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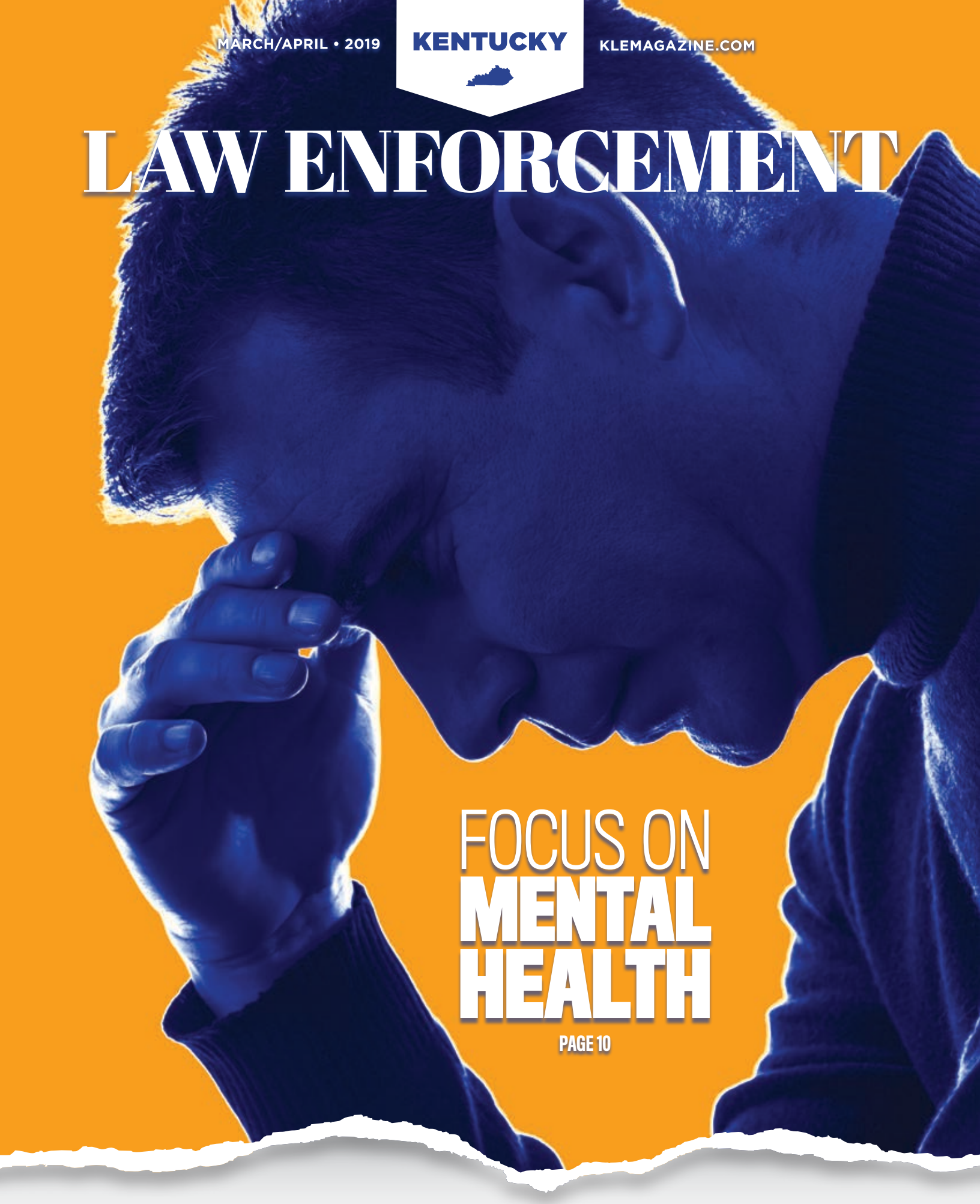

FOCUS ON MENTAL HEALTH

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PTSD INTERVENTION | RUSSELLVILLE POLICE DEPARTMENT | CARE FOR COMMUNICATORS

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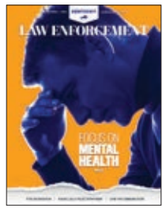

ON THE COVER:
Post Traumatic Stress Disorder (PTSD) is real. It affects law enforcement personnel every year. PTSD is not pretty. It is rough on the families who experience it. This was the inspiration used for developing the look and feel for this issue.

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FOCUS ON MENTAL HEALTH

During their careers, law enforcement officers and public safety dispatchers will experience critical incidents which impact each individual significantly. These vary in nature and can be defined by a single event, or the accumulation of multiple, negative career-related experiences. This series of articles looks at post-traumatic stress and resources to manage and overcome its symptoms.

PROFILES

COLUMNS

TREATMENT SOLUTIONS IN PRISONS AND JAILS ASSIST POLICE

Nearly 78 percent of the more than 24,000 inmates in state custody meet the clinical criteria for a substance-use disorder. The majority of these individuals will complete their sentences soon and return to society.

Unfortunately, some will continue to have encounters with law enforcement.

My previous column discussed the importance of strong pre-arrest diversion initiatives that law enforcement agencies are developing to combat the crisis of substance abuse and mental health.

I also want to update you on the efforts underway in correctional settings. We believe these programs will have a significant – and positive – impact on policing in the coming decade.

When my team came to the Justice and Safety Cabinet in late 2015, we resolved to make Kentucky a national model for substance-abuse programing.

At the Department of Corrections, we've redoubled our efforts to overhaul existing treatment programs. Treatment plans are now tailored to individuals, with an emphasis on successful reentry into the community, and our programs incorporate sober housing, employment and transportation components to help those leaving prison get back on their feet.

We are taking steps to involve family, social service clinicians, peer-support groups and faith-based organizations in the treatment process, while expanding the system to offer additional tools and options for clinicians and inmates.

We've also revamped the Reentry Division, synchronizing the treatment, reentry, and probation and parole process to ensure that individuals reentering society are provided with a system that supports sober living.

Much of our work has focused on strengthening medically-assisted treatment options, specifically the use of injectable naltrexone. Once a person has detoxed, the medication helps ease the stranglehold of opioid dependence by blocking the effects on the patient's brain receptors.

In the meantime, we are demanding more from county jails, requiring them to provide naltrexone injections if they want to receive state funds for substance-use disorder programs. Many local jails have already developed new, innovative programs of their own, particularly in Simpson, Christian, Marion and Kenton counties.

The Kenton County Detention Center, for example, places inmates on a highly-structured routine that incorporates a variety of substance-use disorder treatment methods, including psychotherapy and a traditional 12-step method recovery program. Inmates are then offered an injection of naltrexone at the end of their sentence and an opportunity to come back once a month for follow-up treatments.

Innovative treatment options can reduce recidivism and improve public safety by ensuring that those exiting the criminal justice system receive the tools and support they need to reenter society. That means fewer people returning to the streets in the throes of addiction – and fewer encounters with police.

