

Police Trauma & Addiction

Coping with the Dangers of the Job



es to abuse chemicals does so to numb the effects of trauma. However, overwhelming evidence suggests that the two factors often *are* linked, particularly in the high-stress environment of police work. Therefore, law enforcement administrators need to understand the responses to trauma and stress, the link between trauma and substance abuse, and the strategies for intervention and treatment needed to help their officers survive the rigors of their chosen profession.

UNDERSTANDING TRAUMA AND STRESS RESPONSES

Critical incidents experienced by law enforcement officers are broad and far-ranging. A retired officer turned counselor, who survived a serious assault early in his career, has suggested that "any situation in which an officer's expectations of personal infallibility suddenly become tempered by imperfection and crude reality can be a critical incident."³ Examples could include an officer-involved shooting, the death of a coworker, serious injury while on duty, life-threatening incidents, hostage situations or negotiations, exposure to intense crime scenes, a police suicide, or any situation that falls outside the realm of normal experience.

Stress responses and the symptoms resulting from such incidents can be cognitive (confusion, difficulty concentrating, or intrusive thoughts), physical (fatigue, headaches, or changes in appetite or sleep patterns), behavioral (withdrawal, acting out, or substance use), or emotional (anxiety or fear, depression, anger or guilt, or feelings of helplessness).⁴ Most often, a combination of these symptoms emerges —

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Law enforcement officers face traumatic incidents daily. These events, typically unexpected and sudden, fall well beyond the bounds of normal experience;¹ hence, they can have profound physical, emotional, and psychological impacts—even for the best-trained,

experienced, and seasoned officers.

The ability to cope with stressful incidents is a personal journey that depends on an officer's past experiences with trauma; appropriate development of coping strategies for stress; availability of support networks (e.g., family, friends, and colleagues); and recognition of the dangers of ignoring signs and symptoms of post-incident stress, which is a normal response to abnormal circumstances.² Regardless of an officer's personal experiences with traumatic incidents, avoiding, ignoring, or burying the emotional aftermath of a traumatic event can lead to serious short- and long-term consequences. Sadly, however, some officers believe that substance use and abuse may offer the best way to cope with their otherwise unbearable feelings.

Certainly, not every officer deals with stress and trauma by abusing chemicals, and not every officer who chooses

frequently worsening and compounding as multiple traumas occur over time. If officers do not develop or take advantage of avenues for coping with stress appropriately, physical, mental, and emotional exhaustion ("burnout") can result.

Diagnosis of Psychological Stress Responses

Similar to military combat veterans, law enforcement officers experience a plethora of treacherous, violent stresses on a daily basis.⁵ The psychological aftermath of such experiences can be either acute or chronic and can emerge or reoccur across broad temporal scales. While on active duty and upon returning to civilian life, military personnel —and, likewise, law enforcement officers — carry this stress-laden emotional baggage, which can produce multitudinous residual effects that, all too often, lead to substance use and abuse.

Post-traumatic stress disorder (PTSD) is associated most often with critical incidents experienced by law enforcement officers,⁶ but many other diagnostic criteria could be linked to stressful incidents, including such disorders as adjustment, mood, anxiety, impulse-control, and substance abuse/dependence. PTSD includes symptoms that develop owing to experiencing intense fear, helplessness, or horror, which, in turn, often can lead to reexperiencing the traumatic event, avoiding situations associated with it (even if not experienced at the time the event occurred), and "numbing" of the arousal response. These symptoms cause impairment or distress in social or occupational functioning. If the symptoms persist for more than 1 month or appear for the first time 6 months after the event, then possible PTSD would need to be investigated. If the symptoms appear and subsequently disappear within a 1-month time frame, then acute stress disorder should be investigated.⁷ Of note, subclinical individuals may chronically develop PTSD symptoms indistinguishable from those formally diagnosed with the disorder if they remain untreated.⁸

Impacts of Trauma

The impact of traumatic experiences differs for every individual; however, beginning with the studies of combat fatigue after World War II, similarities across individuals have led to a generalized conceptualization of expected stress reactions, particularly those that might lead to career burnout. If or when this occurs, law enforcement organizations and other first-responder public safety agencies may find themselves understaffed, unable to perform expected duties, and faced with increased apathy, suicide rates, and substance abuse.⁹

