

Surviving Stress & Trauma

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- **25 years of law enforcement experience.**
- **Clinician and Certified Trauma & Resilience Professional.**
- **Best Selling Author:**
Body, Mind & Badge: Strategies for Navigating Trauma & Resilience in Law Enforcement.



Traumas of Law Enforcement – Objectives:

- Understanding the Stress, Cumulative Stress in Law Enforcement
- Understanding Trauma and Critical Incident Stress
- Adaptive Coping Skills vs. Maladaptive Coping Skills



Distinguishing Between Stress & Trauma:

- **Stress is a state of mental or emotional strain or tension resulting from adverse or demanding circumstances:**
 - What do stresses do?
 - What does stress do to the body?
 - Internal stress/External Stress
 - Organizational stress
 - What other stressors exist?



Distinguishing Between Stress & Trauma:

- **Trauma is an acute, specific injury, event or insult**
- Shooting or being shot at
- Killing or injuring someone – Use of force
- Being wounded – injured on the job – IOD
- Losing a partner/co-worker/friend due to LODD or Suicide
- Delayed trauma processing may lead to chronic stress



Distinguishing Between Stress & Trauma-Continued:

- Witnessing death – being witness to dying declarations
- Being involved in a collision – on or off duty
- Continuous response to fatal incidents, child abuse, sexual assault, domestic violence, and incidents of IPV, violence, divisiveness, media
- “Big T” Trauma and “little t” trauma
 - Single incident versus chronic (complex) trauma



Chronic Exposure to Crisis, Chaos & Conflict:

- What stresses or traumas as a result of a critical incident – have you faced in your enforcement career?
- Do you feel like you handled them well?
- People are exposed to one to five critical incidents in a lifetime – first responders see one to five in any given shift – up to 180 during a career (Blue H.E.L.P., 2023)



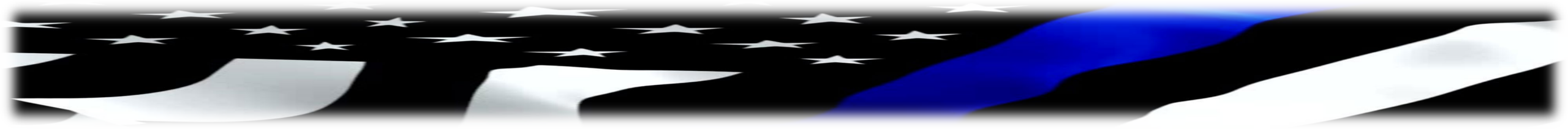
Chronic Exposure to Crisis, Chaos & Conflict-Continued:

- Public Sentiment – vocal minority
- Politics – internal and external (community, and organizational)
- Bearing constant witness to human suffering and deviance
 - Trauma history – Brain holds on to negative experience – protective
 - Adverse Childhood Experiences (ACEs)
 - Frame of reference



Personality Traits of First Responders:

- Obsessive/Compulsive
- Control issues
- Action oriented
- Risk taker
- High need for stimulation
- Highly dedicated
- Easily bored
- Need to be needed
- Difficulty saying "No"
- "Caretakers"
- High tolerance for stress
- Addiction to trauma – perhaps bring in their own traumas to the job/profession



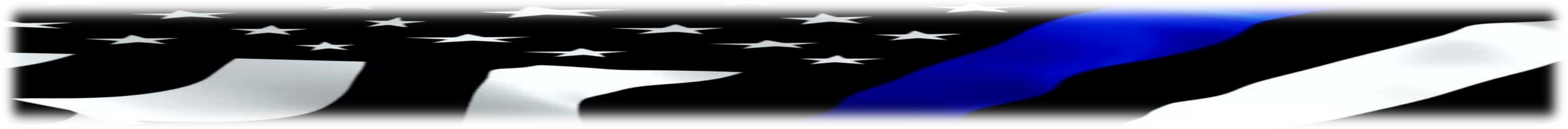
Internal & External Stressors:

- Family Problems
- Financial Problems
- Loss of loved one/grief
- Medical Issues
- Past Traumatic Experiences
- **Why is it so difficult for first responders to process trauma?**
- **Our need to “fix” things becomes a barrier to treatment seeking**



