

Innovations in the Treatment of Post-Traumatic Stress Disorder in Officers

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Abstract

Post-Traumatic Stress Disorder (PTSD) in law enforcement officers has been a problem facing law enforcement for many years. Although traditional therapies have been successful in the past, research has shown that officers are more receptive to treatments specifically designed for law enforcement. In developing these treatment programs, several psychological professionals have developed innovative treatments for treating PTSD in law enforcement officers. Becoming aware of and implementing these innovative treatments, agencies can give their officers suffering from PTSD more and better options than only traditional treatment. Law enforcement officers from five state agencies were surveyed to determine what types of treatment programs they would be most interested in using. By having these treatment options available, officers can be given a better chance at recovery and a more productive life.

Introduction

Known as Soldier's Heart during the Civil War, Shell Shock in World War I, Battle Fatigue during World War II and subsequent conflicts, psychological trauma has a long presence in American history. Now known as Post-Traumatic Stress Disorder (PTSD), PTSD effects those who either experience a traumatic event or witness it. They relive the event through symptoms including nightmares, anxiety, flashbacks and traumatic thoughts about the event and can have trouble coping and adjusting to ordinary life.

Most of the treatments for PTSD have been centered around military veterans and crime victims. However, since the early 1980s it has become apparent through research and experiences, that police officers are as vulnerable to the effects of PTSD as these two groups. Police officers can be exposed to multiple traumatic events during their careers. The effects of these traumas may not manifest themselves immediately and it may take years for officers to suffer the symptoms of PTSD. Treatment programs focusing on the unique experiences of police officers needed to be developed.

Through input from clinicians, psychologists, researchers, law enforcement professionals and veteran's groups, PTSD treatments for police officers and other first responders can be tailored toward their specific needs. Treating the culmination of a career's worth of traumas can be a daunting task for any psychological professional or treatment provider. However, using a combination of traditional therapies and innovative treatments such as skills training, everyday activities, group counseling, peer-to-peer counseling, technology and even man's best friend, psychologists and caregivers have developed plans for the treatment of police officer PTSD that can be exclusive to the patient. These innovations give providers and patients a variety of options to treat the

symptoms of PTSD and give officers a better chance to live a full and rewarding life both during their careers and afterward.

Literature Review

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that is triggered by experiencing or witnessing a traumatic event. PTSD symptoms may start soon after the event, but in other instances the symptoms may not appear for years. These symptoms include:

- **Intrusive memories:** Recurrent, unwanted distressing memories of the event, flashbacks, nightmares about the event, emotional distress to things that reminds you about the traumatic event.
- **Avoidance:** Avoiding talking about the event, being in denial, avoiding place or activities that remind you of the event.
- **Negative changes in thinking and mood:** Hopelessness, negative thoughts about yourself, memory problems about the event, difficulty maintaining close relationships and feeling detached from friends and family, emotionally numb.
- **Changes in physical and emotional reactions** such as being easily startled or frightened, trouble sleeping and concentrating, angry outbursts or aggressive behavior, self-destructive behavior including drinking heavily or drug abuse, guilt or shame.

The symptoms may vary over time and may be more prevalent when the sufferer is stressed in general. Reminders of the event (a car backfiring for combat veterans) can manifest itself into reliving the event. PTSD sufferers are also at a greater risk for suicidal thoughts, drug and alcohol abuse, eating disorders and depression. (Mayo Clinic, 2018)

Doctors will likely perform the following tests and evaluations in order to diagnose PTSD. These include; performing a physical examination to check for any medical problems that be causing the symptoms and performing a psychological examination which would include discussing the patient's symptoms and the event (or events) that may have led to them. Doctors are encouraged to use the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) when diagnosing PTSD. (Mayo Clinic, 2018)

Psychotherapy treatments for PTSD have traditionally relied on three types. These include cognitive processing therapy (CPT, prolonged-exposure therapy (PE) and eye-movement desensitization and reprocessing (EMDR). (Mayo Clinic, 2018)

CPT teaches patients to challenge their distorted negative self-recognition resulting from traumatic experiences. It is a 12-session treatment that focuses on their distorted negative self-distortions. CPT has been found to be the preferred treatment for law enforcement officers (LEO) with PTSD due to its success rates and being the preferred treatment by LEOs themselves. One study of LEOs with PTSD found that 39% selected CPT as first choice for treatment. (Mayo Clinic, 2018)

PE is also recognized as a proven treatment for PTSD patients. Using psychoeducation, exposure to safe but feared stimuli related to trauma, imaginal exposure to traumatic memories and self-assessments of anxiety and processing of trauma memories, the patient learns to reduce their fear of the trauma. PE has been found to reduce negative cognitions related to the trauma and depression symptoms. The treatment consists of 8-15 90-minute sessions. (Mayo Clinic, 2018)