Generally speaking, stress responses begin with anxiety and panic reactions, which often lead to difficulties in concentration and feelings of being overwhelmed or out of control. This can progress to physical symptoms, such as tachycardia, gastrointestinal distress, and hypertension. If intervention does not occur, then worker apathy tends to increase, leading to absenteeism, lateness, procrastination, and increased use of chemical substances (e.g., tobacco, caffeine, alcohol, pain killers, or sleeping pills). If officers continue along this path, then major depressive symptoms begin to increase, feelings of hopelessness and helplessness abound, suicidal ideation and rates increase, and, all too often, substance abuse to dull these feelings leads to addiction and dependence.¹⁰

LINKING TRAUMA AND SUBSTANCE ABUSE

Substance use and abuse among law enforcement officers represent widespread, albeit somewhat underreported, phenomena. Alcohol and other drug abuse are maladaptive behaviors associated with stress and trauma, and when these behaviors emerge in law enforcement, the profession must afford them special attention.¹¹

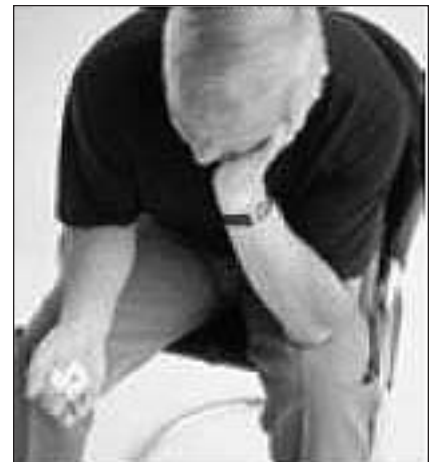
Alcohol Use and Abuse

Studies have indicated that nearly one-quarter of law enforcement officers are alcohol dependent as a result of on-the-job stress; however, researchers believe

that this estimate falls well below the true number due to incomplete reporting.¹² A study of 852 police officers in New South Wales, Australia, for example, found that nearly 50 percent of male and 40 percent of female officers consumed excessive amounts of alcohol (defined as more than 8 drinks per week at least twice a month or over 28 drinks a month for males and more than 6 drinks per week at least twice a month or 14 drinks a month for females) and that nearly 90 percent of all officers consumed alcohol to some degree.¹³

The unique subculture of the law enforcement profession often makes alcohol use appear as an accepted practice to promote camaraderie and social interaction among officers.¹⁴ What starts as an occasional socializing activity, however, later can become a dangerous addiction as alcohol use evolves into a coping mechanism to camouflage the stress and trauma experienced by officers on a daily basis.¹⁵ When the effects of the alcohol wear off, however, the stress or trauma that led to the drinking episode still exists.

In addition, researchers have identified four occupational demands that can trigger alcohol use by law enforcement officers, namely depersonalization (reacting unemotionally to the everyday stresses of the job), authoritarianism (officers' behavior governed by a set of regulations, making them feel as if they are not in control), organizational protection (the structure in place to protect law enforcement agencies from criticism), and danger preparation (the stress related to officers) ➤



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knowing that their lives potentially are in constant danger).¹⁶ Some may argue, then, that alcohol use among officers serves both as a personal coping mechanism related to socialization and presumed stress/trauma reduction and also as a reaction to the internal stresses created by law enforcement agencies themselves.

Drug Use and Abuse

Other drug use also is on the rise in law enforcement agencies.¹⁷ This increasing problem has led to the establishment and maintenance of drug-testing programs. Though this has caused numerous challenges within the legal system, an ever-growing movement toward maintaining a drug-free work place exists throughout law enforcement agencies.¹⁸

Sadly, those officers, clinically diagnosed or not, facing the aftermath of traumatic experiences may feel that drugs can help numb their pain, if only temporarily. Additionally, law enforcement officers maintain a role that may make them more susceptible to abusing drugs. For example, they have ample opportunities to obtain drugs because they often come in close contact with illegal substances and the individuals who use or deal in them; they learn how, why, when, and where to obtain and use drugs and the rationalizations for such use from drug offenders; and they may find that drugs offer a way to help them cope with the constant stress on the job and the ever-present traumatic incidents that they encounter.¹⁹