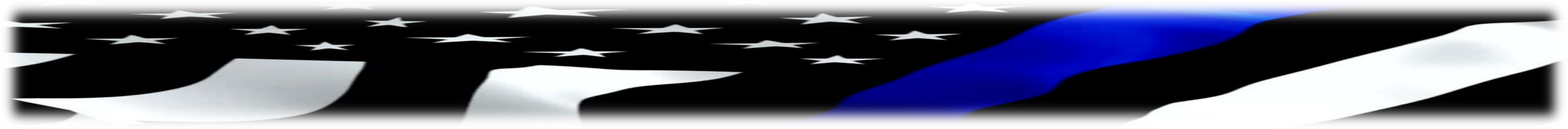
The Fatal Ten – Dr. Olivia Johnson

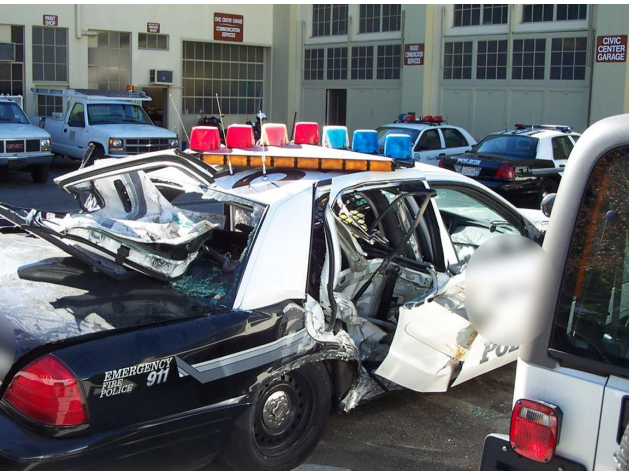
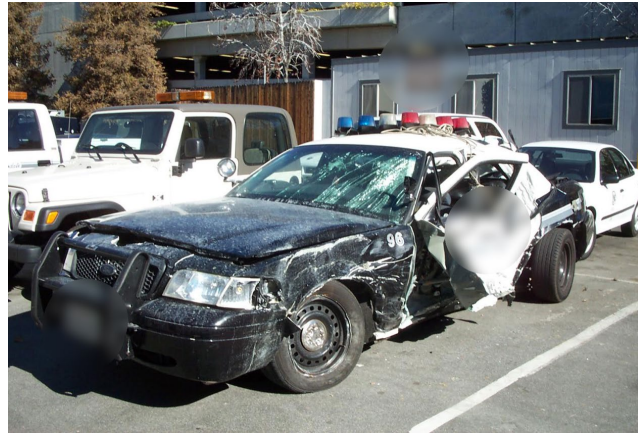
- Suicide of a friend or colleague
- Line of duty death
- Line of duty injury
- Disaster/multi-casualty incident
- Police shootings/events involving an extreme threat to the participants
- Significant events involving children
- Prolonged incidents – multi-casualty events - OIS
- Events involving persons known to the operations personnel
- Excessive media
- Event capable of causing considerable emotional distress



PTSD - PTS(I) - PTG

- Change the paradigm – PTS(I) is listed as a disorder in DSM-5-TR
- PTS(I) – what was done to you, not what is wrong with you
- PTS(I) – an injury like any other visible injury that requires treatment
- Everyone goes through the same incidents differently
- Depends on genetics
- Life experience
- Training and education,
- Past traumas
- Post Traumatic Growth





Big “T”
Trauma &
Little “t”
Trauma



Stress and Trauma:

- Stress and Trauma are cumulative
- May result in Complex Trauma – layering upon layer
- How much time do you have in between calls to process? Is it 5 minutes, 10 minutes, or hours?
- Regardless – this is not enough to process trauma – seen or unseen
- Self – care – debriefs are critical protective factors
- Every physiological response you feel is NORMAL



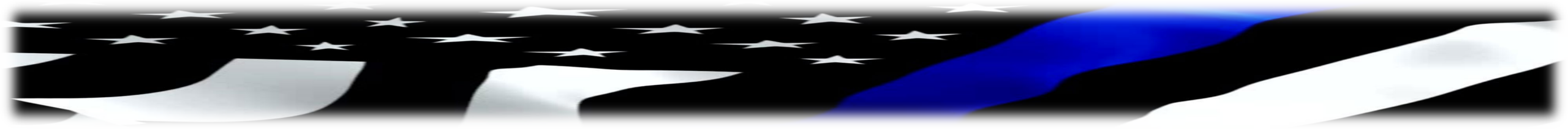
Stress In Law Enforcement:

- Internal (Departmental)
 - Your view of the organization depends on your seat
- External (Community)
- Cumulative (Career)
 - Adaptive vs. Maladaptive
- Critical Incident Stress
- Family Stress
 - **Survive the job – we need you, and they need you!**



