

A New Approach to PTSD and Work Related Stress in the Great Falls Police Department

John G. Schaffer

Great Falls Police Department

Abstract

This paper will explore several approaches to address the issue of work related stress and Post Traumatic Stress Disorder (PTSD) involving the officers of the Great Falls Police Department (GFPD). A multifaceted approach can provide employees the essential information, resources and follow up care necessary in order to develop, maintain and eventually retire (mentally healthy) from a successful career at GFPD. The results and information included in this report are based on research of current programs in the private sector, law enforcement and the military. Interviews were conducted with experts in the field as well as within our own organization. There are many programs in use nationwide. The Ada County Sheriff's Office in Boise Idaho uses an interesting approach by introducing "wellness checkups" for their employees through existing programs. Research gleaned from personal interviews with officers currently battling PTSD have put a spotlight on what is working and what needs modification. This paper will provide a combination of processes tailored to the needs of GFPD to assist our officers on what identifiers to look for, how to get help, when and where they can expect it to come from and what will be done to ensure their mental health in the future.

Critical Incident Stress Management (CISM) and GFPD

The Great Falls Police Department has been involved in maintaining the mental health of its officers for well over a decade. The department currently uses a nationally recognized model and provides education to our officers through Crisis Intervention Training and dealing with the mentally ill. The current CISM program focuses on the critical incident. The GFPD Policy and Procedure Manual defines a critical incident as “Any situation which causes emergency services personnel to experience strong emotional reactions which have the potential to interfere with their ability to function at the scene or later.” The model identifies services that will be provided after the incident to include: pre-incident education, significant other support services, one-on-one peer or therapist support, specialty debriefings for citizen groups when necessary, on-scene support services, disaster intervention services (de-escalations), defusings, debriefings, follow-up services after critical incident intervention, support for personnel involved in informal debriefings, and research and development. (*GFPD Policy and Procedure Manual 2008*).

When a critical incident occurs, GFPD management utilizes this model and several intervention steps are initiated. Policy calls for the CISM team to be activated on major or prolonged events and are called to the scene to provide On Scene Debriefing. This function is usually conducted by a field supervisor on an informal basis as long as the supervisor has been trained on the CISM model. If the supervisor is not trained in CISM or aware of whom the members are, it can easily be overlooked. This is the same for the initial defusing, which will normally take place several hours after the event. It is only accomplished if the supervisor is aware the employee experiences some emotional trauma as a result of the event. Next is the

formal debriefing. GFPD has regularly scheduled formal debriefings for most major incidents where it is apparent or research has shown the event will trigger some sort of emotional trauma such as officer involved shootings, in custody deaths and the felonious death of a child. An atmosphere of acceptance has been cultured at GFPD encouraging its employee's to attend the formal debriefings. Supervisors acknowledge these significant events can lead to future problems if an employee is not provided an opportunity to express their feelings as it relates to a particular call. Follow up debriefings "May be performed several weeks or even months after a critical incident, when there is need for follow-up." (*GFPD Policy and Procedure Manual 2008*). These are also conducted on an informal basis should an officer exhibit signs of having continued difficulty with the event. The last intervention step is individual consultation by a mental health professional should the officer require additional follow up.

The CISM model used by GFPD is effective if properly executed. There are several questions that arise when one narrowly analyzes the actual process. What is a critical event? Although we have a formal definition, each individual brings a different perspective on what brings on "strong emotional reactions". To the investigator working crimes against children, a call involving an infant with a broken leg caused by a caregiver may just be part of the daily grind. To a new officer in the Field Training Program who may be experiencing the same event for the first time, it can be life altering. When is the CISM model activated? Who decides if follow-up debriefings are necessary? Possible solutions to these and other questions will be addressed in the following pages.

Police Officers Change

Prior to a new officer being hired, they engage in a battery of tests that ensure the person is the best possible candidate available. Their intellect and knowledge is evaluated by a written test. Their physical fitness is measured and an examination is conducted by a physician to determine the applicant is physically sound. The Department tests their verbal skills by having them participate in an oral interview. Their judgment and decision making is tested by our BPAD model. We also examine whether they are mentally capable of becoming a police officer through psychological testing. Applicants have been passed over because the testing procedure showed they lacked “mental toughness”. An extensive background investigation is completed to ensure their integrity and professionalism meets standards and there was no deceptive activity in their past that would be detrimental to our community or department. Finally, a board of commissioners reviews the applicants and provides input on their pending appointment.