EMDR uses external stimulus while concentrating on the traumatic experience. While exposed, eye movements, hand taps and auditory tones are utilized by the patient for desensitization, cognitive restructuring and rehearsal. Patients use EMDR methods to reduce the effects of the trauma in everyday life. EMDR has been found to reduce avoidance symptoms which has resulted in a faster return to work for many patients. (Mayo Clinic, 2018)

First Responder PTSD Treatments

Due to their exposure to traumatic events, personal dangers and often having to respond to the aftermath of violent events place police officers at a greater risk to suffer the effects of PTSD than the general public. Available studies reveal that 7%-19% of active duty police officers suffer some of the symptoms of PTSD. Witnessing or participating in incidents involving preventing serious harm or death can only add to the stressors that police officers encounter every day. Research has shown that the witnessing of these traumatic events can lead to PTSD, psychiatric disorders and burnout. Re-exposure to these traumatic events during the officer's career can result in the symptoms of PTSD not being felt by the officers or observed by their colleagues or agencies. (Haugen, Evces & Weiss, 2012)

Due to the nature of their work, first responders are unwilling to recognize the symptoms of PTSD. First responders are required to identify problems and take decisive actions every day as part of their jobs and may be unwilling to realize that they themselves are suffering. The credo of "service before self" and looking out for the well-being of others may cause the first responder (especially police officers) to consider PTSD as a weakness. This is the first hurdle that many first responders must conquer in order to seek treatment. Furthermore, not recognizing it can be counter-productive to the first responder's own well-being. PTSD is not a weakness. Nor is it a lack of fortitude to realize that an officer needs to seek treatment. Acceptance is the first step all first responders must take. (Acadia Healthcare, 2020)

In the wake of the Boston Marathon Bombing in 2013, McLean Hospital in Belmont, Massachusetts began meeting with law enforcement officials in order to develop a PTSD treatment system for first responders. This resulted in the Law Enforcement, Active-Duty, Emergency Responder (LEADER) program. This treatment program is specifically tailored to first responders using inpatient, outpatient and residential programs across multiple diagnostic areas. The program is implemented in four phases:

Phase 1

Diagnostic assessments using approved methods is the first step in determining the existence and severity of PTSD in a patient. The Clinician Administered PTSD Scale (CAPS) and the PTSD checklist for Diagnostic and Statistical Manual for Mental Disorders

(DSM-5), PTSD Checklist (PCL-5) utilize clinical interviews and validated measurements for PTSD. The CAPS is the most trusted and common of all PTSD assessment tools. Consisting of a clinical interview assessing such items as response validity, severity symptoms and extent of impairment, it can assess both current and lifetime PTSD diagnosis. The PCL is self-report measure used to assess PTSD symptoms. Patients use a rating scale of 0-4 for symptoms of PTSD. PCL-5 can be administered at the beginning of treatment and during treatment to provide an ongoing assessment of PTSD symptoms.

Phase 2

Some individuals suffering from PTSD will require immediate symptom stabilization before any further treatments begin. Drug and alcohol dependence or debilitating symptoms including flashbacks, nightmares or intrusion will require such stabilization. Inpatient care is required to stabilize the patient. Treatment will focus on patient safety, medication evaluation, rapid symptom containment and crisis management using such remedies as coping skills, safety planning, grounding and sleep hygiene.

Once the patient is stabilized, the skills-acquisition training portion of the phase can begin. LEADER has found that training patients in such skills as distress tolerance, emotion regulation and impulse control helps the patient maintain a healthy life style and having supportive relationships with others. This stabilization and skills-acquisition training will prepare the patient for the intense treatments that begin in the next phase.

Phase 3

LEADER is using the three most effective modalities for the treatment in their Trauma-Focused Processing stage of their program. These include cognitive processing therapy (CPT, prolonged-exposure therapy (PE) and eye-movement desensitization and reprocessing (EMDR). All of these treatments are well-documented as being the most successful in the treatment of first responder PTSD.

Phase 4

Consolidation and aftercare continues the treatment modality with a focus on self-assessment and self-care. Using the skills and treatments from the previous phases, patients are aided in their daily functioning. Patients can manage new stressors and use skill acquisition in their daily lives and routines.