BY JOHN C. TILLEY
SECRETARY, JUSTICE AND
PUBLIC SAFETY CABINET

RUSSELLVILLE POLICE DEPARTMENT

RPD OFFICERS FACE CHALLENGES WITH COMMUNITY IN MIND

Written By
MICHAEL A. MOORE

Photography By
JIM ROBERTSON

The irony of Russellville's history isn't lost on its police chief Victor Shifflett.

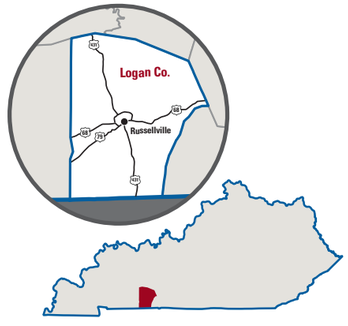
"We police in a town that celebrates the bank robbery of Jesse James," Shifflett joked. "Yes, Jesse James robbed a bank here (on March 20, 1868), and they celebrate it every year."

Jokes aside, Russellville, a city of 7,000 residents located 25 miles west of Bowling Green, is home to several factories. Consequently, many people commute to and from the city for work. Because of that, RPD has seen an uptick in traffic-related calls in recent years.

"Our daytime population swells between 10,000 to 12,000," he said. "As a result, our call volume has probably gone up 30 percent in the past year or so."

However, that is nothing compared to the Aug. 21, 2017, traffic Russellville experienced during the solar eclipse, Shifflett said with a reflective grin.

(ABOVE) Fully staffed, Russellville has 22 sworn police officers. From left: Officer **BILL MOORE**, Officer **CHRIS BELLAR,** K-9 **JAX**, Officer **BREANNA LYONS** and Police Chief **VICTOR SHIFFLETT**.



"We had more traffic come through here than I've seen in my lifetime, and I've been here 50 years," he said. "After the eclipse, all of the service stations here were packed. We got everybody out, and it went very well. We had a few wrecks, but for the most part, it was traffic congestion

"There is no way you could have alleviated the traffic flow," the chief continued. "Our southern bypass wasn't open at that time, so they were coming up West 9th Street to where it intersects with U.S. 68 and U.S. 80. They were coming through town headed toward Bowling Green, or they were headed toward the parkways. It took about six to eight hours to get things back to normal after the eclipse ended."

Facing challenges is part of the game, Shifflett said. The challenges RPD faces are not dissimilar to what other agencies across the state encounter. Besides traffic, those challenges include drugs, theft and the like.

Shifflett, who was promoted to chief in 2011, is also a graduate of the Southern Police Institute's Administrative Officers Course and the FBI National Academy. He said his experience, education and an outstanding group of officers has enabled the department to meet challenges head-on.

CRISIS INTERVENTION

One principal challenge the 22-person police department faces is the increased number of calls involving residents who need mental health assistance, Shifflett said.

"It's not a police function, but it is being put on us," Shifflett said. "We have a full-time Crisis Intervention Team (CIT) officer. If he is not working and another officer runs into this, he can be called out to handle the situation. We had to focus our training on this because it's becoming a major issue."

The police chief recalled an incident that highlighted the need for his department to have officers certified in crisis intervention.

"We were called to an apartment for an individual in his late 50s or early 60s," Shifflett said. "He had not been off the couch in probably over a week. So there was defecation and urination, and he hadn't eaten or had anything to drink."

During the process, Russellville officers interviewed the man who indicated he wanted to live this way.

"(Officer) Bill Moore came in and brought social services with him," Shifflett said. "(Moore) had been to some CIT conferences , and he had a little bit more training on the types of questions to ask."

In these situations, officers have to be sensitive to the person's plight, Moore explained.

"You don't try to put them down," Moore said.

Moore added that the old methods of conducting a standard police interview and eventually hauling the person off to jail isn't the answer.

(LEFT) The outlaw Jesse James and members of his gang robbed Russellville's Southern Deposit Bank in March 1868. Each year, the city celebrates the robbery.

(ABOVE) In August 2017, Russellville was a prime location for the solar eclipse. Officers **TATE PIPER**, left, and **RYAN BROWN** put on a pair of solar eclipse glasses to view the event.

(LEFT) Police Chief **VICTOR SHIFFLETT** has served with the Russellville Police Department since 1993. He became chief in 2011. He said in recent years, his officers have responded to many mental health-related calls.

Officer **CHRIS BELLAR** and his partner **JAX** work diligently to battle drug problems in Russellville. Police chief Victor Shifflett says many of the mental health-related calls can be traced to the drug problem.

"Now, you've got to be more involved and figure out what is going on with them," Moore said. "A lot of departments are getting more officers certified in CIT because shootings with the mentally ill were on the rise. But from what they're telling us in the (CIT) meetings, it's going down now because (police officers) are better trained and aware of what is going on."

That also means when Moore answers a CIT call, the odds are that he could spend most of his shift handling it.

"Sometimes in a smaller department you only have two or three officers on a shift, and you have a consumer who needs to go to Life Skills (a mental health facility in Bowling Green)," Moore said. "That's a 30- to 45-minute drive there, then you have to wait on a counselor, and then you have a 30- to 45-minute drive back. So if you get a call at the beginning of your shift, that's all you'll do all day. Even on a good day, it's still about an hour and a half."

Russellville Capt. Todd Rayner said dealing with mental health-related calls is a fact of life, and the police department is reacting accordingly.

"It's not going away anytime soon," he said. "We're going to have to accept the reality that (calls) are going up. Officers have to think more now. They can have a visceral reaction, especially if the person is only a danger to themselves."

DRUG AND OTHER CHALLENGES

Many of Russellville's mental health-related cases can often be traced back to drug problems, Shifflett said.

"We have a lot of meth here," the chief said. "We are starting to see heroin, and we had an overdose of meth laced with fentanyl. Our meth is crystal meth coming out of the southwest or Mexico. Our drug task force just got a little over a pound about a month and a half ago."

Russellville dedicates two officers to the South Central Kentucky Drug Task Force, which includes the Todd County Sheriff's Office, Franklin Police Department and the Simpson County Sheriff's Office. The police department also has a K-9 unit, as handler Chris Bellar is partnered with Jax.

But even with dedicated manpower to the task force, Shifflett said it is an uphill battle.

"We're losing the war on the drugs," he said. "We're fighting symptoms, and that's about all we're doing."

TRAINING AND TEAM BUILDING

One key to successful policing is constant training, and that is something Shifflett takes seriously.

"I like to say we provide the best-trained police officers to the Commonwealth of Kentucky," Shifflett quipped. "I focus on training. When we go to the firing range, we do it five times a year, minimum."

In addition to Kentucky Law Enforcement Council-approved training, Shifflett seeks out other training for his officers.

"I'm fortunate that the mayor and council give the department a large training budget," Shifflett said. "My supervisor in the field-training program has been to Florida for IPTM (Institute of Police Technology and Management) training. When we have officers come back from the academy, and they start their field-training program, he trains them on radar and lidar during the process. We also send them to Southern Police Institute schools and courses. I'm not opposed to anything realistic in training."

The police department's yearly training also includes officers taking part in the annual Peace Officer Professional Standards fitness test.