Stressors for Law Enforcement:

- Schedules
- Sleep deprivation
- Inadequate training
- Decreased budgets = long work hours/fewer resources
- Toxic work environments
- Poor leadership
- Inconsistent policies
- Culture of NOT promoting overall mental health and wellness



Cognitive Response to Stress:

- A = Activating Event – the stressor; the factual event
- B = Belief – our attitude or belief about the “Activating Event;” what we tell ourselves, in our head, about the event
- C = Consequence – our reaction to the event
- **How your ABC occurs internally and what memory you attach to this is vital in mitigating PTS(I)**

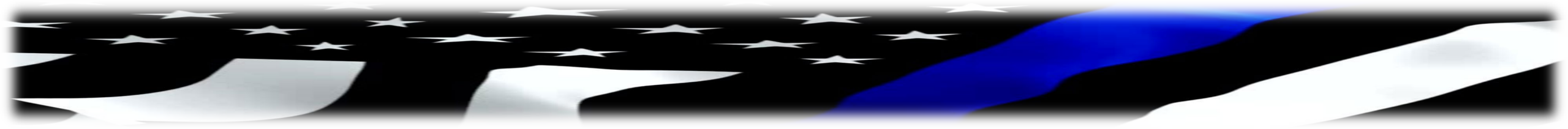


Impacts of Stress and Trauma:

Cognitive	Emotional	Physical
Difficulty Concentrating	Irritable/Agitated	Tense
Impaired Comprehension	Hyper-vigilant	GI Problems
Impaired Judgement	Shut Down/ Blunted	Cardiovascular Problems
	Guarded	Headaches

“If we don’t take the time to understand the mind and body connection that either heals or manifests into disease, we could literally be shaving off years of our life expectancy and stifling our physical health.”

- Officer Alex Mendoza – *Body, Mind & Badge: Strategies for Navigating Trauma & Resilience in Law Enforcement*

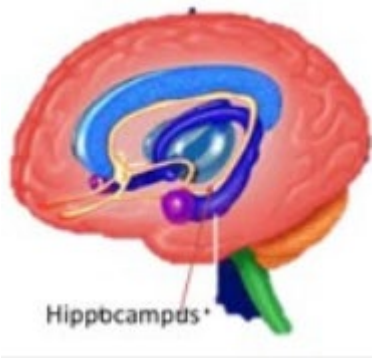


Neurobiological Underpinnings

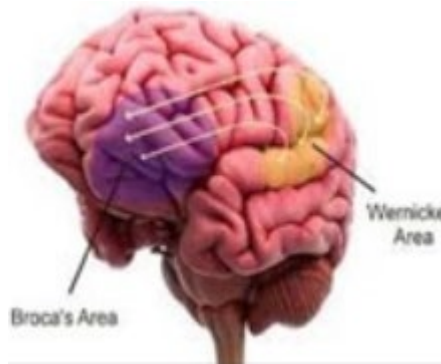
- Limbic Hyper-Arousal
 - Causes anxiety
- Dorsal Raphe Nucleus (DRN)
 - Triggers amygdala
- Amygdala
 - Survival – Threat Mode
- Right Temporal Lobe
 - Learning & remembering
- HPA Axis – floods body with cortisol



Neurobiological Underpinnings – Cortical Hypo-Arousal:



