Law enforcement officers (LEOs) may, as a hazard of their profession, experience high rates of trauma (Colwell, 2009), post-traumatic stress (see Ménard & Arter, 2013; Pasillas, Follette, & Perumean-Chaney, 2006), and depression (see Anshell, 2000; Bishopp & Boots, 2014; Pienaar & Rothmann, 2005). Exposure to traumatic incidents, combined with a limited acceptance of help-seeking behaviors in law enforcement culture (see Allen, Jones, Douglas, & Clark, 2014), can drive a progressive decline that often includes alcohol abuse and may lead to suicide (Rouse et al., 2015). Professional counselors who fail to understand the many facets of trauma-informed care and/or the unique LEO subculture may not be equipped to address the needs of this population.

The purpose of this presentation is to apply a trauma-informed lens to the treatment of LEOs. According to the National Child Traumatic Stress Network (NCTSN; n.d.), trauma-informed care requires providers to “recognize and respond to the impact of traumatic stress” on those who have contact with the system of care. According to the NCTSN (n.d.), trauma-informed care involves a number of elements: (a) trauma screening; (b) use of evidence-based and culturally sensitive assessment and treatment for trauma; (c) providing psychoeducational resources on trauma and its effects; (d) enhancing resiliency and protective factors; (e) addressing effects of trauma on family systems; (f) collaboration with other providers to achieve holistic care; and (g) proactive care for service providers to minimize the effects of secondary traumatic stress. For the purposes of this presentation, we will focus on the following elements of a trauma-informed approach to counseling LEOs: (a) defining trauma-informed care, (b) defining trauma and vicarious trauma, (c) trauma screening and assessment, (d) evidence-based trauma interventions for individuals and families, (e) culturally-sensitive approaches for working with LEOs, (f) strengths-based techniques to foster resiliency and enhance protective factors, and (g) psychoeducational resources.

Trauma and Vicarious Trauma

- **Trauma** is defined as a psychologically-overwhelming event that is extremely upsetting and leaves lasting psychological effects (Briere & Scott, 2015).
- **Vicarious trauma** (VT) is defined as “the profound shift that workers experience in their world view when they work with clients who have experienced trauma” (Mathieu, 2012, p. 9). The development of VT is a cumulative process.
Symptoms of VT may include the following: (a) change in fundamental beliefs about the world; (b) feeling traumatized by the images and details of trauma; (c) difficulty cleansing the mind of those images and details (e.g., intrusive thoughts, nightmares); and (d) feeling numb, anger, or intense sadness (Mathieu, 2012).

Rufo (2016) identified the following eight “critical incidents” as those most likely to produce “adverse effects” on LEOs:
- Serious injury or death of an officer in the line of duty,
- Police shooting that involves serious injury to the LEO or death to the assailant,
- “Coming onto a scene that is sudden and unexpected,”
- Devastating acts,
- Natural or man-made disasters,
- Active shooters,
- Handling sexual abuse cases, and
- Traumatic events that involve children (Rufo, 2016, pp. 90-91).

LEOs experience high rates of depression (Anshell, 2000; Bishopp & Boots, 2014; Pienaar & Rothmann, 2005) and trauma. As much as 80% of LEOs may see seriously injured victims or dead bodies within a given year and, for approximately 60% of LEOs, exposure to five or more traumatic events may occur annually (Hartley, 2013). As a result of this trauma exposure, as much as 27% of LEOs may experience post-traumatic stress disorder (PTSD) or clinically significant post-trauma symptoms (Chopko, Palmieri, & Adams, 2016). LEOs also have elevated rates of substance misuse (Ballenger et al., 2011), likely as a coping measure to deal with job-related stress and trauma exposure.

In addition to the exposure to death and suffering law enforcement work entails, many LEOs may experience a constant state of unease or dread.
- The work LEOs do subjects them to the maliciousness of society (often causing moral injuries) and, for this reason, LEOs may adopt an altered worldview that perceives threat when threat is not, indeed, present.
- LEOs may feel like the target of citizens who are disgruntled or have been wronged (Rufo, 2016).
- Moreover, the nature of law enforcement is unpredictable, and LEOs may, at any time, be physically endangered and in fear for their own life (Rufo, 2016).
- LEOs may fear the personal and professional loss they could incur if they make a decision in-the-moment that leads to the injury or death of an innocent civilian. LEOs are forced to react in dangerous situations with little or no time to weigh the potential consequences of a given action. Their lives, and the lives of others, may depend on a swift and accurate reaction in a potentially threatening situation. Moral injuries can occur as the result of mistakes in the line of duty.
Trauma Screening and Assessment

- Trauma screening involves a standard practice of identifying the presence of trauma for all clients. Screening may involve the use of reliable and valid tools, but also interviewing strategies (NCTSN; n.d.). According to NCTSN (n.d.), trauma screening typically includes a review of the following potential traumatic stress symptoms: “(a) avoidance of trauma-related thoughts or feelings, (b) intrusive memories of the event or nightmares about the event, (c) hyper-arousal or exaggerated startle response, (d) irritable or aggressive behavior, (e) behavioral problems, (f) interpersonal problems, and (g) other problems based on the developmental needs and age of the child” (para. 3). Trauma screening allows counselors to briefly examine the impact of trauma on their clients, identify relevant needed referrals, and determine if a full trauma assessment is indicated (NCTSN; n.d.).
- Trauma assessment extends trauma screening by using a clinical interview, established assessments, and behavioral observations to determine the nature of the traumatic events, effects of those events, trauma-related symptoms, and impairment in functioning (NCTSN; n.d.). Holistic trauma assessment should ideally include the assessment of both symptoms and strengths/resources.
- Access more information about trauma assessment here.

