Post Traumatic Effects: Coping, Family Supports and Adjustment in Policing

CSIOP SYMPOSIUM, CPA CONVENTION 2017

TORONTO, ONTARIO

UNIVERSITY of GUELPH

Empowering Organizations Through People

Promoting diverse, socially inclusive, and supportive practices through research

Work-Related Trauma Exposure

Estimated that PTSD occurs in 10% of first responders worldwide[1]

Often associated with accumulation of traumatic event exposure[2,3]

Police, fire, ambulance at increased risk for trauma exposure due to work demands[4]

But, impact of traumatic events on individuals varies

PTSD in First-Responders

In 2016 the Ontario government passed Bill 163 to include PTSD into the WSIA and the MOL Act, including police officers:

The new section 14 in the Workplace Safety and Insurance Act, 1997 provides that certain workers who are diagnosed with posttraumatic stress disorder are ***entitled to benefits under the Act*** *for that disorder if certain conditions are met. The section creates a* ***presumption that posttraumatic stress disorder*** *in those workers arises out of and in the course of the workers' employment, unless the contrary is shown. The Bill sets out procedural and transitional rules governing claims made under the new section.*

Organizational Support for Police Officers

R2MR – Road to Mental Readiness

Critical Incident Stress Debriefing

Employee Assistance Programs

Access to Psychologists

Peer Support Programs

Today's Symposium

Officer perceptions, stigmas and help seeking behaviours

Officer coping, social support and adjustment

Family support networks

Discussion

“I found this place while researching suicide. For myself. I was a cop for 22 years. I would have been retired with honor this year 2015. I was a patrol Sergeant on duty when I got the call, 10-19, see Commander X. I walked in and he said give me your gun and your badge. The county doctors have determined you are not physically able to perform the functions of a deputy sheriff due to your accumulated injuries in the field. In a matter of seconds they took my culture from me. They took away what I was. My neck and back surgeries were successful. I was able to function fine. Their concern was I was a liability. Over the 22 years I spent on the street; the most dangerous place was the office politics. I feel destroyed. I was the longest surviving female officer in the department. I am at a point where I'm in chronic pain and find little reason to continue in this capacity. "Cops eat their dead.” Leave no evidence they existed. I survived the street. I was never trained how to survive this.”

http://www.policemag.com/channel/careers-training/articles/2013/02/police-and-ptsd.aspx

Supporting Officer Adjustment After the Experience of Work-Related Trauma: A Closer Look at Family Support Networks

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Role of Social Support

Literature demonstrates the positive impact of social support on stress and strain[9]

Lack of social support following traumatic event is a significant risk factor for development of psychopathology[10]

- Meta-analytic estimate: weighted r = .40, k = 11, n = 3,276

Organizational supports focus on managing stress after exposure

- Focus has been on the organization as the main provider of support
- Requires individuals to recognize their own impairment and seek out support

Benefits of Personal Support Networks

Personal supports include: friends, family, and spouses/partners

Positive impact on individual outcomes[11,12]

- Spousal support predicts individual health and well-being
- Support from friends and family demonstrate weaker or indirect effects

Support is a key feature of intimate relationships

- Emotional support most important during times of stress[13]

“My spouse, just listened.”

“Spouse, listened and was empathetic.”

“My wife, she listened and put in a different perspective.”

“My spouse has been my sounding board and has been offering advice and support.”

Ewles, Hausdorf, González-Morales, & Beehr, 2017

When is social support from a partner/spouse ineffective?

Lack of Awareness or Understanding

Barriers to seeking support

Many individuals attempt to manage traumatic stress experiences alone[14]

- Organizational culture promotes emotional inhibition to work-related events
- Limits help-seeking behaviours

“Deal with it, stress is part of the job.”

“I really haven't spoken much … about this. I have told the story but not the emotional impact it really has had on me.”

“Just ignore and hope it goes away.”

Ewles, Hausdorf, González-Morales, & Beehr, 2017

Lack of Awareness or Understanding

Fear of traumatizing family

- Even without direct exposure, partners will “fill in the gaps”
- Perceived partner distress associated with secondary trauma (*r* = .33), psychiatric distress *(r* = .41), depression (*r* = .36), and alcohol consumption (*r* = .36)[15]

Challenges Providing Support

Support is not always beneficial for the recipient[9,16]

- Support provided must match the needs of the seeker

Negative reactions (e.g., minimizing) associated with higher levels of PTSD symptoms[16]

Partners may lack the knowledge, skill, resources, or motivation to provide adequate support

- Limits future help-seeking behaviour

“My wife gave me pity but she really doesn't understand.”

“My spouse was not helpful. She said it sounded terrible and didn't want to hear about it.”

“Partner [was] supportive but [was] dealing with other stressful issues at the same time.”

Ewles, Hausdorf, González-Morales, & Beehr, 2017

For support to be effective, it must be the right type, delivered in the right way at the right time.

What Does this Mean for Families?

Providing effective support is difficult

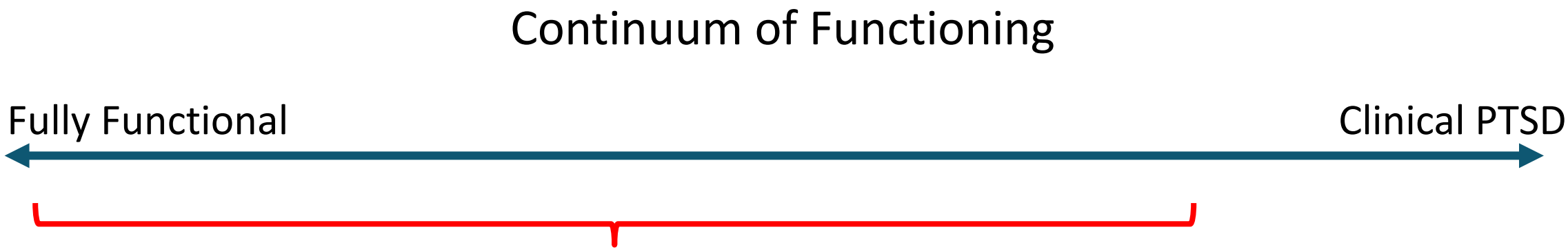
- Support must be aligned with the receiver's needs, readily available, and of high quality

Strong supportive relationships are important for improving outcomes associated with traumatic stress exposure[15]

Partnerships between families, organizations, and third-party support groups are necessary

- Currently few formal supports that involve family members
- Need for holistic approaches to managing traumatic stress experiences

Future Directions



- Emphasize supports early to limit the effects of cumulative trauma
- Interventions with spouses have been developed to support PTSD treatment (e.g., CBCT for PTSD; Monson & Fredman, 2012)
- Skills-based training programs with personal support networks provide promise for managing sub-clinical traumatic stress outside of traditional organizational boundaries