(Montana Code Annotated 2011). The hiring process has been hailed as a model policy in the Montana police community. How does this officer shift from being the perfect candidate to an officer crying out for help in a short five, ten or 15 year period? Police officers learn to see the world differently. Law enforcement is exposed to events that most people in society have not ever thought of much less experienced. Kevin Gilmartin wrote “Officers are exposed every day to a series of unknown events, any one of which could be perfectly harmless or lethally dangerous.” *(2002, pg.35)*. This results in Hypervigilance or the necessary viewing of the world from a threat based perspective. Officers function at a high level of alertness throughout their work day making critical decision after critical decision that often has a profound effect on the lives of the people they serve. They are alert, alive, quick thinking, tend to be funny and have a strong sense of camaraderie. When they get home, the exact opposite occurs. They are tired of making decisions, are fatigued, detached, isolated, apathetic and suffer from mood changes.

These are also the symptoms associated with PTSD. (*Emotional Survival for Law Enforcement, 2002*). If the officer is not provided the tools to combat this “biological rollercoaster” great physical and mental health concerns can manifest.

Post Traumatic Stress Disorder

While our current model addresses the critical incidents, how are we addressing the cumulative stressors that occur over a five, ten or 20 year career in law enforcement? This manifests in Post Traumatic Stress Disorder for our officers. In his book “My Life for Your Life”, retired Las Vegas Metropolitan Police Department Sergeant Clarke Paris draws a comparison of PTSD in what he terms as “Cop Stew”. “Cop Stew is all of those emotions, fears, memories and traumatic events that officers deal with, all thrown together in a pot and the flame is on high.” One call can cause the pot to boil over. In Paris’ case it was the suicide of a 13 year old boy who took his own life because he was failing algebra.

“It marked a major transition because everything in my memory began to return. It was all coming back: dead baby calls, fights, crashes, foot pursuits, rape victims, murder, everything. It all came back and those memories now came back with a vengeance. Calls and incidents that had bothered me 20 years earlier and had been ‘forgotten’ came back. As did the calls and events from only months before. Some of them were difficult to handle at the time they occurred and others seemed insignificant as I handled them. It was now, for the first time, that I realized my problem was genuinely work related.”
(Page 30).

For one GFPD officer it was spending 12 hours processing a crime scene where a father killed his wife, his six-year-old son and one-year-old daughter. When his “cop stew” boiled over it resulted in isolation, insomnia and increased alcohol use for a period of eight months. For another GFPD officer it was reliving an event through a television show where a man shot a friend then entered a residence intent on killing his wife but decided to take his own life as the officer entered the home.

When the “cop stew” boils over, PTSD can show many symptoms. Depression is frequently associated with PTSD. Depression is something that police associate with the mentally ill. Most feel that this is not something that can happen to them. Coming forward and asking for help can be difficult. Substance abuse, specifically alcohol, seems to be the preferred method for numbing the painful memories. This is only temporary and can manifest in to larger problems such as prescription drug abuse. Isolation, marital problems, financial issues and sick leave abuse are all symptoms of an officer suffering from PTSD. Officers can eventually, if untreated, be led into the false hope that suicide is the only solution to their pain. PTSD is not like any other work related illness. It is difficult to detect, especially at times an officer is not willing to step forward and say “I am not OK!”

A New Approach

How do we provide the resources to our officers that need help? In the following pages a program will be outlined that will address the mental health needs of the first responders of the GFPD consisting of several phases. First, our officers must realize the changes they have and will undergo. New candidates, veteran officers, dispatchers and civilian staff will be provided training on the emotional effects of their career choice. Employees will then be given methods both in house and externally in which they can ask for help if they are experiencing problems or are in crisis. A step-by- step procedure will be outlined so staff will know how our organization will assist in their well being. Finally, GFPD needs to provide a system where employee’s mental health is maintained and monitored over the course of a career.