LEADER also focuses their treatment of first responders who have suicidal thoughts (LEOs have easy access to lethal weapons) and female first responders. Female first responders have been found to react differently to traumatic experiences, however there is a noticeable gap in the research of female LEOs suffering from PTSD than males. LEADER has been able to tailor a program specifically to first responders with a goal of continuing treatment alternatives. (Lewis-Schroeder, et al, 2018)

Originally beginning as a treatment system for Hepatitis C in rural and underserved areas throughout New Mexico, the University of New Mexico's Project ECHO implemented a program of tele-mentoring for local care providers. The ECHO Model hub of specialists connect with local care providers using tele-conferencing to provide training in the treatment of PTSD in first responders. The curriculum includes patient care of

opioid use, chronic pain, personal resiliency and self-care. Care providers are also trained in how to conduct debriefs with first responders after trauma. Using a diverse hub of a psychiatrist, emergency room physician, a pain doctor, paramedic, firefighter and a law enforcement officer, the ECHO hub trains local care givers in such subjects as; cannabis and first responders, opioid use disorder, health coping in relationships, adrenaline seeking as coping, mindfulness and other topics. Local providers are also able to present cases to the ECHO hub team for assistance in treatment plans and strategies. First responders are also invited to join the tele-mentoring programs in order to gain insight into PTSD and the treatments available. The diversity of the curriculum gives local providers a well-rounded basis to assist first responders dealing with PTSD. Having local providers providing this service in the remote areas of New Mexico gives first responders in these areas better access to immediate care. (UNM School of Medicine, n.d.)

Located in San Antonio, Texas, Warrior's Heart is a privately funded residential treatment center that has been specifically tailored to treat chemical and alcohol dependency in veterans and first responders. Alcohol and drug abuse are common for those suffering from PTSD. These addictions are used to mask the effects of the traumatic experiences, whether it's one incidence or a career's worth. Shifts in moods, feelings of unrest and threats of suicide can also be linked to law enforcement PTSD. Warrior's Heart offers a 6 to 8-week inpatient program specifically designed for LEOs. Using group and one-on-one therapy, EMDR and such diverse activities as K9, jujitsu class, nutrition management, service projects and more, Warrior's Heart can create a treatment plan specific to the officer. Out-patient treatment allows for a smooth transition out of the inpatient program, ensuring that the officer is given the best chance for recovery. (Warrior's Heart, n.d.)

Beginning in 2015, Sister Anne Dougherty created Operation Restore, which is a retreat for law enforcement officers at the Franciscan Center of Tampa. Operation Restore is a post-trauma training program that serves to restore and renew retreatants. Sister Dougherty is the chaplain for both the Tampa Police Department and the Tampa FBI office, so she has an intimate knowledge of police work and traumas faced by its officers. Operation Restore retreats offer a safe and confidential environment for officers to work through their traumas and process the cumulative stress of police work. Sister Anne says that the retreats start with the head, then it gets to heart and gut. The four-day, three-night retreat has counselors, psychologists and trained EMDR practitioners that will treat the retreatant's head first. Group sessions then strip down the trauma and help the officers face it. Police officers are used to being in control, but the retreat teaches them that they can't be in control of everything. By opening up to this vulnerability, officers are able to unload pent up fears and anguish about the trauma. Too many officers take on issues that aren't theirs to bear. Retreatants are taught to give up responsibility and control, which can be a very alien concept to public servants such as police. Identifying the worst part of the trauma; a sound, smell, image and the symptoms associated with it opens the door to the use of EMDR. Lateral eye movements and bilateral stimulation teach the retreatant to essentially "pick up and put away" the memory of the trauma. By using the head, heart and gut approach, Operation Restore gives LEOs a safe and secure outlet to work through the traumas of PTSD. (Gonzalez, 2018)

First developed by the British Army, the Trauma Risk Management (TRiM) tool is used to assess the risk of PTSD. TRiM is used to identify and assess the stressors officers face in the course of their duties. Police agencies in the United Kingdom (UK) found that excessive absences and sickness in officers was directly related to the signs and symptoms of PTSD. Using a series of virtual reality scenarios based in the fictional village of Stilwell, officers are trained to carry out rapid risk assessments after viewing a traumatic episode. Using a 10-item scale, scored from 0-3, the officers are asked to identify the levels of stress during the event. Scores will then determine the level of mental health monitoring after the event. The TRiM approach has been found to be more effective than the traditional single critical incident debriefing. (Walsh, Taylor, & Hastings, 2012)

Similar to EMDR, Rewind uses visualization to have the officer review the event from a different perspective. Usually this view is from above or from the view of a bystander. After viewing the traumatic event, the officer is asked to fast-forward and rewind the event repeatedly, making the event more comfortable to the viewer. The event's trauma is greatly reduced using this method. (Walsh, Taylor, & Hastings, 2012)

The Stilwell virtual community uses virtual reality (VR) and role players to follow the experiences of "Steve", a police officer in the village. Various episodes document the stressors Steve faces in his personal and professional life including; marriage troubles, burnout, supervisor indifference to the signs of PTSD, and culminates with a civilian committing suicide in front of Steve. The officers were then showed episodes of Steve undergoing a TRiM assessment and therapy involving Rewind. The TRiM assessment and Rewind therapy shows Steve how to assess his own level of trauma and work through it in a positive manner. An alternative episode shows Steve receiving no treatment or support from his supervisor and ultimately leads to Steve going out on extended Medical Leave. (Walsh, Taylor, & Hastings, 2012)