"You have to maintain your health, both physically and mentally," he said. "We run the POPS every spring. It's not pass or fail. It's participation only. It's mandatory that they do it, but they don't have to pass it. I've got some guys, like my captain, he has a knee that is probably going to be replaced in a few years. So it's not in the best interest of the department to make him get out there and run a mile and a half on a bad knee."

Many times, Shifflett uses training, such as the yearly POPS testing, as a means to build comradery within his department. The chief added most police officers are competitive by nature and "They want to do well."

"Afterward, we usually grill or cater in a meal," he said. "We do team meals two or three times a year. We'll have departmental meetings where we will grill burgers and hot dogs, and we'll have it at our city park."

COMMUNITY SERVICES

All of the training and comradery building helps the police department as it seeks to continuously improve service to the residents of Russellville, which is the crux of the agency's mission, Shifflett added.

"We're all in community services," he continued. "It's a small town, and we've been doing community policing since before it was the buzzword in law enforcement."

The police department has several programs geared toward soliciting community involvement, including a nine-week Citizens' Police Academy (CPA) and a week-long Teen Police Academy (TPA), which is held during the summer.

Detective Sgt. Mary Lynn Smith oversees the TPA. She said it was born out of misinformation in the media.

"We started seeing a lapse in communication between law enforcement and teens," Smith said. "We had the negative about law enforcement being projected by the media, and that's all the kids were seeing. So when we were getting out with groups of kids, we were getting, 'Hands up, don't shoot,' and a lot of pushback from kids and their families, at times. It wasn't bad, but it was to where we decided we needed to educate them about what it is (police) are doing in our training. We needed to explain to them that they only see one side of the story in the media."

The teen academy is geared toward teenagers, ages 13 to 18, and it has quickly become a hit.

Throughout the week, participants do everything from daily physical training to traffic stops.

"We bring in speakers to talk to kids on topics ranging from drug prevention and gangs to human trafficking," Smith said. "The kids enjoy it, and we have repeat kids who are disappointed when they get too old to go through it. We want to make sure they really know what is going on. I don't want our relationship to be hurt and we bridge the gap so that maybe we can have some youth interested in the criminal justice field and law enforcement."

The CPA began several years ago, but community interest waned, and it went away for a few years. Three years ago, the police department revamped the program and marketed it through social media. It is similar to other CPA programs offered by agencies across the state in its primary goal to educate community members about how and why police officers do what they do.

"It's something we put a lot of time and effort into, and we create new ambassadors for us on the street," Shifflett said.

Modern-day Russellville is a far cry from the days when Jesse James raided the bank in 1868, and Shifflett credited the police officers under his watch for their efforts in keeping this western Kentucky community safe.

"We have excellent people, and that is why we have a good department," Shifflett said.

(TOP) Russellville Detective Sgt. **MARY LYNN SMITH** spearheaded the agency's Teen Police Academy. TPA is used as a tool to foster communication between the police department and youth in the community.

(LEFT) Russellville Police Capt. **TODD RAYNER** said dealing with mental health-related calls is a common occurrence for the city's police department, adding that it isn't going away anytime soon.

(BELOW) **BILL MOORE** is the agency's full-time Crisis Intervention Team-trained police officer. He is often called to help handle calls relating to mental health issues.

EARLY INTERVENTION KEY IN PTSD TREATMENT

CHILDERS: 'NO ONE IS IMMUNE ...'

Written By
MICHAEL A. MOORE

There is no such thing as a routine call for law enforcement officers. Each time an officer is dispatched, they never know what they will encounter. The vast majority of calls result in something as benign as issuing a citation, but some calls can quickly morph into a critical incident where the officer is exposed to a traumatic event, such as a shooting or a wreck that claims the life of a child.

When officers are involved in a critical incident, early intervention is essential to their mental health, said Angela Childers, a trauma therapist with the Soldier Center in Clarksville, Tenn.

Childers specializes in treatment of post-traumatic stress disorder (PTSD), complex trauma and grief, and has worked with the Kentucky Post-Critical Incident Seminar (KYPCIS) in providing law enforcement officers an avenue to properly manage the aftermath of critical incidents.

WHAT IS PTSD?

Following a critical incident, the brain initiates its coping mechanism, Childers said.

"It's like a malfunction of the memory network because we can't reprocess the event because it was too overwhelming. It gets stored in an odd place," Childers said. "No one is immune from it. But the thing we know about PTSD or depression … all of them are dysfunctionally-stored memories, whether it is something from childhood, from combat or law enforcement."

The first step is education, Childers stated. Officers must understand what PTSD is and why it is happening.

"PTSD is a normal response to abnormal exposure," Childers continued. "A person is never supposed to see a kid dead on a highway; that's not OK. The brain's normal response to (traumatic situations) is, 'Oh my gosh. I'm getting overwhelmed.' (The memory) is put aside so the officer can do their job, and the brain tries its best to keep it in that box."

The problems occur when officers bury the incident and attempt to go on like nothing ever happened. Childers said it happens all the time in police culture.

"Law enforcement is supposed to be strong, and they're not supposed to need or ask for help," she continued. "What I found while working with PCIS, many officers have no idea that what is happening to them are actually symptoms of what will eventually lead to PTSD."

Often, that mentality leads to problems down the road, as the accumulation of critical incidents eventually takes its toll, Childers said. It can be months or years before signs of PTSD begin to show.

"That is when the brain says it's time to work on it," she continued. "That is when the symptoms start coming. When (the officer) slows down, the brain starts having nightmares or flashbacks. That's the brain saying, 'We need to do something with this.'"

EARLY INTERVENTION

Early intervention or treatment is vital. Within the first 90 days of an event, the incident can settle down into the memory network, which causes PTSD symptoms. Early intervention keeps the memory from settling down and forces the officer to handle issues healthily.

Modern medicine has come up with several ways to help those experiencing PTSD symptoms, but Childers said pharmaceuticals only mask the problem.

"We're very blessed to have so many different types of medications for mental health," she said. "Those medications help with symptoms, but they don't help overall with PTSD. It will stop most people from recalling nightmares, but their spouse will still say, 'He was fighting and kicking all night.' "

Eventually, the brain will override medication after a certain amount of time, and when that happens, the officer is back to square one, Childers added.

Reprocessing events intentionally is key, and that is where Eye Movement Desensitization and Reprocessing (EMDR) comes into play, she explained.

"When I say reprocess it, I'm referring to EMDR when we identify a specific event," Childers said. "Once we reprocess it, it is stored in the memory where it is supposed to be. It's not easily accessible unless the person wants to recall the memory intentionally."

Childers, who is an EMDR-certified provider, cited an article from the September 2018 EMDR International Association magazine to make her point.

According to the article, "Following a traumatic event, predicting who will develop symptoms is difficult and uncertain. PTSD is often preceded by subclinical symptoms that place individuals at risk for delayed-onset PTSD in the months and even years following exposure."

Triggers of PTSD are many, Childers said, and it is hard to predict what will initiate symptoms.

It can be a similar event, a smell or even a sound, she added.