Education

The following quote by Dr. Gilmartin sums up the first year of a new officer’s life at GFPD. “Many agencies train new officers to be sprinters, and then they enter them into a

marathon.” (2002, pg.71). Getting hired is the first of a long series of “can’t wait”. I can’t wait to get hired, I can’t wait to go to the academy, I can’t wait until FTO, I can’t wait to finish FTO, I can’t wait until I get confirmed. It continues throughout an officer’s career. A great deal of information is placed upon an officer during “sprint training”. How do we provide information on PTSD and the transformation that will occur in the coming years? There are three references, in this author’s view, that are critical. “*Emotional Survival for Law Enforcement*”, “*My Life for Your Life*” and “*I Love a Cop*” provide three different viewpoints on the emotional side of an officer’s new career and the challenges he and his significant other will face. These perspectives are the most critical components that will impact both new and veteran employees. They will be issued to all new officers to keep and utilize for future reference. However, just providing the readings will not suffice. They will be prioritized behind the Montana Code Annotated, GFPD Policy and Procedure Manual and the day-to-day challenges of raising a family. GFPD is implementing the *Mentoring and Career Development Program* in which new officers will be provided with a mentor to assist them with the socialization process. The above references will be required reading by the mentor to be part of the program. The mentors, with assistance from department instructors, will develop lesson plans based on the content of the readings and provide a four to six hour training to new officers and their significant others regarding the effects of PTSD and their career choice. The Houston Police Department has also developed a free, online video outlining the effects of PTSD in the military and their own members. This will add another day to their pre-academy preparations and will place a priority on the department’s commitment to the officer’s mental health. The costs are minimal as all three books can be purchased for \$50.00. (Fig 1)

For the incumbent employee, a department instructor will facilitate training in segments similar to the above during briefings in patrol services or in a single session for other bureaus. This training will consist of sharing the ideas of the readings and how they relate to the experiences of officers. Staff will relate their experiences with those of others and how they were able to get on the road to well being. In addition, the training office will provide a professional program such as “The Pain Behind the Badge” where a commitment will be made to ensure all members of our organization attend. GFPD has offered this training before and it was very well received. This will take creative scheduling and sacrifice by the staff but the outcomes will be worth the investment. A three day training can be expensive, around \$8,000.00. This can be funded by several possible sources. Examining the training budget would be the first place to look. However other courses cannot be neglected in order to provide education on one specific topic. In the past, the training office has provided instruction by GFPD staff to other law enforcement agencies where the funds generated were placed in a “special schools account”. Currently, GFPD is planning on hosting a week long Active Shooter training the end of March with an estimated 40 participants. If 30 were from outside agencies, GFPD could earn \$6,000.00 on that course. If marketed properly the remaining funds could be offset by fire departments, outside law enforcement agencies, church and civic groups. This is a realistic option since we would like to implement this training sooner rather than later. Another option would be to earmark the costs as part of the Great Falls Police Community Foundation fundraiser at the Policeman’s Ball. This event has been growing exponentially since its inception and raised over \$20,000.00 last year. The Foundation has invested in equipment and technologies to help our officers better perform their day to day jobs. There cannot be a more worthwhile endeavor than investing in their day to day mental health.

Another tool that worked in Ada County Idaho to initiate their mental health and stress reduction program is requesting employees participate in a “mental health check up”. Most officers work on their physical fitness regularly and obtain a physical from their doctor on an annual basis to ensure their wellbeing and to diagnose any potential health problems. Why not provide an opportunity for employees to have a mental health physical available to them? Ada County has a staff of over 400 employees and set up their “mental health checkups” through their Employee Assistance Program (EAP), which is free of charge. In Great Falls, the EAP program provides for short term counseling, up to four free visits, on relationship problems, family and work related stress, emotional difficulties and substance abuse in a confidential format. Although PTSD may require additional services and treatment, this no cost approach can mitigate the stigma of an officer requesting help. A department designee can make the appointment with EAP for all staff and explain their participation is voluntary and confidential but we would like for them to go at least one time in 2013. The only record kept, by Human Resources, will be the number of GFPD staff that participated. Feedback will be anticipated from the officers as well as their support system and will be relayed anonymously back to our officers and civilian staff. Participation can create challenges. In a recent interview with Ada County Sheriff Gary Raney he stated, “I had a conversation with our members, after a well respected deputy resigned in lieu of termination over inappropriate off duty behavior, where I relayed that we need to look out for each other more. We need to be invested in each other’s well being. I presented the wellness checkup program and asked them if they did not want to go for themselves, go for the person next to you. This seemed to strike home with each of them. Of the over 400 members in our organization, only one deputy failed to attend an EAP checkup. It is all about how it is presented. (Personal Communications, Feb 2013).” At GFPD, this culture

has already been introduced. Our vision is to place more value on each other. Mental health checkups are one way of showing it.

