Courage Under Fire
Courage After Fire
Assault on the DPD 6th Precinct

How Psychologists Heal Warriors Following Exposure to High Stress “Toxic” Incidents

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Precipitants of Law Enforcement Trauma

- BEING WOUNDED
- DEATH OF A FELLOW OFFICER
- WOUNDING OR KILLING A SUSPECT
- NOT SHOOTING
- BEING SHOT AT OR ASSAULTED
Precipitants of Law Enforcement Trauma

- INSULT, HARASSMENT, HUMILIATION (from peers, community, media)
- SEEING DEATH OR MUTILATION
- BETRAYAL BY COMMAND
- BEING TRAPPED, PINNED DOWN, OR HELD HOSTAGE
Precipitants of Law Enforcement Trauma

- LACK OF RECOGNITION AND HONOR
- UNJUST DISTRIBUTION OF RISK OR WORK
- VIOLATION OF HOPE, SPIRITUAL ABANDONMENT (god let me down)
Precipitants of Law Enforcement Trauma

- UNEXPECTED DELIVERY FROM CERTAIN DEATH

- SENSING THE FUTILITY OF IT ALL (criminal injustice system)

- FAILED RESCUE
It’s Your Perception, Not The Event That Counts

Traumatic events set off an alarm in the Limbic System (amygdala) of the brain. We become mobilized for survival and the fight, flight, fright response kicks in.

Following an officer involved shooting, the brain’s alarm system becomes hypersensitive for threat during information processing. Anything that is perceived as a threat (even benign situations) thereafter sets off the alarm.

“To the frightened, the shadow is frightening”
POST TRAUMATIC STRESS DISORDER

Individuals suffering from PTSD are stuck in time and are continually **Re-experiencing** the traumatic event through intrusive thoughts, flashbacks and nightmares. They rely on **Avoidance** of people and situations that remind them of the trauma and trigger intense fear, anxiety, guilt, rage and disgust. They suffer from autonomic **Hyperarousal** and experience exaggerated startle reflexes, hypervigilance and insomnia.
Military Terms for Combat Trauma

- Civil War (union) - Nostalgia (homesickness)
- WWI - Soldiers Heart, Effort Syndrome, Trench Neurosis, Shell Shock
- WWII, Korea, Vietnam - Combat Fatigue
- Gulf War (or anything identified after 1980) - Post Traumatic Stress Disorder
Law Enforcement Terms for Trauma

- Afterburn
- Compassion Fatigue
- Vicarious Traumatization
- Police Trauma Syndrome
- Copshock
- Post Traumatic Stress Disorder
Antidote to Critical Incident as a Toxin

- A calm reassuring approach is an antidote for anxiety.
- Structure is an antidote for chaos.
- Thinking is an antidote for dysfunctional emotions.
- Catharsis is an antidote for tension and frustration.
- Information is an antidote for loss of control.
- Acceptance and social support are antidotes for alienation.
- Action is an antidote for helplessness.

(Everly 2006)
What’s going on

“Behind the Green Door?”
Clinical Intervention following an Officer Involved Shooting

- Critical Incident Stress Debriefing / Management
  (Jeffrey Mitchell, Ph.D.)

- Prolonged Exposure Therapy
  (Edna Foa, Ph.D., Elizabeth Hembree, Ph.D., Barbara Rothbaum, Ph.D.)
Critical Incident Stress Debriefing
CISD is a therapeutic social process used post-incident for the “communalization” of trauma.

- Allows personnel to openly and safely share their experience.
- Begins healing by promoting emotional processing of the trauma.
- Helps personnel recognize they are not alone in their pain, grief and confusion.
- Identifies one’s reaction as a normal response to abnormal event.
- Puts things in perspective.
- Teaches appropriate coping strategies.
When is CISD Needed?

- When distress is observed among the involved group members.
- When signs of stress appear severe.
- When personnel demonstrate significant behavioral change.
- When personnel make significant errors on calls following the critical incident.
- When personnel request help.
- When the event is extraordinary.
Processing the Trauma

- **Introduction**: rules, confidentiality, non-critical
- **Fact Phase**: What did you do?
- **Thought Phase**: What went through your mind?
- **Reaction Phase**: What was the worst part of the incident for you?
- **Symptom Phase**: What have you been experiencing since the incident?
- **Education Phase**: How have you been dealing with the incident?
- **Re-Entry Phase**: What have you learned?
Immediate Symptoms (as it happens)

- Muscular tremors
- Nausea
- Hyperventilation
- Faintness
- Sweating
- Perceptual Distortions (multiple)
Subsequent Symptoms (within minutes to hours)