"I've had guys say, 'I've worked plenty of suicides, but this one stands out to me,'" she continued. "For whatever reason, the brain is saying, 'OK, that's one too many.' After that, they are susceptible to that memory returning."

That's where resiliency training is beneficial, Childers said.

According to mayoclinic.org, the most important exercise for improving your resiliency is to train attention and awareness. Becoming more intentional and purposeful will decrease negative thoughts and draw attention to what is most meaningful. Along with increased resilience, training focused on this exercise can lower stress and anxiety, and boost the individual's quality of life.

"Between intentionality with education, early intervention and resiliency training, I believe we reduce their susceptibility for developing PTSD," Childers said.

Trauma therapist **ANGELA CHILDERS** specializes in treatment of post-traumatic stress disorder (PTSD), and has worked with Kentucky Post-Critical Incident Seminar (KYPCIS) for more than a year. She said PTSD is a normal response to an abnormal event.

ROLE OF THE AGENCY LEADER

In the first 90 days following a critical incident, an agency should be proactive in its response, and it all starts with the leadership being educated and buying in to programs such as KYPCIS, Childers said.

"I would like it to be mandatory throughout the state for every agency to be required to send officers who have had critical incidents to KYPCIS and everybody has to learn about PTSD," she said. "It seems that it is those guys who are made to attend KYPCIS who get the most out of it.

"My question is: Why would someone wait until they are developing symptoms before they begin to reprocess these events?" Childers continued. "Early intervention should be highly encouraged before onset and accumulative traumatic exposure. What does that look like from a leadership standpoint? It remains to be seen how important this work is for purposes of prevention and employee longevity."

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TRIUMPH OVER TRAUMA

FORMER OFFICER TURNED THERAPIST TALKS TRIALS, SOLUTIONS WITH POST-TRAUMATIC STRESS

Written By
KELLY FOREMAN

Photography By
JIM ROBERTSON

As a young Lexington Police officer, Trevor Wilkins was directed by his employing agency to seek counseling following a critical incident he experienced.

"It's not one I think I was struggling with, but it was a big enough incident that they wanted us to talk to somebody," Wilkins said. "I'm fairly confident they picked this person out of the Yellow Pages."

Wilkins was sent to counseling with a fellow officer who responded to the same incident, involving a firearm. Before the officers spoke, the counselor voiced a disclaimer for her services.

"She said, 'Just in full disclosure, gentlemen, I want you to know that I don't believe in guns, and I feel like, with my training, I could talk anybody out of a situation,'" Wilkins recalled.

The session ended there.

"I was brand new, so I just kind of thought, 'Well, this is going to be a long hour,'" Wilkins said.

His fellow (and more seasoned) officer, however, aggressively encouraged the counselor to sign the form releasing the officers back to duty.

"So she signed it, and we left," he said. "That was my introduction to therapy."

Fifteen years into his law enforcement career, Wilkins had experienced enough trauma and tragedy that he was beginning to feel the toll. This time, he sought out a psychologist who had experience with law enforcement culture.

"I went to this first person and, she seemed like a nice lady, but she cried the whole time I was talking," he said. "So I became the caregiver."

Next Wilkins met with a mental health professional who specialized in family therapy, and while Wilkins said he was a good psychologist, their sessions mostly involved trading cop stories.

"Neither one of those things helped me," he said.

So he helped himself. Frustrated by the lack of resources available to him, Wilkins pursued an education in professional counseling and now specializes in serving first responders.

"It's not that I'm better than anyone else by any means, but I hear these stories in my practice now from first responders who have sought therapy in the past. It did not go well, so they didn't do it anymore," he said. "Now they are in worse shape and looking for help."

STIGMA SHIFT

Stories like Wilkins' have led to a penetrating lack of faith and/or mistrust in mental health care providers amongst law enforcement. That mistrust is undergirded by the stigma that law enforcement professionals shouldn't need mental health care. That stigma is reinforced by fears that seeking help shows weakness, which could call into question an officer's fitness for duty.

"It infuriates me when I hear things from officers like, 'My administrator says that if I'm seeking treatment or on medication, he has to put me on light duty or I have to resign,'" Wilkins said. "No wonder people don't seek out therapy if they think they're going to lose their overtime or their job."

Not all administrators form these proverbial brick walls between their ranks and seeking help. Many have embraced opportunities to keep their officers mentally fit. However, Wilkins said he believes the real difference in dissolving the stigma starts at the bottom of the organization, not the top.

"Younger officers are more comfortable talking about PTSD (Post-Traumatic Stress Disorder)," Wilkins said. "It's a word now; it's a thing. Back in World War II, people came back and called it shell shock and did nothing about it. Now people are asking, 'Are you dealing with PTSD? Am I dealing with PTSD? Should I get help?'"

It only takes one person in an agency to educate themselves about the common signs of post-traumatic stress and to start listening, Wilkins said. Sometimes peer intervention can be the turning point for an officer who is struggling.

It may seem counter-intuitive from the perspective of a practicing therapist, but Wilkins said he does not believe everyone needs professional therapy. Some people need to talk and know there is support available.

"Let's assume you have a blockade – a supervisor who doesn't care," he said. "That stinks. But why don't you be the advocate? You become the guy who is vocal about mental health. Even if it's just saying, 'Hey, come talk to me if you need it.' That doesn't mean you have to take their crisis calls in the middle of the night. But, you can be the one who everybody knows is a champion of mental health, so that one person can come and say, 'You know all that stuff you've been talking about? I think I'm having a problem. Do you have any suggestions?'"

STEAK DINNER

Clinically speaking, a PTSD diagnosis requires a patient to meet five criteria indicating their stress level has become intrusive on their everyday life. Most first responders likely have post-traumatic stress – whether it is life intrusive or not. Admitting that doesn't make them crazy.

"Officers come in here who are struggling and say, 'I don't want anybody to know I'm here,'" Wilkins said. "I don't want my co-workers to think I'm crazy or that I can't handle the job."

In response to these conversations, Wilkins said he offers responders a challenge with a juicy reward.

"I tell them to pull up cruiser window-to-window with their regular beat partner, or another officer they trust and say, 'Hey, I don't want you to worry, but that call messed me up,'" Wilkins said. "'I think I'm OK, but that one's getting to me a little bit.' Or, 'This supervisor is getting to me.'

> "IT INFURIATES ME WHEN I HEAR THINGS FROM OFFICERS LIKE, 'MY ADMINISTRATOR SAYS THAT IF I'M SEEKING TREATMENT OR ON MEDICATION, HE HAS TO PUT ME ON LIGHT DUTY OR I HAVE TO RESIGN,'" WILKINS SAID. "NO WONDER PEOPLE DON'T SEEK OUT THERAPY IF THEY THINK THEY'RE GOING TO LOSE THEIR OVERTIME OR THEIR JOB.
> – TREVOR WILKINS, PH.D., LPCC, NCC

"I will bet you a steak dinner that other cop says, 'Yeah, me too,'" he continued. "And I have yet to have to pay for a steak dinner."