Crisis Intervention

Educating an employee and his/her significant other on the signs and symptoms of PTSD is a major step in mitigating its effects. Getting an employee to request assistance can be a major impediment. Many officers may recognize the problem but not take the appropriate steps towards a solution. Getting help from professionals that have “never worn a badge” or just another “quack head shrinker” can be a difficult step to take. This paper proposes two step-by-step methods for an officer to seek assistance. One through internal means, the other by using a resource outside of our department and the City of Great Falls. (Fig. 2).

Internal Notification

The City of Great Falls is in support of GFPD and the PTSD related issues as it involves its officers. Although workers compensation does not recognize PTSD as a work related injury, the City of Great Falls, through its responsiveness to previous incidents, does. (*City of Great Falls Memorandum, April 2011*). A climate of trust and caring has been exhibited at all levels in dealing with the issue. The preferred method, because of the existing support and financial resources, would be for an officer in crisis to contact a trusted member of GFPD or the Great Falls Police Protective Association (GFPPA). This peer, friend or supervisor can provide a listening ear and assess the officer’s well being. The peer can work with the officer towards action steps in order move the process forward. This peer then notifies a member of the GFPD Administrative team. This could cause hesitation on the part of the officer but it must be explained that at a bare minimum, they are needed to activate resources. The Chief of Police can make decisions immediately concerning administrative leave and coverage of expenses that are

of benefit to the officer. The administrator will contact a member of the PTSD Response Team. GFPD and the GFPPA have already begun negotiations with health care professionals in our community with knowledge and experience in the area of PTSD to be available to respond when an officer is in crisis. If it can be negotiated to bring these providers into the City's EAP program, it can be accomplished at no cost. It is not enough to make an appointment for the officer to be seen in one, two or five days by the professional. They will need to meet with the officer immediately to utilize stabilization techniques and prescribe any medication to address the emotional as well as physiological symptoms the officer is experiencing. Once the officer is stabilized, the provider will schedule follow up the following day to outline a treatment plan. It is at this time, a referral to a more appropriate physician or treatment facility can be made. Follow up care is a must to ensure the officer is making progress towards returning to duty. The health care provider working with the officer should be provided with all options available to return to work provided by the labor agreement with the GFPPA. This will prevent further isolation from the law enforcement community. The officer should select two trusted members of GFPD, likely in his inner circle, who reports progress/pitfalls to a GFPD administrator. These members and administrator will monitor the officer's improvement and make a determination if GFPD can make reasonable accommodations to facilitate the officer's return to full duty status.

Some officers do not get better. Sometimes the best outcome for the officer is to leave the field. "It is crucial to remember that identities are never singular. We all have multiple roles in life. As one identity is being phased out (being a cop) others can be strengthened (being a father, a husband) and dynamic new identities can be forged." (*My Life for Your Life, 2011*).

External Notification

No matter what steps an organization takes to build trust and show its employees they care, there will always be a small percentage that they are unable to reach. There are a certain number of officers that will not go to the administration for help. The officer may also be hiding a shortcoming and does not want to involve his department for fear of losing his job. This does not mean they will not suffer from work related stress in the same manner as others. “Safe Call Now” provides an avenue for the officer not wanting GFPD administration to be involved. A confidential call to “Safe Call Now” can provide an officer with many of the resources provided by the City of Great Falls albeit the financial benefits. “Safe Call Now” is a response line staffed with trained first responders, former law enforcement officers, public safety professionals and/or mental healthcare providers who are familiar with our line of work. A trained phone counselor will talk with the officer and provide assistance and referrals for any public safety personnel and their families who are experiencing an emotional crisis or desire a need for someone to listen. “Safe Call Now” has built relationships with health care providers and treatment facilities across the country that can provide the necessary resources for the officer in crisis. They can also put the caller in contact with a trusted, trained volunteer in their area to provide local assistance if needed. In a recent interview with “Safe Call Now” founder Sean Reilly, he stated “Many times an officer in crisis just needs to take the first step towards healing. “Safe Call Now” provides an opportunity for an officer to reach out on his own and take the step. Many times, after an officer calls, they are referred back to their own agency for help. They just wanted someone to listen and tell them they are not alone.” (*Personal Communication, Jan 2013*). Reilly stated he has also joined forces with the Federal Bureau of Investigation National Academy Associates in rolling out a comprehensive plan in dealing with police related stress and trauma. The plan, to be introduced May 23rd, 2013, will incorporate “Safe Call Now” with an early identification