Impacts of Substance Use and Abuse

Both the acute and chronic impacts of substance use and abuse often lead to profound negative consequences. Not limited to the individual user, these consequences can extend to loved ones, colleagues, the employing agency, and the citizens who depend on law enforcement personnel. In other words, substance abuse by law enforcement officers is not a personal journey because they *always* must be prepared to conscientiously and continually react, respond, serve, and protect. Such high expectations can prove difficult

to meet when sober, let alone when impaired by alcohol and other drugs or while recovering from using such substances.

Alcohol and other drug use and abuse have both overt and covert social and economic costs, including lost productivity and wages; increased family problems, including risks of domestic violence; and rising costs to the criminal justice system to respond to, house, or adjudicate substance abusers.²⁰ When substance abusers are members of the public safety sector, the problems multiply — employees can become unable to perform their sworn duties, administrators can find themselves increasingly overburdened trying to deal with a problem that can result in negative perceptions of their agencies, and the public can lose faith and trust in the system. Substance use may lead to a number of problems for law enforcement officers and their agencies. When officers deal with stress or trauma using alcohol and other drugs, they may find that they simply cannot perform their duties adequately. They often become agitated, hypervigilant, and aggressive. They feel tired and overwhelmed and have difficulty concentrating on their work. Family problems mount, and officers become isolated. Accelerated substance use leads to occasional and then progressive lateness and absenteeism. Continued use may result in the inability to perform the job at all and intensified feelings of worthlessness and apathy, causing officers to become more and more depressed and confused. Ultimately, the end result is a tremendous increase in the risk of suicidal ideation, which studies have linked strongly to alcohol and other drug use among law enforcement officers.²¹

BREAKING THE CYCLE OF TRAUMA AND SUBSTANCE ABUSE

Substance use often begins with the best intentions—a means of social interaction. However, when the mind-numbing qualities of alcohol and other drugs become a means of coping, albeit a short sighted one, substance use then

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may progress into abuse and dependence because officers see no other avenue of reducing stress. More stress often means more chemical use, and, before long, officers may find themselves in a dangerous cycle. Unfortunately, however, this means that the officers never dealt with the real problem or issue in a satisfactory way; it remains an open wound that often cannot heal on its own, despite the best efforts of self-medication. Where and when, then, does the cycle of trauma/stress and substance use/abuse end? If appropriate intervention does not occur, tragedy may result. But, agencies do not have to wait for tragedy to occur; they can act *beforehand* to save their officers.

Intervention Strategies

Traditional trauma/stress intervention involves some type or form of critical incident stress management or debriefing;²² however, recent researchers have questioned the ability of these techniques to reduce the symptoms stemming from trauma.²³ These ➤

techniques may prove useful for some, but reactions to traumatic events and the stresses inherent in police work make a more individualized model more appropriate in many circumstances.²⁴ Situations may indicate individual and group mental health treatment, along with professional or peer counselors, as a necessary part of the intervention. However, treating law enforcement officers can pose some challenges to mental health personnel. Traditionally, law enforcement officers have viewed the mental health profession with some skepticism because they often did not feel that counselors understood what it meant to do police work. To combat this mindset and deal effectively with officers, counselors must receive some unique training. They also must have —

- a grounding in policing;
- a localized knowledge of the agency and administrations within which their clients reside;
- a unique comprehension of the trauma and stresses inherent in police work;
- an understanding of the dark humor often used by officers to vent stress-induced anger and frustration; and
- an ability to build rapport by establishing a trusting, respectful atmosphere wherein they can assure officers of complete confidentiality.²⁵

A unique field, substance abuse counseling requires specialized training to appropriately and legally administer assessments and treatments. The first intervention for substance abuse should occur at the earliest possible time — *before* recruits become law enforcement officers. Police academies should contain didactic training in substance use and abuse and the inappropriateness of such behavior in police work. Increasing awareness at this stage of professional development not only puts useful and necessary information into the hands of future officers but also raises their awareness of the many potential problems, both personally and professionally, that substance use can cause. Additionally, training at this stage

reaffirms that the law enforcement agency administration understands the pressures inherent in police work that may lead to substance use and abuse. Further, instruction by senior officers during the training phase provides appropriate models of behavior and sends the message to young recruits that they need not resort to substance use as a means of coping with the trauma and stress of the law enforcement profession.

