

Police forces try to combat PTSD

By *TMN Interns* 

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Police work at a Black Lives Matter demonstration. (Doug Christian/TMN)

By Paige McGlaulin

WASHINGTON – Former Utah police officer Justin Boardman was attending a conference in Seattle in 2014 on ending violence against women when something went very wrong.

Russell Strand, a speaker at the International Conference on Sexual Assault, Domestic Violence and Trafficking, began describing the smell of brains. He said it was mixture of “gunpowder and honeysuckle,” which Boardman said was “sweet and beautiful and horrifying at the same time.”

“I lost it. I looked over at the person next to me and I’m crying,” Boardman said. “She’s like ‘what’s wrong?’ ... like, I had no freaking clue.”

Boardman was a Special Victims Unit officer with the West Valley City Police Department. He had seen the human brain “more times than I can – I want to admit.”

He also provides training and lectures about dealing with sexual assault, and had heard Strand's presentation before, so he couldn't understand why this time his reaction was different. He had to go to his hotel room in a panic until he regained his composure.

Boardman reached out to a fellow colleague in Salt Lake after the incident, the only one he knew who had gone on leave for mental health and came back.

"I go, 'Dude I don't know, I just got a little messed up,' " Boardman said. "He goes 'well, dude, you know I love you,' and I lost it."

Soon after the conference, Boardman sought treatment for Post Traumatic Stress Disorder. PTSD is developed after an individual goes through a traumatizing experience that causes adverse reactions over time. PTSD can't be diagnosed until at least a month after the event. though, because it depends on how the memory was processed in the brain over time.

Boardman, 47, retired this year after 15 years of service, and now focuses on providing training to those working in the justice system regarding domestic violence and sexual assault. He is just one of the thousands of police officers who have experienced trauma on the job.

Police Suicide Study

The NSOPS (National Surveillance of Police Suicide) Study estimates that 15 to 18 percent of the approximately 875,000 sworn officers currently serving in the U.S. suffer from PTSD.

Ron Clark, chairman of The Badge of Life – a nonprofit group that focuses on the impacts of stress and trauma on active-duty and retired law enforcement personnel – conducts the Police Suicide Study, the only one of its kind. Clark, a retired sergeant from the Connecticut State Police and a military veteran, said that for every 100,000 active-duty officers, 12 committed suicide in 2016.

Ron Clark is chairman of The Badge of Life, a nonprofit group that aims to lessen the impact of trauma and stress

Though that number was lower than the average rate of 13 per 100,000 people in the general population, it should be noted that officers go

*on law enforcement personnel.
(BadgeOfLife.com)*

through psychological testing in the hiring process, meaning the number should be much lower.

However, Clark says the focus on suicide ignores the underlying problem of PTSD in police departments.

“The thing I think that I say to most reporters – most of them want to come at it from the suicide side,” Clark said. “That’s not the story. The story is about the broad aspect of law enforcement and what is being done. What are the lesson plans in the academy for emotional wellness?”

Clark likened the contrast between police suicides and PTSD to suicides being a canary in a coal mine.

“So it’s the tip of the iceberg. The suicides are the canary. It’s what is behind it, the living,” he said.

Symptoms of PTSD

PTSD is frequently thought of as a rare disorder that occurs only in people who have survived highly dangerous situations, such as military service members or sexual assault victims.

The American Psychiatric Association debunks this belief on its website, saying “PTSD can occur in all people, in people of any ethnicity, nationality or culture, and any age.” It also notes that approximately 3.5 percent of U.S. adults will experience PTSD in their lifetime.

Ellen Kirschman, a psychologist who has worked with law enforcement for over 20 years, says dramatic symptoms such as flashbacks are more rare.

“You know, intrusive memories are one thing, but a flashback... you think that whatever happened is happening all over again,” she said. “Those are very rare. They’re really great in the movies, but I don’t think they happen that often.”

A [2017 University of Phoenix survey](#) of over 2,000 first responders, conducted with the Harris Poll, found that common symptoms in officers include lack of sleep (67 percent), anxiety (44 percent), change in eating habits (37 percent) and mood changes (30 percent). Flashbacks of traumatic events did appear on the list at 30 percent, and substance abuse and suicidal thoughts both at 5 percent.