system, an assessment tool, intervention techniques, treatment as well as long term care and case management. "Safe Call Now" is free to the officer and all treatment is processed through the officer's insurance provider. "Safe Call Now" is based in Seattle with a direct local number. No records are kept and the call is confidential based on Washington statute. In the event GFPD would receive a referral from "Safe Call Now", the internal notification system would be activated.

With treatment comes a cost. Currently the City of Great Falls has committed to and pays all expenses associated with the treatment, transportation and any deductibles, co-pays or prescription drug expenses of an officer suffering from work related PTSD. The officer's salary is covered while receiving treatment by placing him on administrative leave. GFPD also provides for light duty assignment of up to one year at the discretion of the Chief of Police. Currently, these expenses are being paid with funds coming from the Health Insurance Premium account. The City Human Resources department explains that currently the city is self insured. Every few years the health insurance administrator, currently Blue Cross and Blue Shield of Montana (BCBS), is evaluated to see if any cost savings can be realized. In June of 2013, this will take place again. If the city continues to utilize BCBS and remains self insured the current model of funding would likely be available. If a new health care system is utilized those funds may no longer exist. Should this become a reality, a line item would need to be requested through the City Manager's Office and budgeted. A revolving account would be established through fiscal services and designated for this purpose alone. An estimated \$15-20,000.00 could be placed in the account and left there. If it is not needed, it remains until necessary. This amount could send two officers annually to a treatment facility should the need arise. Several line items have been identified where a shift in resources will partially fund this account. Fig. 4. In addition, the

department currently has a shortage of space in evidence storage. Over the years dozens of firearms have accumulated and can be sold to licensed federal firearms dealers (*Montana Code Annotated, 2011*). The sale of these guns would provide an immediate revenue source that can be funneled to PTSD prevention and treatment. Each year additional firearms are seized and made available for sale which would provide an ongoing funding source for the program as well as provide additional space for evidence storage. One final approach could consist of budget examination near the end of each fiscal year. If excess funds are discovered in various line items, they can be transferred to this revolving account. With tight budgets, it may not be a large sum but this can accumulate should PTSD services not be needed.

Employee Maintenance

The final piece of the program involves continued maintenance of our existing employees after treatment, the training of new officers and to provide sustainable resources to our members. The department must make our mental health a consistent part of our future with no judgment or stigma attached. It will become “just what we do”. Continued roll call training on the process and what can be expected from the police department when someone asks for help will become the norm in addition to training on the EAP program. Everyone knows EAP exists but do they know what services EAP provides? What happens when an officer calls “Safe Call Now?” All of these can be accomplished with little effort and no expense. Mental health needs to be a priority for the leadership in our organization. It will take follow through and commitment from all of us to ensure these goals are completed.

CISM

The current CISM model in place at GFPD is proven to be effective when utilized properly. The research conducted for this paper has brought to light some shortcomings. For the

past several years child abuse has been in the forefront of everyone's mind. Recently, a 23 month old child was severely beaten and had to be airlifted to Seattle for surgery. As a supervisor, this author reviewed the photos of the injuries the child received. They were quite graphic and the officer did an outstanding job documenting the event. As the photos were viewed, I felt myself getting emotional knowing what the child went through when the injuries were inflicted. They triggered an emotional response from me just looking at the images. The daily work continued along with reflection back on those images. The response was the same. I then thought about the officer who took the photos, the investigators that spent time with the child and interviewed the suspect(s). What are they experiencing? Why are we not activating the CISM system? Is there a debriefing scheduled? Then the phone rang and the service to the public continued. I again reflected on the situation and looked inward. I could have done these things and activated the team. The debriefing could have been immediately scheduled instead of waiting for someone, unknown to me, to start the process.