Evidence-Based Trauma Interventions for Individuals and Families

- Immediately Post-Trauma:
  - Psychological First Aid
  - Critical Incident Stress Debriefing
  - Applied Suicide Intervention Skills Training (if suicide risk is present)
  - Suicide screening and risk assessment, such as the C-SSRS
- Longer-term:
  - Cognitive-Behavioral Therapies
    - Cognitive Processing Therapy (Lancaster, Teeters, Gros, & Back, 2016)
    - Prolonged Exposure Therapy (Lancaster et al.)
    - Titrated Exposure Therapy (see Briere & Scott, 2015)
  - Eye Movement Desensitization and Reprocessing (EMDR)
    - Requires Specialized Certification
- Suicide screening and risk assessment should be integrated across the therapeutic relationship.
- Creative arts can be used as a humanistic approach to allow LEOs to explore their trauma schemas through metaphor.
- Be concrete and use psychoeducation in a non-condescending way. Explain what you are doing and why. Remember that many LEOs are concrete thinkers and are used to being in control.
What established interventions or techniques have you found useful when working with LEOs (or military) clients?

- ___________________________________________________________________
- ___________________________________________________________________
- ___________________________________________________________________
- ___________________________________________________________________
- ___________________________________________________________________
- ___________________________________________________________________

Culturally-Sensitive Approaches for Working with LEOs

- Begin by trying to understand the LEO subculture:
  - Rufo (2016) describes law enforcement culture as characterized by the following:
    - Feelings of isolation from civilian society
    - Feeling unappreciated by society
    - Fearing lawsuits
    - Having minimal positive reinforcement
    - Involving minimal mentorship
    - “Laying low” for self-preservation
    - Encouraging conformity
    - Establishing solidarity with other LEOs to cope with isolation
  - LEO culture does not allow for weakness (Ingram, Paoline & Terrill, 2013; Lombas, 2001). LEOs run towards danger, while civilians run from it. These acts of courage force LEOs to overcome fear and put their own life at risk. This tendency to summon courage may make it difficult for LEOs to acknowledge their suffering and seek emotional support--something they may perceive as a sign of weakness.
  - Avoid using too much professional jargon (Miller, n.d.) or acting as if you fully understand their profession.

- Do not force the focus on line-of-duty trauma; encourage LEOs to also talk about other non-employment factors that may contribute to their overall functioning (Miller, n.d.).
- Be patient. Law enforcement culture tends to shame help-seeking, and most LEOs probably do not have a realistic understanding of what counseling entails (Rufo, 2016).
- An online PTSD coach might be helpful with increased privacy.
- What culturally-based strategies have you found useful in working with LEO (or military) clients?
  - ___________________________________________________________________
  - ___________________________________________________________________
  - ___________________________________________________________________
  - ___________________________________________________________________

Strengths-Based Techniques to Foster Resiliency and Enhance Protective Factors
• Encourage the client to practice holistic wellness
  ○ *SAMHSA Eight Dimensions of Wellness*
  ○ *Balance Your Wellness Wheel*
  ○ *Join a Support Group for LEOs with PTSD*
• Help clients learn to be advocates for other LEOs who have experience trauma.
  ○ *The C-SSRS ACE Card for LEOs* is a good place to start.
  ○ Learn about the *importance of social support*.
  ○ *In addition to family and friends, LEOs can access support from Employee Assistance Programs, physicians, chaplains, and community organizations.*
• Explore *Family Resources* from the International Association of Chiefs of Police.
• Prepare for future exposure to trauma by picking a few coping skills from this list.
• Imagine other strengths-based techniques that might be useful for LEO clients.
  ○ __________________________________________________________
  ○ __________________________________________________________
  ○ __________________________________________________________
  ○ __________________________________________________________

Psychoeducational Resources for Use with LEOs
• FBI article on *VT and spirituality with LEOs*
• National Center for PTSD, *Guide to Understanding PTSD and PTSD Treatment*
• National Center for PTSD, *Barriers to treatment of PTSD*
• PTSD Treatment Decision Aid from the VA
• Vicarious Trauma Toolkit for Law Enforcement Agencies
• __________________________________________________________
• __________________________________________________________
• __________________________________________________________
• __________________________________________________________

Distress and Crisis Resources for LEOs
• Cop 2 Cop Hotline: 1-866-COP-2COP
• COPLINE: 1-800-COPLINE
• SafeCallNow: 206 459-3020
• Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)
• Veterans Crisis Line: 1-800-273-8255, #1
• __________________________________________________________
• __________________________________________________________
• __________________________________________________________

Professional Development Resources for Counselors
• *Art & Healing for PTSD*
• Academy of Experts in Trauma Stress, Article on traumatic stress with LEOs
• International Society of Traumatic Stress Studies
• National Child Traumatic Stress Network, Trauma Informed Systems Overview
• National Center for PTSD: Treatment of PTSD
• TF-CBT Web 2.0: A course for Trauma-Focused Cognitive Behavioral Therapy, https://tfcbt2.musc.edu/

Selected References