Officers taking part in the TRiM workshop showed positive responses to the TRiM tool and Rewind. However, a significant portion of the officers were unable to relate to the story from their own personal experiences. Almost a quarter of the officers were still unsure about seeking mental health treatments. This shows that the perception of PTSD as weakness is still prevalent among some officers. (Walsh, Taylor, & Hastings, 2012)

Prevention

Noticing the increasing instances of Post-Traumatic Stress Syndrome (PTSD) in police officers, Richland County, SC, Sheriff Leon Lott realized that reacting to the problem was not the solution. With the help of several chaplains, psychologists and a criminal justice professor, Lott created the Critical Incident and PTSD Awareness Training Program for newly hired and current deputies. The program provides peer-to-peer counseling to address PTSD on the front-end as opposed to after a traumatic event. The program includes coping strategies, myths and truths about PTSD, stress reactions to traumatic events and available resources. Peer-to-peer dialogue has been an integral part of the program in Richland County. Using an open dialogue helps remove the stigma of PTSD. By talking to other officers and recounting real world experiences, the deputies learn that the symptoms of PTSD are not weaknesses. Counselors believe that this pre-

PTSD conditioning helps deputies to handle traumatic events by having them prepared for the possible symptoms that can arise from the event. (Smith Jr, 2018)

Treatment Innovations

In a continuing effort to give first responders and veterans unique options in dealing with Post Traumatic Stress Disorder (PTSD) issues, the Hero Scuba Group (HSG) has been teaching scuba to PTSD patients along with counseling and faith-based initiatives. Johns Hopkins University found a significant reduction in PTSD symptoms in patients who have participated in the scuba therapy. Using their conservation initiative, Operation Neptune's Gardens, HSG pairs veterans and first responders with conservation initiatives including; coral farming, lion fish mitigation and sea turtle conservation. In situations where the participants have left their jobs, HSG gives patients a sense of mission which is lacking in many first responders post career lives. (Policeone.com, 2020)

Although many sufferers of PTSD find successful treatment, residual symptoms of PTSD can still occur even after successful PTSD treatment. Loud noises, fear of crowds, paranoia and other triggers can cause the individual to shut down emotionally, cringe, sweat profusely or other physical ailments. Dr. Ken Welburn noticed these effects in several PTSD sufferers and developed juggling exposure therapy (JET) as a way to distract the patient from the triggering situations. (Welburn, 2014)

Trauma and experiences forge new pathways in the brain and these change brain function. These experiences can enlarge or diminish brain function and these pathways. This is called neuroplasticity. Traumatic neuroplasticity can result in hypervigilance in the brain and enhance its ability to focus on threats. A veteran who jumps over the sound of fireworks as an example. Having the brain concentrate on another activity can help reduce this hypervigilance. By making a demand on the brain over a long period of time, the activity is able to distract the brain from the traumatic memory. (Welburn, 2014)

Welburn found that teaching juggling forced his subjects to concentrate on the juggling task instead of the threat stimulus. Since juggling provided immediate and visible feedback (failure and success), it was the perfect distraction for the brain hypervigilance centers. Using three subjects who had successfully completed PTSD therapy but were still having residual startle-like symptoms, Welburn was able to diminish these symptoms significantly. Teaching the subjects basic juggling techniques and then engaging in the actions that triggered their specific reactions while they were juggling, found a significant increase in their ability to cope with the stimulus. The juggling required enough concentration that the subjects did not react to external stimulus. There was also an immediate reduction in anxiety while the subject was engaged in juggling. (Welburn, 2014)

A proven method for the treatment of PTSD and helping to alleviate its symptoms and effects is the use of service dogs. Animal Assisted Therapy (AAT) complements the therapy options for PTSD patients by instilling a sense of confidence, safety and independence in a patient's daily life. Benefits to the patient can be as simple as acting as a physical barrier between the patient and approaching strangers to more advanced services such as waking the patient up from nightmares or reminding them to take medication. The dogs also act as a calming influence on the patient. Veterans who have used service dogs report being more safe and secure in public than without their service

dogs present. They also report that the use of a service dog helps with hypervigilance, nightmares, flashbacks and daily anxious arousal that plagues many sufferers of PTSD. (Rodriguez, 2020)