What is the solution? Assign one administrator to monitor and track all major events that could trigger these types of responses as well as the officers currently suffering from PTSD related issues. Patrol and Investigations supervisors as well as officers are provided training to recognize these events so they can be relayed to the CISM/PTSD Coordinator. He is responsible for the initial defusing and will call officers in to see how they are handling the situation. In addition, the administrator will keep track of significant dates and anniversaries of critical incidents and schedule follow up with the officers involved. The program will be a critical administrative function and as simple as generating an excel spreadsheet.

Mandatory Wellness Checks

Finally, GFPD staff placed in trauma related positions will be required to attend mandatory mental health wellness checkups. This has been implemented on a small scale with the Internet Crimes against Children task force as a requirement to being accepted. The GFPPA and GFPD Labor/Management have already agreed that wellness checkups would benefit its members. Patrol Officers, Detectives, Crime Scene Processors, Evidence Technicians and Dispatchers would have continued wellness checkups scheduled through EAP to diagnose any potential problems arising out of their assignments. This would be completed by the CISM/PTSD Coordinator. Other positions such as the Records Bureau could be provided with an optional opportunity to participate. Feedback from the participants of both the mandatory and voluntary positions will need to be sought by the coordinator in order to evaluate the effectiveness on an annual basis.

Conclusion

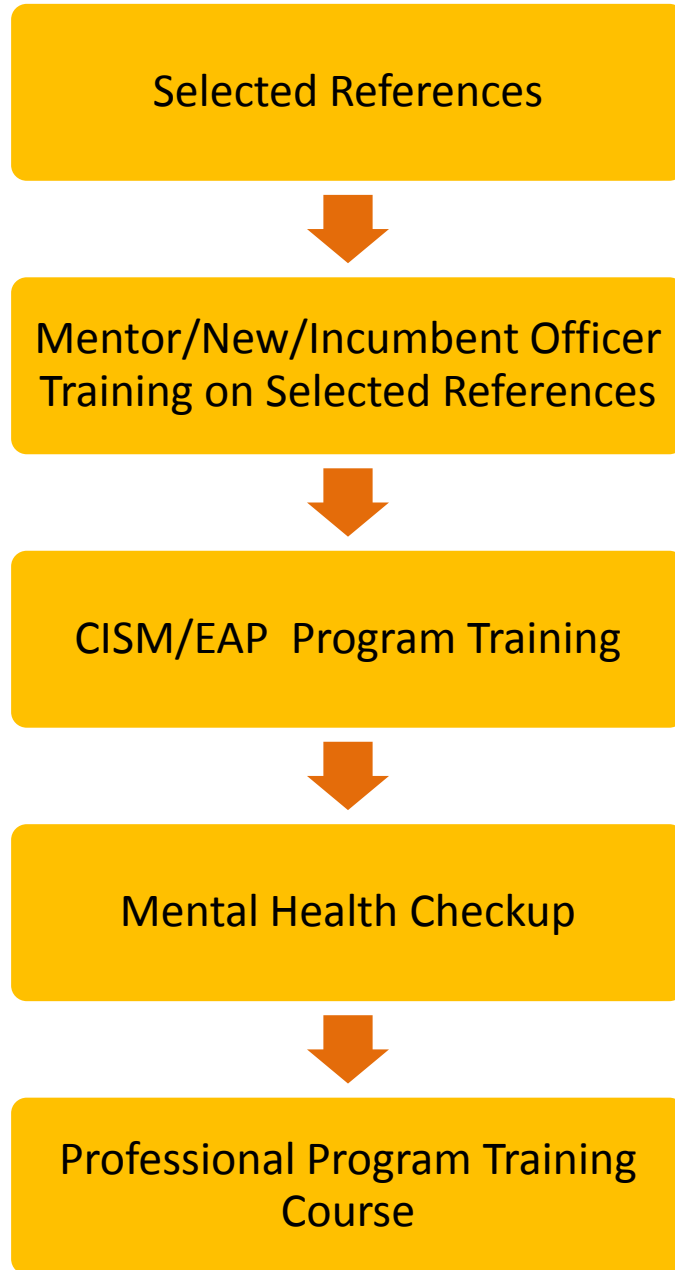
PTSD is unlike any other affliction that police officers have encountered. The continual day to day stressors will accumulate unless mechanisms can be provided to mitigate the effects. The training of new and incumbent officers, as well as their support systems in the recognition, prevention and treatment options for PTSD and associated stressors is critical. Adding a step by step crisis intervention model supported and encouraged by everyone in GFPD will provide officers with the confidence to know what is going to happen throughout the long process of recovery. Finally, dedicating resources such as wellness checkups and a program coordinator to assist officers in preventing and maintaining their mental health creates a climate of commitment to each other. Taking a proactive approach to PTSD and work related stress will foster an atmosphere of teamwork that will relay to all members that we value each other and are taking the necessary steps to validate it.