As peers, Wilkins urges taking time to listen and observe signs that someone needs more help. When it's clear that a mental health professional is needed, don't give up if the first experience isn't a good one. Keep trying until you find a counselor with whom you connect.

"People don't come to me saying, 'I've had a critical incident, I'm having avoidance features, it's causing me hypervigilance, and it's causing me increased startle response,'" Wilkins said.

"They come in and say, 'I don't know what the hell is going on," he continued. "I'm drinking too much, my family is falling apart, nobody likes me, I used to be the poster boy for the agency and now I'm written up all the time. My wife has left, and my kids are scared of me. I jump at every little sound – what the hell is wrong with me? I call those the real signs.

"If we can get that message out and let other officers know, 'Oh, that's what's going on? You're falling apart, but it could be trauma related. Let's go get help for it, then,'" he said.

HEAR FROM TREVOR WILKINS HIMSELF ABOUT THE NEED FOR PTSD TREATMENT

THE REAL POST TRAUMATIC STRESS SYMPTOMS

Written By
TREVOR WILKINS,
MA, LPCC, NCC

In my two different careers, I have observed a tremendous amount of stress on myself and those around me. When you are in the middle of dealing with public-created stress, and surrounded by those who are dealing with the same pressure, it is difficult to know what normal is anymore. The link between my careers came with a mentality shift that I would have laughed about as a rookie police officer.

I spent 15 years in a police uniform between the Lexington Police Department and the Kentucky State Police Commercial Vehicle Enforcement. During my time as an officer, I experienced many of the same emotions, challenges and learning curves many of you reading this article have encountered.

I thought I was invincible, dealt with horrible sights and began to lose faith in humanity. I started to take my work home, turn to ways to numb the pain and treat my own family like they were outsiders. Once I realized I had a problem separating my work from home, I tried to reach out for help. But I found none. This lack of assistance led me to seek out how I could professionally help those who are busy serving others.

With my determination to help other hurting officers, I completed my bachelor's in criminal justice, a master's in professional counseling and a Ph.D. in counselor education and supervision. I began my second career as a professional counselor and provide psychotherapy to those dealing with traumatic incidents.

I spent most of my law enforcement career in the same mindset as many hard-nosed rookies who think mental health therapy is for the weak minded. I wish I had known then what I know now about the helpfulness of professional counseling. I feared that seeking help would ruin my law enforcement career. I wish I had known about confidentiality laws that protect professional counseling. I wish I had known how learning healthy emotional-regulation skills could have kept me from bringing home my frustrations.

I wish I had known that learning to deal with my thoughts in a healthy way could save my family years of stress. I wish I had known that post-traumatic stress disorder (PTSD) is a limbic system problem, not a weakness.

If I were to write a letter about psychotherapy to my rookie self, I would explain how it works. I would explain that therapy is not laying on a couch and talking about the past, or telling some stranger every life detail. I would explain that emotional-regulation skills are not some head-shrink telling me to count to 10 or to take deep breaths when dealing with a disrespectful citizen.

Instead of listing medical terminology defining PTSD criteria, I speak about what PTSD looks like in my clients and friends at public safety conferences. Anyone with internet access can read the list of symptoms required to diagnose PTSD, but I find it far more important to recognize changes that occur in first responders who are dealing with the disorder.

NEED FOR TREATMENT

There is certainly a need for direct treatment for PTSD in law enforcement.

In 2009, researchers compared statistics from new police cadets with results from the same subjects one year into their careers. In that short year, 22 percent of officers showed PTSD-related symptoms, according to the article, "Routine work-environment stress and PTSD symptoms in police officers," published in the Journal of Nervous and Mental Disease.

In 2013, the U.S. Department of Justice registered approximately 120,000 uniformed police officers. If the percentage of observable symptoms from the study is factored into the number of U.S. officers, then approximately 26,400 current members of law enforcement suffer from PTSD symptoms within their first year of public safety.

In Kentucky, this statistic would translate to about 1,700 of the state's estimated 7,800 law enforcement officers who would experience PTSD symptoms within their first year of employment.

Public safety members who suffer from PTSD symptoms need mental health care specifically designed for their difficult jobs.

HOW PTSD PRESENTS IN THERAPY

I continually find that those with PTSD seek psychotherapy for reasons not described in a psychological handbook for a specific disorder. While PTSD has become a more recognized term today, very few people come to my office and shake my hand while exclaiming that they have, "witnessed a traumatic event that is connected to their dissociative reactions and persistent effortful avoidance of trauma-related stimuli and a negative alteration of cognition and arousal of activity causing a functional impairment," the American Psychological Association's PTSD definition.

Never fear, if that run-on sentence of technical symptoms made your eyes cross, I took out a lot of student loans to help me interpret it professionally. I could bore you with the long, technical names of issues that might make you stop reading. But what is most important when watching for specific PTSD symptoms in one another is to understand what PTSD looks like.

What I find public safety members seeking therapy for is marital problems, anger issues, sleep disturbances, loss of interest in activities, memory loss, depression or an inability to feel emotions at all. In my years of mental health practice, I have yet to have a member of public safety identify their own PTSD. Some personality changes come from the overwhelming amount of trauma officers see or the distrust of the public we learn along the way. Some changes may be an attempt at healthy coping mechanisms. But an increasing amount of these symptoms could be the signal of a problem.

Although public safety members will naturally have a stressful or sad reaction when dealing with an initial traumatic incident, healing and recovery begin soon after. When the defense mechanisms begin to become unhealthy is when responders can no longer heal after the difficult observation.

Most members of society have lost someone they cared for at some point in their lives. Reminding ourselves of the natural healing process that happens afterward is a great example of how we should heal after a traumatic work event. What we should look for is when we see in ourselves, or in our co-workers, that the healing process is not occurring the way it should.

KYPCIS Expanding to Meet Identified Needs

In its first year, Kentucky Post-Critical Incident Seminar has served 125 officers and their significant others, and word is spreading about the positive results. In 2019, the Department of Criminal Justice Training will continue growing this mental health program for law enforcement and dispatchers, including new developments for specific needs.

KYPCIS is a three-day seminar led by mental health professionals trained to work with peace officers, and driven by a team of law enforcement and dispatch peers who have experienced their own critical incident and received training in Critical Incident Stress Management.

KYPCIS staff are continually working to identify future needs within Kentucky. In addition to plans to offer more KYPCIS seminars annually, three derivatives of the program have been identified and are being developed.

First, a military seminar is planned for those who experienced a critical incident during their military service that has lingered into their law enforcement or dispatch career.

"During a cursory review, 25 to 30 percent of DOCJT Basic Training graduates have prior military service," said DOCJT Deputy Commissioner John McGuire. "One of the things specific to law enforcement and military personnel is that not only do they go through the same stresses as everybody else in life, but they also see and experience things that are outside the norm, which weigh on a person mentally and physically."

The second component expands upon the idea that first responders experience traumas off the clock that affect their duties on the street. For example, experiencing a sudden traumatic loss (including the suicide or homicide of a loved one), a disaster or an acute medical event might cause job-affecting traumatic stress.