With the motto of; “Healing at Both Ends of the Leash”, Operation Overwatch trains and provides service dogs to veterans and first responders. The difference with their program is that Operation Overwatch only uses rescue dogs. Using a nationwide network of rescue agencies, Operation Overwatch screens potential recruits using various training exercises that assesses the dog’s reactions to crowds, unfriendly dogs, social skills and other factors to see if the dog is suitable for training. Once the dog is accepted into the program it can be placed in two training tracks. One involves being pre-trained as a service dog and then placed with a PTSD patient. The dogs are trained to pick up on a patient’s specific patterns and how it will best fit into the patient’s life. The second track is a handler-involved training program. Having the patient involved in the training helps to secure a bond between owner and their dog. This relationship is especially true for PTSD patients and is highly recommended for people who have severe symptoms of PTSD. Patients are taught to recognize how the dogs mediate the symptoms of PTSD by nudging, barking, licking or jumping. Operation Overwatch’s service dogs give patients security and mobility that assists them in their continuing treatment of PTSD. (Operation Overwatch, n.d.)

Methods

The purpose of this research was to identify innovations in the treatment of Post-Traumatic Stress Disorder (PTSD) for law enforcement officers (LEO). PTSD is becoming more and more prevalent in law enforcement community and innovations in the treatment of PTSD have been found to be as effective, if not more effective, than traditional treatments of PTSD in LEOs.

Data was gathered through a survey conducted with state agencies throughout the State of Florida. By gathering data from across the state, the research was able to present a large cross section of data due to geographic location. The wide variety of geographic locations provided the survey with a variety of LEOs who work in both urban and rural areas, thus facing different challenges in their work. Survey questions were designed to not only inquire as to the participant’s knowledge of the innovative treatments available to LEOs suffering from PTSD, but also their knowledge of PTSD in LEOs in general. The questions also gathered data as to the level of an LEO’s willingness to try innovative therapy techniques if they were struggling with the symptoms of PTSD. This question gave participants a variety of choices in which they could choose the treatment(s) that most appealed to them and would be most beneficial. Lastly, LEOs were questioned regarding whether they felt the culture of law enforcement was a deterrent to LEOs seeking PTSD treatment of any kind.

Due to the very personal nature of mental health issues and the extreme sensitivity of law enforcement PTSD, the officers were assured that all information gathered would entirely confidential. The researcher recognizes the sensitive nature of this subject for the participants not only as LEOs, but also as human beings. Unfortunately, the sensitivity of the subject matter could result in low participation in the survey.

Results

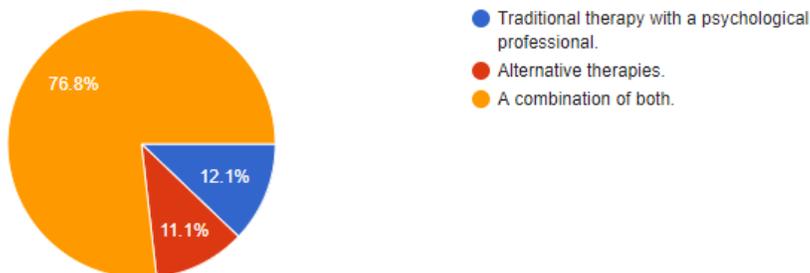
The survey was sent to 1,286 state law enforcement officers from 5 state law enforcement agencies. These agencies were as follows; Florida Lottery Division of Security, State Fire Marshal, Office of Agricultural Law Enforcement, Division of Alcohol, Beverage and Tobacco and the Florida Fish and Wildlife Conservation Commission Division of Law Enforcement. A total of 701 responses were received, for a response rate of 55%. Of those 701 responses, some respondents chose to skip several of the survey questions.

The first question of the survey was to determine whether the respondents felt that Post-Traumatic Stress Disorder (PTSD) was a major issue facing law enforcement. Of these responses, 595 (85%) answered “yes” to PTSD being a major issue and 101 (15%) answered “no” to the question. Five respondents skipped the question.

The second question asked respondents what type of treatment they might be most interested to participate in for treating PTSD. The respondents were given the choice of traditional therapy with a psychological professional, alternative therapies or a combination of both. Of these responses, 533 (77%) were interested in a combination of both, 84 (12%), were interested in traditional therapy and 77 (11%) would be interested in alternative therapies. Seven respondents skipped the question.

If you were seeking treatment for PTSD, which treatment would you be most interested in?

