

The Trauma Response and Peer Support Team: Preventing PTSI and Enhancing Wellness in Peace Officers

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In the wake of an officer-involved shooting, child murder, or other critical incidents, the discomfort exhibited by officers is often palpable. In addition to the weight of the after-effects of the incident itself, they are concerned that if they let on that they had experienced, for example, sensory distortions and distressed emotions during or after the incident, a psychologist could declare them unfit for duty. The danger of developing debilitating symptoms of PTSD is increased by their anxiety that, “If I tell this ‘shrink’ what I’m feeling, there goes my career as a cop.”

These reactions to life-changing experiences are totally logical and “normal,” but this is difficult for mental health professionals to communicate. It requires that fellow officers and dispatchers who have gone through these same events, “made it back,” and were credible in the organization be utilized to change these counter-productive conditions.

The targets of trauma response efforts are the intrusive recollections and re-living of the event that continues well after the officer clears the call. It is not uncommon to experience serious, sometimes extremely disruptive emotional states tied to the moment of impact in the incident, continuing anxiety and uneasiness, withdrawal from normal relationships and activities that bring happiness, numbing, and alterations in how work is performed.

Trauma and Peer Support Team members who are trained in the use of a psychological first aid technique can lessen the levels of internal agitation experienced, normalize officer and dispatcher reactions to the incident, and provide post-incident strategies for recovery and wellness.

There was initial resistance to the use of peers in providing support to involved personnel in the immediate aftermath of traumatic events. Homicide investigators felt that trauma or peer support interactions would contaminate their investigation (by potentially coaching officers on what to report), and association boards feared the loss of confidentiality.

In the early period of peer support, teams demonstrated their sensitivity to investigative needs as well as their commitment to protecting officer confidence. In addition, the frequency, severity, and duration of posttraumatic stress symptoms in involved personnel were strikingly reduced. The work continues, by whatever label that is applied, to helping those who serve the wellbeing of others.

Trauma response efforts continue to be a critical component in holistic efforts in law enforcement resiliency and wellness. Early intervention in the aftermath of acute duress is critical. Early intervention serves as an acknowledgment that it is inappropriate to wait until those who serve are scarred forever by the ugly moments of their work.

Encounters with traumatizing events are inescapable in law enforcement. But personnel do not have to be sentenced to a less happy, less productive, and diminished life. It is past the time when officers should not feel it safer and more expedient to just take the pain. Their own brothers and sisters stand with them.

Although past decades have shown resistance to wellness programs, there has been a cultural shift in law enforcement departments. Whether you call it trauma support or peer support the idea is the same; to support personnel through stressful personal and professional times in their life and help normalize reactions in the aftermath of a critical incident.

Changing the culture includes giving law enforcement personnel permission to be human, to experience normal reactions following a tragedy, and understanding that “It’s ok, to NOT be ok.” Law enforcement is a helping profession, however officers often struggle to ask for help themselves. The message should be the opposite; Asking for resources to get help is a form of resilience and strength.