The third component seeks to provide a more proactive measure for post-traumatic stress (PTS) through development of a resiliency program. This training would begin early in an officer's career to help them identify the signs of post-traumatic stress before they become life-impacting, and to help them identify healthy PTS coping skills.

Read more about KYPCIS development on KLEmagazine.com, and visit the program's website at kypcis.com.

Strict vigilance is taught in the academy, but lasting hypervigilance following a trauma can cause a lifetime of exhaustion. A distrust of suspects on the roadside can be helpful, but a hatred for all humankind can be detrimental in the long term. It is the traumatic-thought events that linger in our own lives that cause the problem. Even if your difficult thoughts do not meet the level of PTSD, it is the off-duty intrusion of the sights and sounds we observe that require action.

TAKING ACTION

Fortunately, if symptoms do not reach the diagnostic requirements for PTSD, and are not causing significant dysregulation in your personal life, then you may need to reach out no further than the circle of support already formed around you.

Peer support has a measured positive effect on law enforcement officers. Reaching out to those around you, whether in emotional distress or for personal support, should be your first line of defense when things are not going well after a traumatic event. In my life, having a like-minded police officer to share my stressors with helped me to process the manner in which my reactions were becoming more than general law enforcement career frustrations.

However, if the more severe symptoms discussed above sound like something you or your co-workers are dealing with, then it may be time to seek professional help.

Psychotherapy can take many forms, from individual behavioral sessions to large group critical-incident debriefings. My areas of expertise are Rational Emotive Behavior Therapy and Eye Movement Desensitization Reprocessing therapy, commonly called EMDR. What is important to understand about these therapy systems is that the final goal is to help change the core and intermediate beliefs that shape how we interpret the things that happen around us.

The reason these therapies work well for public-safety individuals is that they are designed with the understanding that we cannot always change the circumstances. While there are times in our lives that we need to take a step to change our surroundings, those of us in law enforcement cannot always control the circumstances in which we are working. While I enjoyed that about policing, appreciating the fact that some circumstances cannot be changed in public-safety responses fits well into these methods of psychotherapy.

Individual psychotherapy is often about changing the way we deal with circumstances that are already happening around us. We learned to deal with dangerous situations in the academy and through our experiences on-the-job. Psychotherapy does not need to change that type of response. However, the way we apply those experiences to the rest of our life can be both helpful and detrimental.

It is the personal understanding learned in psychotherapy that can assist in the detrimental life applications.

Police officers dealing with traumatic experiences in law enforcement often keep the public from having to understand the stress that comes with it, and in my likely-biased opinion, that makes law enforcement officers true heroes. True heroes can also admit when they are out of their league and need some help with a situation.

PTSD or PTS?

The acronym PTSD, short for Post-Traumatic Stress Disorder, is widely used in today's vernacular when discussing trauma-related mental health. For some, however, the acronym carries a negative connotation pertaining to the word "disorder." A disorder implies there is something wrong with you. But post-traumatic stress is a normal reaction to an abnormal event.

Additionally, post-traumatic stress is often experienced by first responders following a critical incident or culmination of multiple traumatic events. Not all post-traumatic stress rises to the level of disorder. That stress becomes diagnosable as PTSD when it becomes intrusive on an individual's daily life.

As therapist Trevor Wilkins describes it, PTSD is a brain-perception problem. It's fixable. The purpose of the word "disorder" lies in clinical application. Below are the criteria mental health professionals use to diagnose an individual with PTSD for treatment.

The following is adapted from brainline.org, a website devoted to brain injury and PTSD.

In 2013, the American Psychiatric Association revised the PTSD diagnostic criteria. All of the conditions included in this classification require exposure to a traumatic or stressful event as a diagnostic criterion.

Intrusion symptoms. The individual persistently re-experiences the trauma in nightmares, flashbacks and/or upsetting memories. Exposure to these traumatic reminders causes emotional distress and physical reactivity.

Avoidance. The individual avoids trauma-related stimuli, such as thoughts, feelings and/or external reminders of the event.

Negative alterations in cognition and mood. The individual experiences negative thoughts and/or feelings that began or worsened after the trauma. Some examples include negative thoughts and assumptions about oneself or the world, exaggerated blame of self or others for causing the trauma, decreased interest in activities, isolation feelings, difficulty experiencing positivity and the inability to recall key features of the trauma.

Alterations in arousal and reactivity. The individual experiences hypervigilance, including a heightened startle reaction, risky or destructive behavior, irritability or aggression, difficulty concentrating and/or sleeping.

These symptoms reach the diagnostic level for PTSD when they last more than one month, create distress and/or functional impairment and cannot be dismissed because of medication, substance use or other illnesses.

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Police call in tactical units when a situation has reached the point that a specialized unit would be a better fit. It does not mean the patrol level was incapable of performing their duties, but that a specifically-trained unit might have more experience and ideas about how to successfully handle the situation.

If stress and the responses to it are causing difficulties in your personal life, I plead with you to seek out peers and professional counseling. I cannot write intelligently about what is available at your agency, but I can express that when I decided I needed to talk to someone professionally, my agency did not have many options available. If you are seeking professional help, understand that finding one you are comfortable with may be like working with your first field training officer. Some trainers you may have meshed well with, and some you may not have been able to agree with.

Every professional counselor comes from a differing background. Do not be afraid to keep looking for one with whom you can have a strong therapeutic relationship. With the added physical and psychological dangers that continue to grow in today's society, being able to be a hero and ask for professional help may save your career, your family, your sanity or your life.

Trevor Wilkins, Ph.D., LPCC, NCC is a licensed professional counselor and owner of Thin Line Counseling in Lexington, Ky. Wilkins specializes in treating PTSD, trauma, depression and anxiety, particularly working with public safety and military members. He served 15 years in law enforcement with the Lexington Police Department and Commercial Vehicle Enforcement. Before his law enforcement career, he spent three years as a police dispatcher, firefighter and emergency medical technician.

INTERNAL SUPPORT

AGENCIES STRIVING TO MEET NEEDS OF OFFICERS IN CRISIS

Written By
CRITLEY KING-SMITH

Photography By
JIM ROBERTSON

Standing as strong sentinels for the safety of others, law enforcement officers are often noted and revered for their ability to run toward danger when others are running away. By the nature of the job, those who choose the thin blue line experience violence and tragedy. Yet, they carry on living as spouses, parents, children and community members.

Few mention the toll that the sights and circumstances of keeping the peace can have on an officer's mental health and relationships. Still, fewer resources are available for officers seeking assistance with post-traumatic stress (PTS) or other mental health issues.

However, the key word is few.

Some agencies have sought to make mental health a priority, succeeding in chipping away at the stigma and providing hope to those who serve others.

KENTUCKY STATE POLICE

Providing support for Kentucky State Police cadets begins on day one, according to KSP Employee Assistance Branch Psychologist Chuck Biebel.

During pre-employment psychological assessments, recruits meet members of the agency's Employee Assistance Branch (EAB), who offer services not only to sworn officers but also to dispatchers, civilian employees and family members. All discussions are confidential.