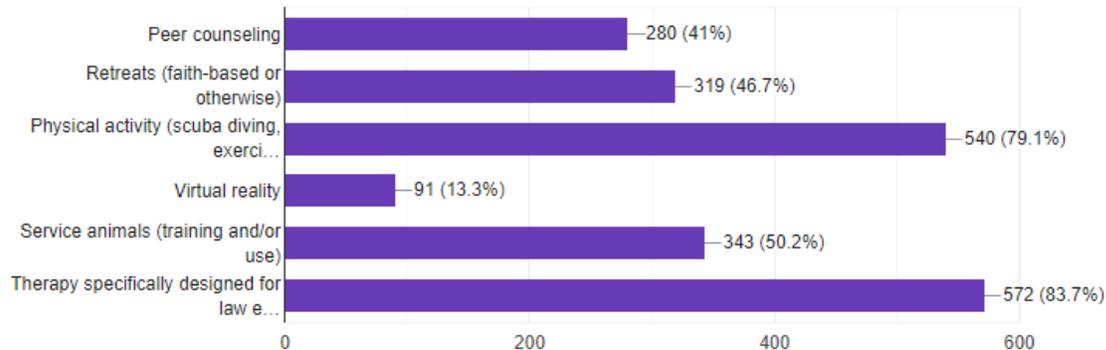
694 responses



The third question asked respondents what types of alternative therapies they would be interested in as a treatment for PTSD. The respondents were given a choice of six different types of alternative therapies. These were as follows; peer counseling, retreats (religious or secular), physical activity (fitness, scuba diving, etc.), virtual reality, service animals (training and/or use) and treatments specifically designed for law enforcement officers. The respondents were permitted to choose more than one type of therapy. Peer counseling was chosen by 280 (41%) of the respondents. Retreats was chosen by 319 (47%) of the respondents. Physical activity was chosen by 540 (79%) of the respondents. Virtual reality was chosen by 91 (13%) of the respondents. Service animals was chosen by 343 (50%) of the respondents. Therapy designed for law enforcement was chosen 572 (84%) of the respondents. Eighteen respondents skipped the question.

If available, would you be interested in any of the following alternative therapies as your treatment (or part of) for PTSD? (check all that apply)

683 responses

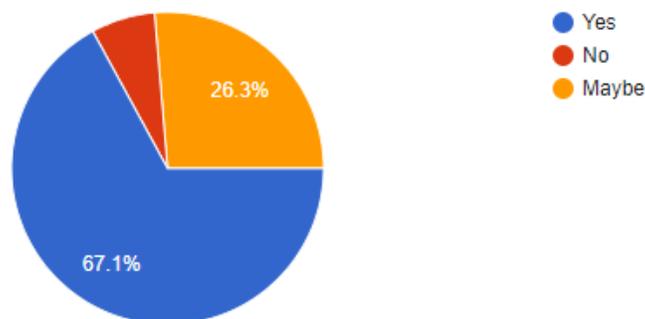


Question four asked the respondents if they would be interested in PTSD prevention training if it was offered by their agency. Of these responses, 495 (71%) answered “yes” they would be interested and 200 (29%) answered “no”. Six respondents skipped the question.

The fifth and final question asked the respondents if they felt that the culture of police work prevents officers from seeking treatment for PTSD. Of these responses, 466 (67%) answered “yes” that they felt it did prevent officers from seeking treatment, 183 (26%) answered “maybe” and 46 (7%) answered “no” it did not prevent it. Six respondents skipped the question.

Do you think that the culture of police work prevents some officers from seeking treatment for PTSD?

695 responses



Discussion

The survey results were in some ways predictable due to society's current interest in PTSD in military combat veterans. However, some of the results were unique in that the answers illustrated the changing culture of police work from 20 or even 10 years ago.

Question 1 revealed that a large majority (85%) of the respondents recognized that officer PTSD is a major issue facing law enforcement. Research of this topic revealed that 20 and even 10 years ago this result may have been vastly different due to the culture of law enforcement. Police work promotes (and at times, demands) dynamic actions, proactivity, strength (mentally and physically), responding to and taking control of difficult or traumatic events and putting the safety of others before themselves. The type of personality required for these types of actions may consider PTSD as weakness and may not seek treatment if symptoms arise. This change in attitude is refreshing and although may be a result of society's exposure to combat veteran PTSD from recent US military actions, it cannot be dismissed that the modern law enforcement officers exposed to traumatic events on a regular basis are recognizing how those events effect their lives.

Somewhat surprising was the type of treatments officers felt they would seek if suffering from the symptoms of PTSD. Over 76% of the respondents answered that they would seek a combination of traditional (with a mental health professional) and alternative therapies. Very few (12%) would seek only traditional therapy and almost the same number (11%) responded that they would only seek alternative therapies. It was refreshing that over three quarters of the respondents were willing to seek a combination of therapies as opposed to not seeking any treatment. This result is useful in that it can give agencies and psychological professionals a "starting point" in planning treatments for officers. No longer may officers not seek any treatment due to their perceived negative attitudes toward psychological treatment.

