

# HOW TRAUMA CAN IMPACT POLICE AND PUBLIC SAFETY PROFESSIONALS



By Robert J. Cipriano Jr., PsyD, ABPP

**TRAUMA** can disturb our normal way of life, its beliefs and the very fabric and foundation of what once was. It can turn an individual's life upside down and cause confusion and disarray. It can cause feelings of vulnerability and foster thoughts on the meaning and purpose of life. It also can impact a person's self-esteem, sense of worth and sense of self. Some seek out others, some isolate, and some lose faith, while others find it. Some come to believe life is not worth living, while others may find a greater resolve and re-prioritize what is truly important in life.

Police work is complicated, to say the least. When the situation is traumatic, emotions generally fuse with cognitions, and the officer's experiences are not only subjective. The decisions that he/she may be placed in are oftentimes gray in nature.

Examples of one's thoughts can be: "What was once important is now irrelevant and what was once irrelevant now becomes the focus of one's life." Some patients that I have worked with over

the years have reported experiencing feelings of guilt and shame, isolation and loneliness, vulnerability and depression, loss of faith and self-worth, changes in values and attitudes, nightmares and sleep disturbances, marital/family breakdown, physical illnesses, and feelings of self-blame and bitterness. Traumatic events that have triggered a spectrum of trauma-based responses have included natural disasters such as earthquakes, hurricanes, tsunamis, tornadoes, floods and illnesses. Some of

the man-made disasters and traumatic events have included bereavement, riots, car accidents, terrorist acts, war, hostage situations, rape, kidnapping, airline crashes, shootings, robberies, job loss and divorce, to name a few. Some of the responses that I would not recommend to someone would be "put it behind you," "life happens," "get over it," "forget about it," and "let it go." Each of these responses involves a lack of empathy and validation. Validating the individual's thoughts and feelings can not only help with improving connectedness via empathy, but also potentially reduce stigma and lessen the thought that "something is wrong with me" following such a traumatic exposure.

Cognitive-behavioral therapy (CBT), which combines two very effective kinds of psychotherapy, cognitive therapy and behavior therapy, can significantly benefit an individual who may be experiencing trauma-based reactions beyond a month's time frame following such an incident.

**Police work is complicated, to say the least. When the situation is traumatic, emotions generally fuse with cognitions, and the officer's experiences are not only subjective. The decisions that he/she may be placed in are oftentimes gray in nature.**

Behavior therapy, based on learning theory, helps the individual weaken the connections between troublesome thoughts and situations and their habitual reactions to them. Cognitive therapy teaches clients how certain thinking patterns may be the cause of their difficulties by giving them a distorted picture and making them feel anxious, depressed or angry (Beck, 1995).

Cognitive therapy is based on a theory of personality that maintains how one thinks largely determines how one feels and behaves. The therapy is a collaborative process of empirical investigation, reality testing, and problem-solving between therapist and patient. The patient's negative interpretations and conclusions are treated as testable hypotheses. Behavioral experiments and verbal procedures are used to examine alternative interpretations and to generate contradictory evidence that supports more adaptive beliefs and leads to therapeutic change (Beck, Rush, Shaw, & Emery, 1979).

**Cognitive therapy is based on a theory of personality that maintains how one thinks largely determines how one feels and behaves.**

Public safety professionals are exposed to an abundance of negative situations that over time can affect the way the individual views his or her world and sense of safety and security. Having a licensed mental health professional who has a background and specialization in police psychology as an external consultant or "in-house" departmental staff member is prudent.

**Public safety professionals are exposed to an abundance of negative situations that over time can affect the way the individual views his or her world and sense of safety and security.**

A licensed mental health professional can work with affected officers in a confidential forum and be a trusted source for not only clinical intervention, but as an instructor for that department to educate personnel along with command staff on topics such as: managing stigma within a department; resiliency-building skills; psycho-education on mental health symptoms such as post-trauma stress; confidentiality guidelines; education on voluntary mental health treatment; critical incident stress debriefing; law enforcement suicide prevention and intervention; crisis and hostage negotiations; and psychological fitness for duty standards and practices (IACP, 2011-2014) to name a few. As law enforcement evolves through the 21st century, having a mental health professional with a background and specialization in police psychology as an in-house or external consultant is invaluable on so many levels. ■

## REFERENCES

- Beck, J.S. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford Press
- Beck, A.T., Rush, A.J., & Shaw, B.F., Emery, G. (1979). *Cognitive therapy of depression*. Guilford Press, NY, USA.
- International Association of Chiefs of Police/Psychological Services Section (2013). Officer involved shooting guidelines. Arlington, VA. Retrieved July 4, 2015 from <http://www.theiacp.org/portals/0/documents/pdfs/Psych-OfficerInvolvedShooting.pdf>.
- International Association of Chiefs of Police/Psychological Services Section (2013). Psychological fitness-for-duty evaluation guidelines. Arlington, VA Retrieved July

4, 2015 from <http://www.theiacp.org/portals/0/documents/pdfs/Psych-FitnessforDutyEvaluation.pdf>.

International Association of Chiefs of Police/Psychological Services Section (2011). Guidelines for consulting police psychologists. Arlington, VA. Retrieved July 4, 2015 from <http://www.theiacp.org/portals/0/documents/pdfs/Psych-ConsultingPolicePsych.pdf>.

International Association of Chiefs of Police/Psychological Services Section (2011). Peer Support Guidelines. Arlington, VA. Retrieved July 4, 2015 from <http://www.theiacp.org/portals/0/documents/pdfs/Psych-PeerSupportGuidelines.pdf>.

International Association of Chiefs of Police/Psychological Services Section (2014). Pre-employment psychological evaluation guidelines. Arlington, VA. Retrieved July 4, 2015 from <http://www.theiacp.org/portals/0/documents/pdfs/Psych-PreemploymentPsychEval.pdf>.

## ABOUT THE AUTHOR

**Robert J. Cipriano Jr., PsyD, ABPP** is a licensed psychologist who is board certified in police and public safety psychology by the American Board of Professional Psychology. He is an instructor and behavioral health consultant with SIMCIP Group Forensic-Psychological Consultants LLC.



We want to know what you think. Email [editor@ntoa.org](mailto:editor@ntoa.org) with feedback or questions about this article.