law enforcement administrators not to making sure officers are followed closely for at least two years after an incident. I would recommend at least a monthly half hour session with a good therapist and every other month a meeting which includes the spouse if there is one. Sometimes the individual doesn't see his own symptoms. Either he is denying them or really doesn't recognize how he's changed. Or maybe he kind of sees how he's different but it's too painful to think about it for very long.

The second kind of trauma is addressed, in part, in some of the article list in the "Politics" section of Police Stressline, where the stress is caused by an aspect of the job over a long period of time that undermines the officers self-esteem, confidence and trust in his superiors and/or coworkers. This may occur where there is racial or sexual discrimination. It may occur with an honest officer in a less than honest department. It may occur in an officer that believes in proactive policing in a caretaker reactive department. It can occur in a department where decisions are made on the basis of favoritism, politics and ego. The term "hostile work environment" is generally used to describe this kind of internal police department atmosphere. Of course prolonged trauma that builds up and leads to PTSD can be caused by having to work day after day with an unappreciative or hostile public and being exposed to the worst aspects of the human condition.

Mild PTSD can disrupt a life, but moderate to severe PTSD is a nasty condition. For one thing, it involves a combination of psychological and physiological changes in a person. On the psychological side, it can shake a person's very belief system to the core. It can produce overwhelming, if illogical, guilt feelings. It can lead to an "I don't give a crap" attitude. It can make a police officer question whether the job has any meaning or value. It can make someone so vigilant he becomes paranoid, unable to trust or let his guard down even when he's completely safe. It can lead to suicidal thoughts and in rare instance actual suicides. On the physiological side, as noted in other articles here, it can produce anxiety, irritability, depression, insomnia and a host of physical problems from headaches to digestive problems.

But in the interpersonal realm, there's where the family is really effected. PTSD can cause the sufferer to become emotionally withdrawn and distant from family members. The sex drive can go out the window. He can become overly needy and dependent, or on the other hand outrageously demanding and impatient. He can revert back to old habits like smoking or drinking, or become a newly hatched adolescent and engage in reckless, sometimes life threatening, hobbies. Sometimes hobbies like motorcycling can border on suicidal when officers test the limits of speed and good sense. I hate to say it, but PTSD can contribute to an officer thinking, "what the hell, I might as well have an affair." He may not do it, but thinking it can be very distressing, and the spouse may pick up signs her mate is thinking of straying.

Needless to say, if an officer has turned into a devil-may-care adolescent or become sullen and melancholy, and his personality is different, he might as well be a different person than he was before the critical incident and the onset of PTSD. The family becomes the secondary victim. Loyalty is tested in the extreme.

So spouses and kids ask themselves, “if husband or Dad isn’t the person he used to be, if sometimes it seems I hardly know him, what am I doing sticking with him?” Of course the families know when the changes occurred and why, and Dad was probably a hero, made the newspaper, got a distinguished officer award. So they stand by him, but the unhappiness is incredible.

What can the family do? First of all, make sure that nothing was missed as far as treatment goes. Especially whether or not there ever was or still is a need for medication. Sometimes law enforcement officers, especially men, are loathe to take meds. But they need to understand that PTSD may actually irrevocably alter the way their brain functions. Research into this is fairly new, but this is what the evidence suggests. Most people reluctantly accept when they’ve had a serious injury, say to their back, that they may never quite be the same again. But to think that the stress of a critical incident can essentially injure the brain so it will never return to optimal functioning is a horrendous thought. And it may be true.

We know that the efficacy of serotonin in the brain is drastically effected by stress, and by PTSD, which alters the receptor nerve cells. Medications like Prozac, Zoloft, Paxil, Wellbutrin, Celexa, and more recently Lexapro are often recommended and used very effectively to help people through rough times. They help the brain return to normal by making the neurotransmitters work the way they’re supposed to. If the officer was on them after the incident and they seemed to help, but he stopped using them in the hopes he wouldn’t need them anymore, and the symptoms returned, he should probably start using them again. And if he never was on them, family members should urge him to see his doctor to discuss a trial of at least two months.

The treatment of choice for PTSD is generally a combination of psychotherapy and medication. Officers should be advised that PTSD does not mean post traumatic stress distress. The “D” stands for disorder, and this indicates that one is having a serious reaction to a single incident or to a prolonged trauma.

In addition to finding a sympathetic and knowledgeable physician or psychiatrist, the officer will need to seek out a therapist who works well with police (or correction) officers. Any law enforcement therapist has seen officers who have developed PTSD after a critical incident or after exposure to prolonged trauma.

I wouldn’t recommend any drastic life or career changes for an officer until he (and again, it could be a female officer too) has had some therapy, and when appropriate some couple sessions with the spouse. Some officers do quite well when they move out of law enforcement into something completely different following a critical incident that resulted in PTSD, but because law enforcement is as much of a “calling” as medicine or the clergy (or therapy), it is not a decision to be taken lightly. And it is never too late to start.

In closing, the good news for those who suffer directly from it, and those family members who suffer indirectly, is that PTSD is very treatable like most police stress.