The types of alternative treatments that the respondents would seek offered a somewhat more predictable result that can also be attributed to the culture of law enforcement. Therapy specifically designed for law enforcement had the highest number of respondent's interest (83%). This result was predictable in that for any profession, a person seeking therapy will want treatment specifically designed for their type of trauma. However, the fact that peer counseling only garnered interest in 41% of respondents could appear to contradict that result. Research has found that psychological professionals have sought out law enforcement professional' input when designing treatment programs for officers. By having such a low number of respondents in favor of peer counseling, but a high number for therapy designed for them, the respondents showed that the perception of PTSD as weakness (especially to their peers) is still in many ways prevalent in officers.

Physical activity coming in closely behind (79%) appeared to be a more predictable result. The physical (and sometimes departmental) requirements and demands of law enforcement likely contributed to this result. Many officers use physical activity as a way to "unwind" or "clear their heads" after their shift and this easily transitions into a type of therapy an officer may seek. Many officers also consider themselves to be "action oriented" because of being a police officer. This type of mindset results in them being drawn to physical activity. This result is encouraging to psychological professionals seeking to design a treatment plan for law enforcement as well. Incorporating physical

activities into a treatment plan may contribute to the success of the treatment by giving officers an outlet during treatment. If handled in the proper fashion, the officer may reap the benefits of treatment without even realizing they're receiving it.

Interest in service animal training and/or use (50%) and retreats (46%) had the third and fourth most interest from respondents. The high prevalence of service animals currently being used and their general acceptance by society should be considered when looking at the high result of respondent's interest in them as an alternative therapy. However, the companionship of a service animal, especially to single persons, cannot be overlooked as well. A service animal's ability to provide assistance to traumatic stimuli can assist the officer in being more comfortable on their own. The low number of interest in retreats may have to do with the amount of commitment by an officer to participate. Leaving one's home and family can be an immense commitment and hardship to some officers and many may not have the ability to make such a commitment.

The low number (13%) of respondent's interest in virtual reality as a treatment option may be due to the respondent's lack of knowledge about virtual reality. Research has shown that the use of virtual reality scenarios is more prevalent as a training tool in the prevention of PTSD rather than as a treatment.

The interest in preventative PTSD training was encouraging in that it illustrated that not only did a majority of officers recognize law enforcement PTSD as problem, but that officers were willing to do something about it proactively. Over 71% of the respondents stated they would be interested in PTSD prevention training if offered by their agency. This result again illustrates the changing perception of officers to PTSD. Officers have recognized PTSD as an issue facing modern law enforcement.

However, as much as the above results are encouraging, officers still recognize that law enforcement culture plays a role in the recognition and treatment of law enforcement PTSD. Only 6% of the respondents stated that the culture of police work does not prevent officers from seeking treatment for PTSD. That result is significant when considering the role police culture has in an officer's professional life. The respondent's results of 67% answering that it does prevent officers from seeking treatment and 26% stating that it may prevent it show that there is still work to be done in changing police attitudes to be more accepting of law enforcement PTSD. Acceptance needs to be a major factor for officers seeking treatment.

The survey results served to prove two issues relating to law enforcement PTSD and its treatment options. One, that officers realize and acknowledge that PTSD is a real and major issue facing law enforcement officers. Two, that officers are most interested in innovative treatments when it comes to treatments for PTSD.

Just over 85% of the respondents stated that they felt PTSD was a major issue facing law enforcement officers. This overwhelming response serves to illustrate to agencies and psychological professions that law enforcement PTSD is a real issue that needs to be addressed. It has been determined that agencies can take a more active role in the reduction of cases of PTSD in their officers. Training can be offered to assist officers in not only recognizing PTSD, but also by providing them with treatment resources and options they can use within or through the agency.

Officers have shown interest in seeking treatment that is specific to law enforcement and this must be the starting point. Traditional therapy has its place in this treatment and should not be overlooked. Cognitive processing therapy (CPT, prolonged-

exposure therapy (PE) and eye-movement desensitization and reprocessing (EMDR) have all proven effective in the treatment of PTSD. However, these treatments can be combined with other non-traditional methods in order for the officer to get the most benefit from the treatment.

Innovations in the treatment of law enforcement PTSD was of the most interest to officers who were surveyed. Innovative treatment programs involving scuba diving, training/use of service animals, juggling and other physical activities can give officers an outlet to work through their trauma while still receiving a psychologically sound program of treatment. Similarly used in veteran's treatment programs, goal-oriented activities have also been successfully used in treatment programs for law enforcement officers. Police work, by its very nature, can develop a goal-oriented psyche in many officers. By tapping into this mindset, treatment providers can develop a program that can satisfy the need of a sense of accomplishment in officers, while still providing PTSD treatment.

However, treatment programs involving other activities such as retreats, peer counseling and residential treatment centers should not be overlooked. The personality or degree of trauma of the officer must be considered when designing a treatment plan. Some officers would find that a residential treatment setting would be the best environment for their recovery, while others may react best to a peer counseling setting. As with any treatment program, it must be specific to the patient.