"We try to help people if they begin to go off track, regardless if that is a stressful home life, development of an addiction or a critical incident," explained KSP EAB Chaplain and Commander Sgt. David Norris.

The commander said his team gives troopers a "bigger toolbox" by connecting them with local treatment and suitable programs, such as Alcoholics Anonymous or marriage counseling, and periodically "checking in" to make sure they are utilizing these tools. As an added resource, Biebel noted the EAB keeps track of services throughout the state that work with law enforcement.

During critical incidents, such as officer-involved shootings, Biebel said team members, typically, talk to the involved trooper immediately by phone and then schedule a meeting face-to-face for a critical-incident debriefing.

"Initially, our biggest goal is to give them information, so they know what signs and symptoms to look for in hopes that we can prevent PTS," said Biebel.

Individuals who have undergone a critical incident may experience reoccurring images or nightmares, doubting if they took the right action or feeling measures of guilt, Norris detailed.

Throughout, KSP EAB stays in contact, specifically communicating with officers returning to work after an event to make sure they feel ready to hit the streets once more.

In 2016, KSP established a peer support team. The team is comprised of about 15 members across the state who have been trained by the Kentucky Community Crisis Response Board (KCCRB). These critical-incident stress management-trained troopers can offer services during critical incidents. By utilizing peers, officers can receive help from someone with whom they might be more comfortable.

"Peers sometimes have more credibility (with the officers) than a psychologist or chaplain who might be seen as coming in from headquarters," Norris said. "Everyone thinks about shootings, but peers are driven to help one another through all hardships faced in this line of work, including family worries, stress or even social media chatter…not everyone is stressed about the same things."

Peers have the added benefit of being able to keep a finger to the pulse of their comrade's healing progress.

LOUISVILLE METRO POLICE DEPARTMENT

Louisville Metro Police Department also utilizes a peer-support model. The peer support team responds to critical incidents such as shootings or on-the-job deaths, as well as other subtler stressors. Support is given throughout any required investigation and in the days, weeks, months and even years that follow an incident, according to the program's commander Lt. Michael O'Neil.

Support for the team among officers has grown, and trust has been built. O'Neil said LMPD officers have come to expect his team's response to critical incidents and their high quality of service. No matter the time, day or night, they are there.

"We want to prevent this job from taking people down a road they don't want to go on," said O'Neil. "We want them to have a healthy career and healthy life. Peer support is a great way to do that."

Another beneficial way LMPD supports their officers is with the addition of Dr. Michael Freville, a licensed clinical counselor.

As the department's psychologist, Freville's services are offered free of charge, with no referrals needed, to officers and their families to help cope with critical incidents, stress, personal problems and work life.

"Doc being a constant face of assistance for our officers has been a huge step forward," O'Neil noted.

From left: Program coordinator, chaplain and retired trooper **JAMES HODGE**, psychologist **CHUCK BIEBEL** and program commander and chaplain Sgt. **DAVID NORRIS** comprise the Kentucky State Police Employee Assistance Branch that strives to provide mental health support to the agency's troopers and dispatchers.

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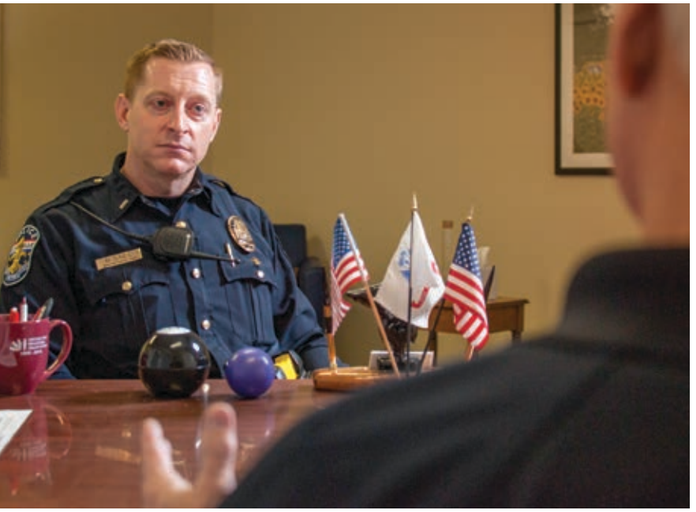

(TOP) Lt. **MICHAEL O'NEIL** serves as commander of the Louisville Metro Police Department's Peer Support Team which responds to critical incidents such as shootings or on-the-job- deaths, as well as other subtler stressors. Day or night, they are there.

(MIDDLE) Louisville Metro Police Department Psychologist Dr. **MICHAEL FREVILLE** is a constant face of assistance for officers and their families. All services are provided free of charge, no referrals required. Each session is confidential; no notes are ever taken.

(BOTTOM) A basket of blue Louisville Metro Police Department stress balls sits in a basket at Dr. Michael Freville's office. There, Freville remains available for officers when they need to talk through emotions, concerns or tough incident anniversary dates.

Each session is confidential, no notes are ever taken, and reports are never made to higher-ups, Freville explained.

In addition to providing his services at department debriefings, Freville sees officers in his office within 48 hours of a critical incident. Afterward, Freville remains available when they need to talk through triggered emotions, concerns or tough incident anniversary dates.

"In my office, we help to normalize (officers') reactions to abnormal and unusual events," said Freville. "We don't want anyone to think their reaction is bad or wrong. They are human…I'm focused on that and the effect whatever they went through has on them and their family members."

Additionally, the topic of handling stress and family is brought up at periodic in-service training, appealing to the officers' maternal and paternal instincts as an incentive for seeking stress management not only for themselves, but also for their spouses and children.

GEORGETOWN POLICE DEPARTMENT

Making the mind and body connection is the Georgetown Police Department who, when its new facility was constructed in 2015, installed a fitness center. According to Chief Michael Bosse, when staffing and time allow and with supervisory permission, officers may work out for an hour during their shift.

"There's a strong connection between physical fitness and the ability to relieve stress and mental health," Bosse said. "Problems begin to compound when one doesn't feel good physically. That tends to affect their outlook."

A balanced mind and body can also help officers provide a higher level of service to their community, Bosse added.

For additional support, officers have the option of speaking with the department chaplain, as well as two victims' advocates when they need a listening ear. Sergeants, first-line supervisors and other leaders are also instructed to watch for stressors among their shifts.

"In perfect leadership, officers should feel comfortable approaching leaders and saying 'Hey, can I talk about something?'" said Bosse. "That is the environment we try to create."

Officers cope with stressors daily, just by the nature of the job, and then a critical incident can happen. Bosse said that is why he asks officers to support each other. Following through, some GPD officers have attended Crisis Intervention Team (CIT) training to be prepared in case of a critical incident.

RESOURCES

Utilizing outside training through CIT, KCCRB and the Department of Criminal Justice Training's Kentucky Post Critical Incident Seminar (KYPCIS) was recommended by all three interviewed agencies.