References

- Paris, Clarke A. (2011). My Life for Your Life. 26-32. 53-66. Interview Feb 2013.
- Gilmartin, Kevin M. (2002). Emotional Survival for Law Enforcement. *A Guide for Officers and Their Families*. 33-70.
- Montana Code Annotated (2011). 7-32-303, 46-5-313.
- Kirschman, Ellen (2007). I Love a Cop. *What Police Families Need to Know?* 85-110
- Safe Call Now (2013). www.safecallnow.org. Resources, Self Assessment, About us.
- Reily, Sean. Safe Call Now. Kirkland Washington. Interview, Feb 2013.
- Raney, Gary. Ada County Sheriff's Office, Boise ID. Interview, Feb 2013.
- City of Great Falls, MT Police Department. Policy and Procedure Manual. Section 783. 158-164.
- Doyon, Gregory T. (2011). City of Great Falls City Manager's Office Memorandum. April 19, 2011.
- Williams, Linda. City of Great Falls Human Resources Manager. Interview, Feb 2013.
- Houston Police Department, 2013
- http://184.173.8.159/~mwhpr/?media=kpX6E6bWiY6bOp7H2MN_NDviuAIqzoBc

Education

Figure 1



Crisis Intervention

Figure 2

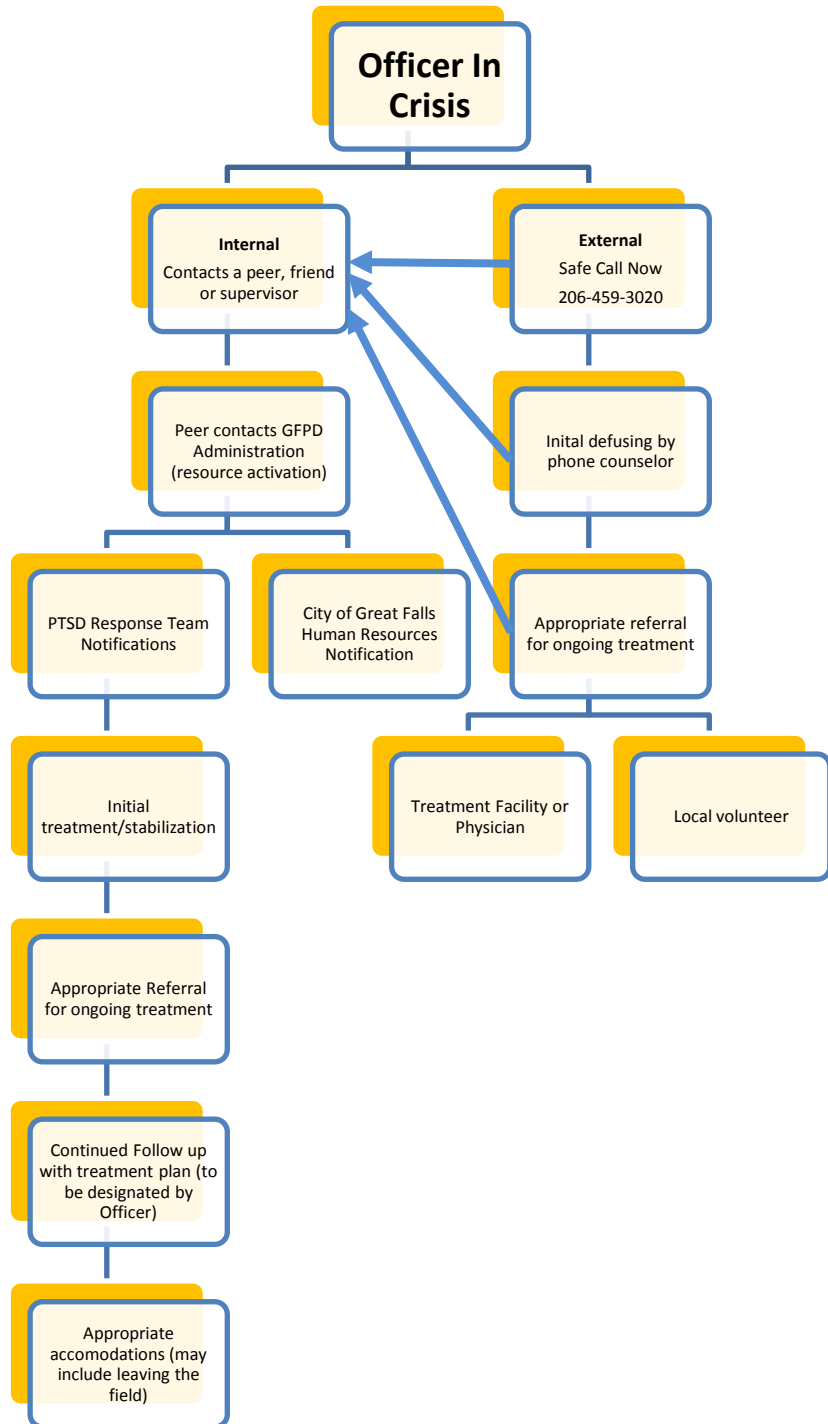
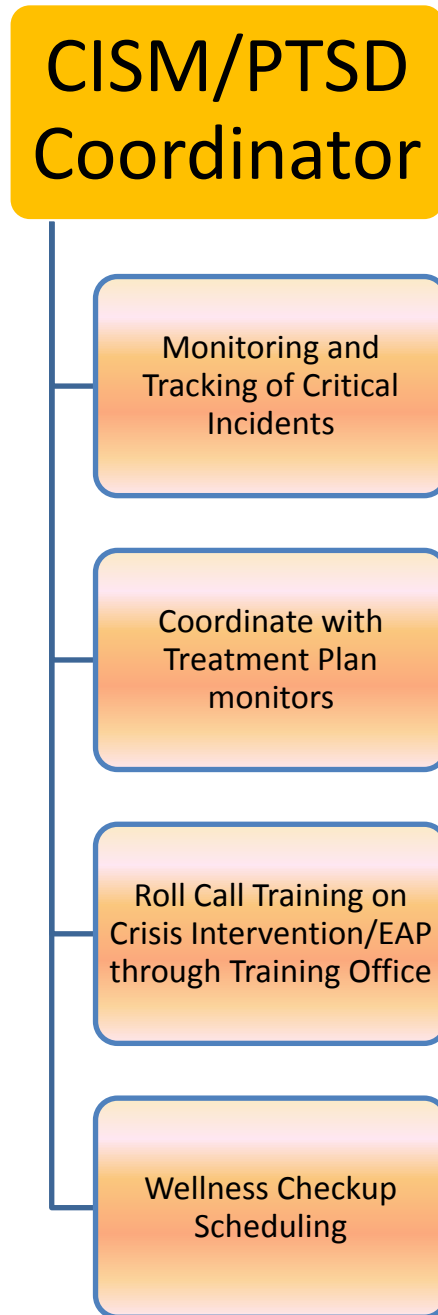


Figure 3

Employee Maintenance



Budget Examination

Figure 4

<u>Bureau</u>	<u>Item</u>	<u>Amount Reallocated</u>	<u>Totals</u>
Patrol Services	Cut City Directory	\$250.00	
	Cut one Cell Phone	\$413.00	
	Cut PDR (now online)	\$100.00	
<i>HRU</i>	MSTOA Membership (5 to 3)	\$375.00	
			\$1338.00
Investigative Services	Cut Digital Recorders	\$150.00	
	Cut one Cell Phone	\$413.00	
			\$563.00
Support Services	Misc. Supplies/Bld/Veh maint.(shift)	\$500.00	
	Cut one cell phone	\$413.00	
<i>Training</i>	Cut Training Tapes	\$500.00	
	Cut Prism Maint by 50%	\$500.00	
			\$2476.00
Communication Services	Shift Training funds	\$500.00	\$500.00
		Total	\$4877.00