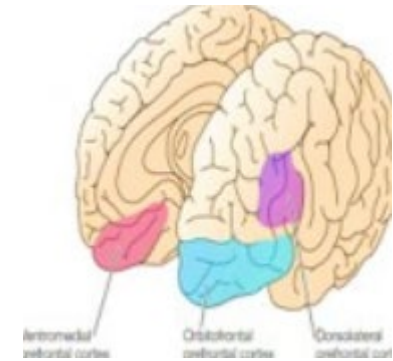
Hippocampus



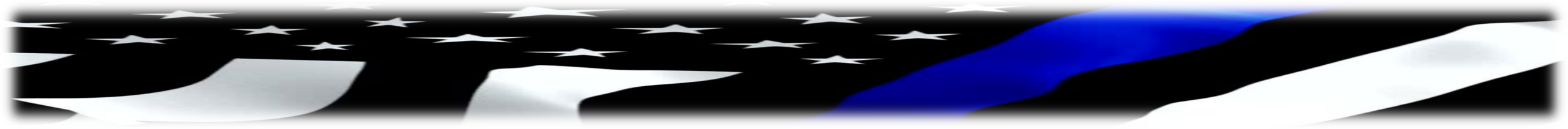
Broca's &
Wernicke's
Areas



White matter
(connective
tissue)
impairment

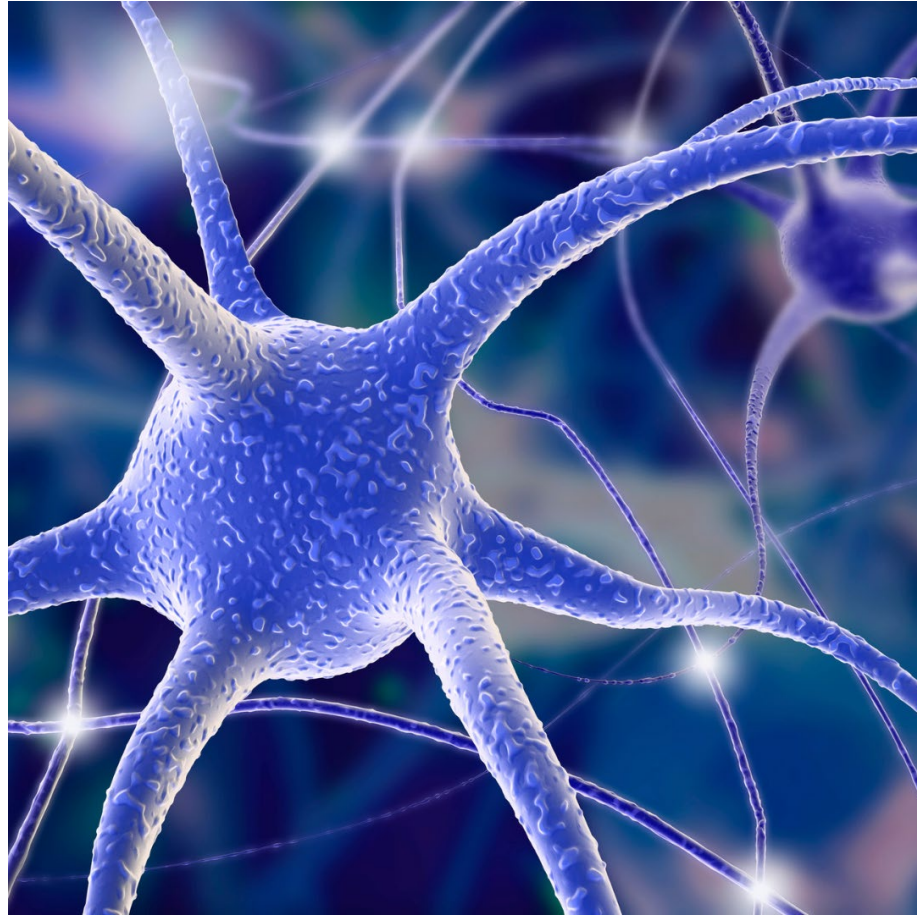


Ventral
Prefrontal
Cortex



Neurobiological Underpinnings

- Neurobiological Networks
 - Default Mode Network (DMN)
 - Salience Network (SN)
 - Executive Network (EN)



Distinguishing Between Stress & Trauma:

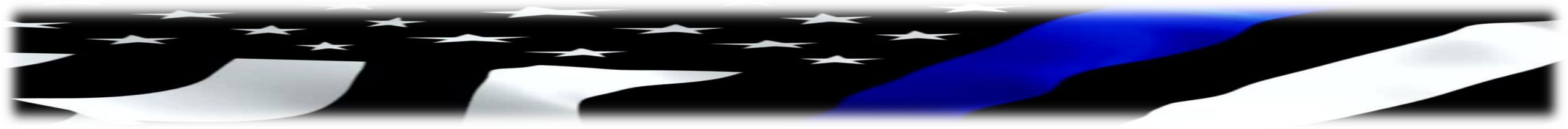
- PTSD vs. PTS(I)
- Shift the paradigm from PTSD to PTS(I)
- Treat PTS(I) as it was any other presumptive on-duty injury, condition, or illness
 - Legislation to add PTS(I) to the labor code and list of presumptive conditions