For departments, even smaller ones looking to provide their own internal mental health resources, training can be a way to have individuals present who can recognize symptoms of stress and conduct basic debriefings, KSP's Biebel explained.

"KYPCIS is an outstanding program," he continued. "A lot of our troopers have been through the program and have followed through and become KYPCIS peers."

Additionally, KSP and LMPD assist smaller agencies, during critical incidents, that might not have the same level of resources, based on their availability and the nature of the event. Help has come in the form of debriefings, peer support and referrals to outside agencies such as the KCCRB.

"While our services are geared internally (toward our agency) we will help anybody that needs assistance. That's the name of the game," Biebel said.

Trained or not, one of the largest resources for departments is law enforcement comradery. Often those closest to an individual are the ones to notice abnormal behavior, such as extreme risk-taking, increased depression or verbalizing self-harm in jests, Norris said.

"That old saying goes, 'See something, say something,'" he added. "Just let (your fellow officers) know they aren't alone. You might not know what to do, but you can point them in the right direction."

Solutions are also more achievable if people are willing to talk. Bosse said he wishes chiefs and sheriffs were more willing to connect and discuss mental health challenges so they could tackle the issue together.

OVERCOMING STIGMA FROM WITHIN

No matter how many tools are given, one of the largest barriers between an officer seeking assistance and the resource they need is the stigma built up surrounding mental health.

Once the mention of mental health and suicide risk was taboo. Biebel said he doesn't remember PTS ever being mentioned when he was in the academy.

To make officers more willing to seek assistance instead of succumbing to the stigma that needing help equals weakness, KSP cadets attend an introduction to employee assistance that covers basic stress management principles and also addresses suicide prevention.

"(PTS) doesn't mean you are weak," Biebel said. "It's a normal reaction to a very abnormal event."

And while officers tend to hold things in, be macho and carry things on their own, Norris said that studies involving military and law enforcement show that not dealing with issues immediately can lead to more problems down the road.

"We have to understand that law enforcement are humans too. We have to understand that they are humans when they put on their uniform and they are humans when they take them off. And with that, there are a lot of emotions that come from responding to horrific scenes and circumstances," said LMPD's O'Neil, adding that the old mentality of "sucking it up and driving on" has injured officers in the past.

"You can't believe everything you think in your mind," said Norris to officers who might be needing assistance, noting that individuals are often driven to suicide by hopelessness. "You may think you are the only person who has experienced this, or that this issue is affecting, but there are people who want to help you who have likely experienced a similar situation. You don't have to go through this alone, regardless of what the situation is."

(LEFT) Officers cope with stressors daily. However, Georgetown Police Chief **MICHAEL BOSSE** said, in perfect leadership, officers should feel they can approach leaders and say they need to talk about things that are bothering them.

(BELOW) Bridging the gap between the body and the mind, Georgetown Police Department officers are encouraged to take advantage of their in-house fitness center to relieve stress.

CARE FOR COMMUNICATORS

TELECOMMUNICATIONS PROFESSIONALS NOT IMMUNE TO POST-TRAUMATIC STRESS

Written By
JEWELL WIREMAN
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TELECOMMUNICATION
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I did not witness firsthand the emergency, but what I heard (and imagined) made me just as vulnerable to post-traumatic stress as first responders on the scene.

I've heard some of the most disturbing sounds throughout my career, as a Kentucky State Police Dispatcher. I've listened to the anguished cries of a mother holding her baby and begging the child not to die. I've heard a trooper scream out over the radio, "shots fired," not knowing if he was hit or if he had to kill someone.

Telecommunicators are repeatedly confronted with stressful events, and it sticks with us for a long time.

Some events still haunt me to this day. Along with the stress of being on the receiving end of tough calls, emergency dispatchers also deal with the pressure and demand of following protocol, despite variability in situations.

My role at KSP Post 7 in Richmond covered 11 counties. Numerous troopers' lives depended on dispatchers being on top of their game, and providing them all the "need to know" and "nice to know" information to ensure they made it home each day to their families.

While protocols can be useful for guiding dispatchers through stressful situations in other circumstances, they can cause pain and discomfort when a dispatcher can tell that a situation is hopeless. We are not trained to deal with cases uniquely. We are expected to follow routine questions regardless of circumstances.

My eldest brother, Chalmer, served as a trooper from 1969 to 1975 and as Magoffin County sheriff 1986 to 1998. He had to remind me that I can't save everyone and to try not to worry about the things I can't change. He said, "Take a deep breath, do your job, and keep going on. Everyone else needs you because there's no downtime."

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Stress affects our work performance, personal relationships, social relationships and creates a multitude of physical manifestations. Disruptive sleep, headaches, unusual fatigue, weight gain, eating disorders, upset stomach and depression are just a few of those maladies.

When my friends and family started pointing out significant changes in me, from being hateful, weight gain, not smiling and increasing cholesterol levels, I had to start evaluating my lifestyle and get it all under control. Trauma is a fact of life. Believe it or not, the body keeps score and post-traumatic stress can wreak havoc on our bodies.

I tried different methods such as reading and counseling, and that did not seem to have an impact. This was when I developed healthy-eating habits, cooking my meals at home, eating smaller meals and more frequently, about every two and a half to three hours, time permitting.

I also added running and weight lifting five days a week to my regimen.

Soon, I discovered Mud Obstacle Courses to participate in, and those events provided me a much-needed outlet. It was a way to cope and deal with work stressors.

I started feeling so much better; I liked myself again. I loved it so much I made a vow to myself to sign up at least once a month. It ended up being more than that because of all the cool medals and t-shirts. I had learned to make time for myself at least an hour a day in the gym and running mud courses and 5ks. It became a balancing act of life.

While post-traumatic stress is a challenging issue, many people experiencing PTS never seek out treatment. Often this occurs because people are afraid they will not be supported in their recovery or worry they will be looked upon as weak.

It is important for agency heads to be on board. For example, a communication center can find an online PTS screener and invite employees to complete the quiz. Communication center directors can also sweeten the deal by offering telecommunicators an extra break during a shift if they complete the test.

By having telecommunicators complete online quizzes and engage in wellness checks, the results could provide dispatchers with feedback and help them determine if they are at risk for PTS.

I experienced vicarious trauma, also known as compassion fatigue. It resulted from my years helping callers and officers who were experiencing the worst day of their lives.

Answering the line and hearing gunfire, beatings, sometimes silence and crying, a dispatcher is the first responder. Dispatchers hear callers take their last breaths and a baby's first cry.

Talk to your health care provider and learn everything you can about post-traumatic stress.

Tell your family and friends about your concerns, such as anger and depression, and help them understand what you are experiencing. Moreover, take time to exercise and eat healthy foods, as these necessities give you energy and promote good health.

Individual and group therapy and support groups could benefit you. Also, spend time engaging with family and friends; don't close out the rest of the world.

There are several books at the library or available for purchase to help with healthy coping mechanisms.

Last but not least, find time for prayer, meditation and quiet moments.

An emergency dispatcher's job has been called a thankless occupation, but if, at the end of the day, you can feel you did your best, it is worth it.

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