- Shock
- Fear
- Denial
- Anger
- Numbing
- Feelings of Unreality
Delayed Symptoms (within days to weeks)

- Grief
- Intrusive Thoughts About The Incident
- Flashbacks
- Nightmares
- Other Sleep Disturbances
- Depression
- Emotional Withdrawal
- Anxiety
Delayed Symptoms (continued)

- Guilt
- Paranoia
- Sexual Dysfunction
- Headaches
- Stomach aches
Chronic Symptoms (months to years)

- Anger / Hostility / Irritability
- Problems with Authority
- Fatigue
- Poor Concentration
- Loss of Self Confidence
- Drug and/or Alcohol Abuse
- Overindulgence in Food
Communalization of the Trauma
End Result of CISM

“Those who have been in a stressful incident can find value in coming together as a group, sorting out the memory distortions, filling in the memory gaps, confronting the irrational guilt, recognizing the achievements, learning the lessons, multiplying the joy, and dividing the pain of the traumatic event.”

“Pain divided is much easier to tolerate than is pain in isolation.”
Evidence Based Treatment of Trauma

- Evidence based treatments include:
  - Cognitive Behavioral Therapy
  - Mindfulness
  - Cognitive Processing Therapy
  - Eye Movement Desensitization and Reprocessing
  - Stress Inoculation Training (systematic desensitization and flooding)
  - Prolonged Exposure Therapy
Prolonged Exposure Therapy

- PE is an *evidence based* intervention for the treatment of Post Traumatic Stress Disorder.

- The Goal of PE is to **Engage in Emotional Processing** of a traumatic experience in order to diminish PTSD and other trauma-related symptoms.

- Processing allows one to rethink (**re-cognize**) the event and put it in perspective and order.
Avoidance of Trauma Reminders

- Avoidance serves to maintain the PTSD and stress symptoms.
- Chronic PTSD is conceptualized as a failure to adequately process the trauma memory because of extensive avoidance of trauma reminders.
Changing the Relationship

The task is not to eliminate fear, but rather to change one’s relationship with fear.

- Observe thoughts and thinking patterns. *First thoughts are emotionally driven*
- Identify cognitive distortions and automatic negative thoughts. *Thoughts are not facts*
- Construct alternative thoughts, behavioral patterns, and perspectives “On second thought”
Emotionally Driven Behavior vs. Behavior Driven by Reason & Judgment

“The greatest challenge to increased self-awareness is to remember the difference between unconscious reflexes and conscious consideration.”

Oispensky (1954)
PE Method/Tools

- **Imaginal Exposure** Consists of the officer visualizing (eyes closed) and recounting the traumatic event aloud several times in each session. This is tape recorded and the officer listens to the tape daily between sessions.

- **In-Vivo Exposure** enhances emotional processing by having the officer face the traumatic memories and engage in the situations that are associated with them. Officers learn memories and activating situations are not the same as the trauma itself. Anxiety decreases with exposure. Sense of safety increases.
Monitoring Progress

- **Subjective Units of Discomfort (SUDS)** anchor points of 0, 25, 50, 75, 100 are used to identify stress feelings during imaginal exposures as well as at pre, post, and peak in-vivo exposures.

- **Beck Depression Inventory**

- **Post Traumatic Stress Disorder Checklist**
Imaginal Exposure
Process the Trauma Memory
In-Vivo Exposure
Listening to Radio  Wearing Uniform
In-Vivo Exposure
Ride Along
In-Vivo Exposure Using Projection Simulators
In-Vivo Exposure
Bulls Eye Targets
In-Vivo Exposure
Animated Room Search
In-Vivo Exposure
Simulated Shoot No Shoot (surrender)
In-Vivo Exposure
Simulated Shoot no Shoot (engage)
In-Vivo Exposure
Return to the Scene
In-Vivo Exposure Until Stress Level Subsides
Factors That Increase or Mitigate The Risk For Developing PTSD

- Magnitude of the event
- Degree of warning
- Prior experience
- Your reaction to the incident
- Prior learning mastery (training and education)*
- Response by others*
- Help after the incident*
- Nature/degree of family support
- Amount of stress/change in your life
- Alcohol use

(Beverly Anderson, Ph.D.)
Provide Honor and Recognition
Provide Honor and Recognition
Make it Personal
Even if in Repetition
For Everyone Involved
Challenge Coin

SAINT MICHAEL
FIRE
COURAGE
PROVEN
Tried
TESTED

After
Questions?