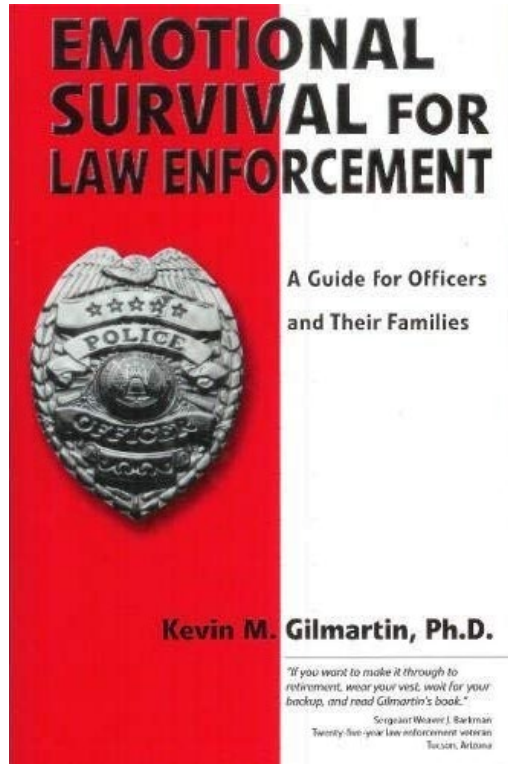
“As a profession, law enforcement does not teach you emotional survival. Are [peers] processing their own trauma effectively, or have they developed maladaptive coping skills, i.e., drinking, substance abuse, gambling, poor relationship choices, unhealthy eating, disordered sleeping patterns?

This is not ideal, and as a profession we need to be better because you are owed better.”

- Dwight Henninger, Chief of Police (Ret), Colorado, USA - *Body, Mind & Badge: Strategies for Navigating Trauma & Resilience in Law Enforcement*



“Hypervigilance Biological Rollercoaster” by Kevin Gilmartin

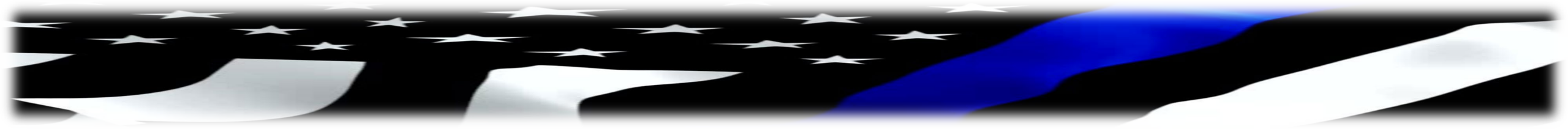


- On Duty

- Alive
- Alert
- Energetic
- Involved
- Humorous

- Off-Duty

- Tired
- Detached
- Isolated
- Apathetic



The Biology of Hypervigilance:

Reticular Activating System (RAS)

- Sympathetic Nervous System - Controls the bodily functions that are necessary for physical survival.
- Increased peripheral vision, Improved hearing, Faster reaction times, Elevated heart rate, Increased blood sugar = increased energy



The Biology of Hypervigilance:

Reticular Activating System (RAS)- Continued

- Determines the level of alertness that is necessary
- When the brain interprets the existence of a potential threat, the RAS engages the brain into a higher level of awareness and perceptiveness, which triggers the Sympathetic Branch of the Autonomic Nervous System.



Hypervigilance Rollercoaster:



- 18 to 24 Hours
- Difficult to get back to homeostasis during work week





The Nature of Trauma



The Nature of Critical Incident Trauma:

- Fact vs. Fantasy
- Imagination
- Personalization
- Achilles Heels
 - Children
 - Coworkers



Symptoms of Distress:

- Cognitive (Thinking)
- Emotional
- Behavioral
- Relational
- Physical
- Spiritual
 - Crisis of faith





What is
PTSD(I)?



- Post Traumatic Stress (PTS) is a normal survival response;
- Post Traumatic Stress Injury (PTSI) is a pathologic variant of that normal survival reaction.



PTS(I) (DSM-5-TR):

- Traumatic event/Stressor
- Intrusive memories/Symptoms
- Avoidance of trauma-related stimuli
- Negative alterations in cognitions and mood
- Physical
- Spiritual
- Alterations in arousal and reactivity
- Persistence of symptoms for more than one month
- Significant distress/Impairment



Predicting PTS(I):

- Response relationship with exposure
- Personal identification with event
- Personal beliefs/world views violated



PTS(I) results from violation of:



- Expectations
- Deeply Held Beliefs (Worldviews)
- Extreme Physical Pain



Maladaptive & Adaptive Coping Skills

- Very common for first responders to “self medicate” in order to deal with the symptoms of PTS(I) (short-term avoidance)
- Alcohol
- Drugs
- Sex
- Spending/Gambling