PTSD develops mainly from either a single traumatic event or a cumulation of events over time.

“Both in the military and in the civilian police force, there’s a cumulative effect that you don’t see in single event trauma,” said Dr. Harry Croft, a psychiatrist who worked with the army, specializing in combat PTSD. “Single event trauma is easier to treat than multiple event trauma, than cumulative trauma,” he said, adding that singular event traumas occur from events particularly horrible.

Singular event-induced trauma

Dr. David Reiss, a psychiatrist in Vermont with over 10 years experience in psychological evaluations of police officers, noted that officers can develop PTSD from one singular event, but they usually develop the disorder after enduring several smaller events throughout a career.

This can cause an officer to reach a breaking point.

PoiceDefense.gov

“That does happen when it’s something really horrible,” Dr. Reiss said, referring to singular event-induced trauma. “And at times it happens when someone just reaches their breaking point, where they don’t even know why it’s this particular incident that got them. It may not even be worse than others they’ve seen, but often one particular incident does get to them. But often it’s more cumulative.”

Boardman compared cumulative trauma to a pigeon repeatedly defecating on a person’s shoulder.

“I think of a pigeon that flies over you and poops on your shoulder, and you wipe it off, and then another one comes by and poops on your shoulder and leaves more there, and the residue builds up,” he said. “There’s more s-- over time that builds up.”

Prevention and treatment

Boardman said growing up, his family was open with communication and encouraging counseling.

"I was brought on early with counselors because they recognized, my family did anyway, that the counselors and going to counselors is a different type of maintenance ... to help keep you sane," he said. "And in police work that really wasn't something that we talked about."

Mental-health professionals and police mental-health advocates are now pushing to end the taboo surrounding trauma and mental illness in the law-enforcement community.

"Our recommendation is you go see somebody," Clark said. "Not because they have anything wrong, but it's a preventive."

He thinks officers should view psychological evaluations as any other routine doctor appointment, comparing officers who don't seek help to people who don't go to the dentist frequently.

"Ever seen somebody who didn't brush their teeth and didn't have their teeth done? You know when they're about 60 or 70?" he said.

Voluntary vs. mandatory treatment

Clark also said that it's important to make these visits voluntary, as opposed to mandatory evaluations that an officer may try to get out of as quickly as possible.

"The cop goes and he sits down and he sits for 55 minutes and he just 'yes, no, maybe,' deflects, and go on," Clark said. "You let them go in voluntarily, and say 'Look, you really should go see somebody...' it's far different... they're there because they want to be there."

Reiss said the San Diego Police Department made psychological evaluations mandatory every time an officer fires his or her weapon, or is shot at – even if no one was injured.

When asked if some officers try to get out of the evaluations as fast as possible, as Croft described, Reiss said: "I'd say that's about half the time."

"I mean mandatory evaluation, you know, is never perfect," Reiss continued. "And there are times anyone could be fooled. Surely I can be fooled. There are times that people are going to very sincerely minimize what they're experiencing because they don't want to admit it."

"So it's certainly not a foolproof system, and, especially in the macho world of law enforcement a lot of times it's, you know, 'hi doc, bye doc,' " Reiss said.

In that same University of Phoenix study, 52 percent of first responders said they would benefit from having friends or family members to talk to, 40 percent favored access to free counseling, and 33 percent wanted a peer support group.

Reliance on peer support

Boardman said departments tend to encourage peer support, which he doesn't think is adequate.

"You know you'll have police departments that pat themselves on the back with peer support," he said. "That's great, but it needs to be more."

Boardman himself has sought help for PTSD through eye movement desensitization and reprocessing treatment, also known as EMDR. EMDR is a form of psychotherapy that uses back and forth eye movements to desensitize the feelings that are associated with traumatic memories. An animation explaining the treatment can be viewed [here](#).

"It was interesting," he said. "Later the feelings were gone. You know she separated, or the EMDR separated, the feelings from the memory. The feelings were gone, the memories can always stay there."

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