Psychological professionals have made great strides in developing alternative treatments for treating PTSD and many of these have been specifically designed for treating officer PTSD. Whether it involves prevention counseling for new officers, bringing therapists to remote locations to assist officers or developing an out-patient and in-patient program, many psychological professionals have become true innovators in this field.

Recommendations

The prevalence of PTSD in LEOs is a growing problem facing the law enforcement community that needs to be addressed in an innovative and aggressive manner. While traditional therapies have their place, innovations in treatment from a variety of resources cannot be discounted.

Law enforcement agencies need to consider making PTSD awareness training part of the new officer training program at their agency. Recognizing the problem of PTSD and removing some of the stigmas attached to it is the first step. Utilizing such resources as peer counseling, scenario-based training, introduction to resources and coping strategies, new officers can become aware of the symptoms of PTSD when they first appear. By showing new officers that the symptoms of PTSD are not signs of weakness, but recognizing it is a sign of strength. Taking a proactive approach to PTSD and its prevention can only benefit the officers.

Alternative and innovative treatments involving physical activity can provide a great benefit to officers suffering from PTSD and it has become apparent that these types of treatment are of interest to officers. Law enforcement work involves physical activity and many officers use physical activity outside of work as an outlet to "decompress". By integrating these activities into a treatment program, officer may be more receptive to

treatment. Scuba diving, animal training, outdoor retreats are just some of the innovative treatment being developed by mental health professionals as treatment alternatives.

A large percentage of officers are concerned about the possible stigmas attached to mental health treatment. One way of combatting these stigmas associated with any type of mental health treatment for LEOs is to tailor the treatment to a law enforcement officer's specific needs. Mental health and law enforcement professionals working together have developed treatment programs specifically designed for the types of trauma that officers are exposed to during their careers. Officers have been shown to be more amenable to treatment programs that are specific to law enforcement. The comfort level of an officer engaged in a treatment plan cannot (and must not) be discounted when seeking a successful outcome of the treatment. No officer wants to attend a treatment program they don't believe in. A treatment program an officer agrees with will have a much better chance of success.

Residential treatment programs also have their place in innovative treatment options for officers. Retreats and residential treatment are what some officers require in order for a treatment program to be effective. Drug and alcohol abuse in officers suffering from PTSD is a growing problem and residential treatment programs designed for LEOs with that added component are especially needed if they are to be effective.

Agencies and mental health professionals must work together to utilize these treatment innovations to assist officers battling PTSD. But at the same time, agencies must be willing to "think outside of the box" when it comes to assisting officers battling PTSD. By researching the different types of treatments being offered by a wide variety of organizations, agencies can be in the best position to offer the best help officers in an effective way.

Captain Dan Hochuli has been a state law enforcement officer for 28 years. He began working for the state of Florida in 1992 as a Probation Officer with the Florida Department of Corrections, Probation and Parole Services and later was promoted to Law Enforcement Inspector with the Inspector General's Office. In 2007, he began working for the Florida Department of Agriculture & Consumer Services, Bureau of Investigative Services, first as an investigator, then Lieutenant and now Captain. He is currently the supervisor for the Bureau of Investigations South Region. Captain Hochuli has been assigned to task forces with the US Marshal's Service, FBI Innocent Images Task Force, Joint Terrorism Task Force and US Secret Service. He is a Florida certified law enforcement instructor, TASER, simunitions and firearms instructor and a certified range master. He holds a B.S. degree in Criminal Justice and B.A. degree in History from American International College, Springfield, MA. Captain Hochuli is a US Army veteran and former paratrooper with the US Army 82nd Airborne Division.

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Appendix A

Thank you for taking part in this survey presented by the Senior Leadership Program at the Florida Criminal Justice Executive. The purpose of the survey is to determine what treatments for law enforcement officers suffering from Post-Traumatic Stress Disorder (PTSD) might be the most beneficial to officers.

1. Do you feel that Post Traumatic Stress Disorder (PTSD) is a major issue facing law enforcement officers? Yes/No
2. If you were seeking treatment for PTSD, which treatment would you be most interested in?
 - Traditional therapy with a psychological professional
 - Alternative therapies
 - A combination of both
3. If available, would you be interested in any of the following alternative therapies as your treatment (or part of) for PTSD? (check all that apply)
 - Peer counseling
 - Retreats (faith-based or otherwise)
 - Physical activity based (scuba diving, exercise, hiking, etc.)
 - Virtual reality
 - Service animals
 - Therapy specifically designed for law enforcement officers
4. If given the opportunity, would you be interested in PTSD prevention training if offered by your agency? Yes/No
5. Do you think that the culture of police work prevents some officers from seeking treatment for PTSD? Yes/No/Maybe