Critical Incident Support:

- Need:
 - Support
 - Listening
 - Physical safety
 - Food/Sustenance
 - Honesty
 - Acknowledgement
 - Critical incident stress management
 - Departmental support
 - Protection from the public and media



Critical Incident Support:

- Don't Need:
 - “Monday morning quarterback”
 - Embarrassment
 - Humiliation
 - Isolation
 - Being ignored
 - False assurance
 - Minimizing the incident
 - Organizational Abandonment/Betrayal



Critical Incident Plan:

- Identify support people
- Share critical incident plan with family and friends
- Avoid media/screen phone calls
- Make sure the other person is comfortable in this role
- Talk to your spouse/significant other/family



Critical Incident Plan – Long Term:

- Dealing with “Hero-Worship”
- Prepare for anniversary dates/ceremonies
- Prepare for increased stress-related illness
- Prepare for Medals of Honor or Medals of Valor
- Triggers
- Survivor Guilt



Critical Incident Plan – Long Term

- Trauma can be caused by any situation that is severely distressing or threatens your life or the life of another
- Examples include: Transportation crashes, shootings, fires, violence, witnessing fatalities
- PTS(I) injuries can occur after exposure to one or more traumatic events. This includes direct experiences, witnessing events, or secondary exposure
- Signs & Symptoms: Distressing memories, nightmares, flashbacks, negative thoughts, risk-taking behavior, difficulty concentrating, & sleep problems



Organizational Recommendations

- Mental and physical wellness programs
- EAP Services
- Cultural competence
- Peer Support Programs
- Wellness Programs
- Therapy K9s
- Climate Survey



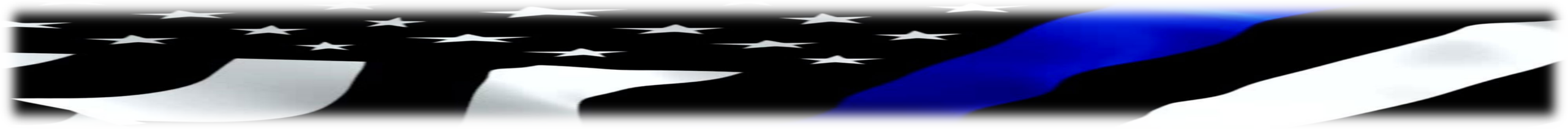


Personal Stress Management



How do you mentally recharge?





Managing Personal Stress:

- Aggressive Personal Time Management
 - Proactive vs. reactive
 - Schedule the time
 - Take control
- Practice Physical Fitness
 - Moderate aerobic exercise
 - 30-40 minutes / 4-5 times per week
- Control Your Financial Well-being
 - “Retail therapy”
 - Stress-related consumerism cycle
 - Spend more...work more...spend more...perpetuates rollercoaster
- Maintain multiple roles...BALANCE



Balance Among Work, Family, Play and Rest:

- Engage in non-professional activities
- Get sleep
- Manage time wisely – Plan ahead!
- Engage in some form of aerobic exercise/activity
- Play and laugh often
- Take vacations!



Balancing Systems & Relationships:

- Personal connection
- Physical
- Emotional
- Intellectual
- Spiritual



Pathways to Resilience:

- Gratitude
- Altruism
- Humor
- Moral Strength
- Suffering
 - Crisis = “danger and opportunity”
- Meaning and Purpose



Staying Present Focused:

- Mindfulness - Meditation
- Take a technology “fast”
- Resist multitasking
- Breath work
- Experience pleasure





Shift the Happiness Paradigm



- Do something to recharge and renew
- Exercise /physical activity and relaxation techniques
- Keep your “non-law enforcement” friends
- Stay involved with a variety of people and activities
- Have “off duty” time!
- COMMUNICATE with loved ones





Acting Chief KMH
June 25, 1958 – July 30, 2022

- How do I create more meaning in other parts of my life?
- What is my identity outside of being a cop?
- What do I want to be remembered for?
- What is your 'DASH'?



If you don't heal what hurt
you, you will bleed on
people who didn't cut you

- author unknown



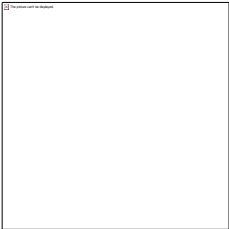
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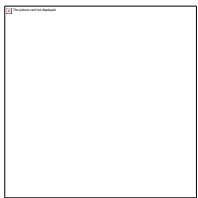
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