Many brief interventions exist for initial stages of substance abuse, and most have focused on group interventions where members discuss the pros and cons of binge drinking and alcoholism. These discussions often focus on the health effects of alcohol and other drug use, an understanding of societal norms as a baseline to compare an individual's personal consumption, and the cognitive-behavioral interventions to change the thinking patterns associated with substance use.²⁶ Long-term, heavy drinkers, on the other hand, may need detoxification and a period of recovery before introducing psychoeducational intervention.²⁷ Providing a supportive intradepartmental atmosphere for officers in need of this level of intervention is a necessary component.

Integrated Treatment Approach

It seems clear that treating trauma/stress and substance use/abuse should occur in complement. After all, police trauma and stress will not disappear nor will substance use and abuse within the ranks. What can change, however, is the atmosphere within those law enforcement administrations that may tend to downplay, rationalize, or deny addictions. To help effect this change and to save time, money, and, most important, lives, law enforcement agencies can invest in an integrated model of awareness and treatment. To help agencies, the authors offer some considerations in developing such a model.

Support Services

- Law enforcement agencies should have mental health professionals trained and

certified in addictions counseling on staff for consultations, interventions, and referrals. They should offer police counselors trained in policing who have knowledge of police infrastructure, programming, and administration.

- Agencies should have trauma teams that include mental health professionals on call for consultations and interventions when needed.
- They should make employee assistance professionals available to provide confidential services outside the agency.
- Agencies should institute peer counseling programs.²⁸ Ideally, these peer counselors would have experiences in both trauma and addictions or would work in teams to develop integrated programs. Officers are more likely to respect the experiences of fellow officers over outside professionals, and the models of positive behavior that such peer support groups offer may be a key component of successful intervention.

Training and Research

- Young recruits should receive training in recognizing stress, dealing with traumatic incidents, and
- Law enforcement agencies should make critical incident trauma management training available to all officers on an ongoing basis. Officers often receive training in such programs for the treatment of the citizens they protect. But, a strong effort also needs to focus internally within law enforcement agencies, specifically aimed at the traumatic incidents most often encountered in police work.
- Agencies should provide ongoing training to continually educate their officers on the effects of alcohol and other drug use. Agencies frequently serve their communities by supporting alcohol and other drug prevention programs, yet, all too often, they neglect the problems of their own personnel.
- Law enforcement agencies need to learn the value of early intervention programs over treatment programs ➤

and how to provide a supportive atmosphere that acknowledges trauma and addiction intervention efforts within their organizations. Further, upper-level officers and administrators need to exhibit empathy toward their officers, provide services when necessary, and encourage open communication about addiction problems in their ranks.

- Researchers, mental health professionals, and law enforcement experts need to further examine the role that trauma, stress, and addiction plays in the lives of all first-responding public safety personnel and find new methods of intervention and treatment to help these dedicated men and women deal with the tremendous pressure of their profession.



CONCLUSION

All members of the law enforcement community have an important role to play when it comes to evaluating, intervening, and treating trauma and addiction. When officers suffer the aftermath of trauma, they are not alone. Many may tout their "tough guy" image, see themselves as weak or abnormal if they seek help, and believe that admitting psychological or emotional pain will result in disciplinary action and, perhaps, job dismissal. Unfortunately, however, severe anxiety reactions, workplace apathy, absenteeism, and depressive symptoms have far-reaching impacts, not only on the officers suffering the trauma but, importantly, on their colleagues, the families they love, and the public they have sworn to protect and

serve. Adding substance abuse to this already tragic scenario tremendously increases the potentially harmful impact — for when chemical substances enter the picture, *everyone* loses. □

Endnotes

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- The Web site <http://www.cophealth.com> provides a wealth of information, including articles, books, and psychological material.

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