PART I

UNDERSTANDING CONFLICT

CHAPTER 1 Stress in Conflict and Crisis Situations

CHAPTER 2 Understanding and De-escalating Conflict

CHAPTER 3 Problem Management

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1

STRESS IN CONFLICT AND CRISIS SITUATIONS

LEARNING OUTCOMES

After completing this chapter, you should be able to:

- Describe the physical and mental changes produced by stress.
- Identify indicators of acute and cumulative stress response.
- Explain how post-traumatic stress disorder arises and describe its potential effects.
- Identify stressors common to law enforcement.
- Describe how stress can impair the performance of law enforcement officers.
- Identify strategies that may assist with reducing the negative effects of stress.

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INTRODUCTION

In this chapter, we will identify and discuss some common stress reactions and methods of managing stress. Law enforcement is a stressful occupation. Officers perform their duties under circumstances that most people only see on television. Stress responses cause many physical and psychological changes that must be effectively managed. Effective stress management depends on recognizing these stress reactions and learning how to reduce their effect.

THE NATURE OF STRESS

stress
a response to a perceived threat or challenge or change; a physical or psychological response to a demand

stress response
physical, psychological, and emotional reactions experienced by a person when encountered with a real or perceived threat

eustress
positive stress; an important component of everyday life that we can use to motivate and challenge ourselves and that can be a positive force to enhance our physical and mental capabilities

Stress can be defined as a response to a perceived threat or challenge or change—a physical or psychological response to a demand.

Stress response, for the purpose of this text, refers to the physical, psychological, and emotional reactions a person experiences when they encounter a real or perceived threat.

There are two general categories of stress: eustress (positive stress) and distress (negative stress). Your body does not physically distinguish between different types of stress; the stress reaction is automatically initiated. It is how the individual perceives a certain stressor that results in the determination of eustress or distress.

Eustress may be thought of as a "good" stress. It is an important component of everyday life that we can use to motivate and challenge ourselves. It has psychological and physical aspects that, when handled properly, can be a positive force to enhance our physical and mental capabilities.

Eustress has the following characteristics:

- it motivates, and focuses energy
- it is short-term
- it is perceived as within our coping abilities
- it feels exciting
- it may improve performance by increasing our focus.

Examples of positive *personal stressors* include:

- receiving a promotion or raise at work
- starting a new job
- getting married
- buying a home
- having a child
- moving
- taking a vacation

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- holiday seasons
- taking classes or learning a new hobby.

Distress happens when a person has difficulty dealing with the stress of negative experiences. It can occur when we lose control over a situation or when the source of our stress is unclear.

distress
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Distress has the following characteristics:

- it causes anxiety or concern
- it can be short- or long-term
- we perceive it as outside of our coping abilities
- it feels unpleasant
- it decreases performance
- it can lead to psychological and physical problems.

Examples of negative **personal stressors** include:

personal stressor
can include both positive and negative stressors dealing with personal occurrences in daily life that may be positive, such as weddings and births, or negative, such as bankruptcy and divorce

- the death of a spouse or family member
- filing for divorce
- losing contact with loved ones
- hospitalization (oneself or a family member)
- injury or illness (oneself or a family member)
- being abused or neglected
- separation from a spouse or partner
- conflict in interpersonal relationships
- bankruptcy/money problems
- unemployment
- sleep problems
- unrealistic, perfectionist expectations
- repetitive negative thought patterns.

Work and employment concerns such as the following are also frequent causes of distress:

- excessive job demands
- conflicts with co-workers and supervisors
- having inadequate authority necessary to carry out tasks
- a lack of training necessary to do the job
- unproductive and time-consuming tasks.

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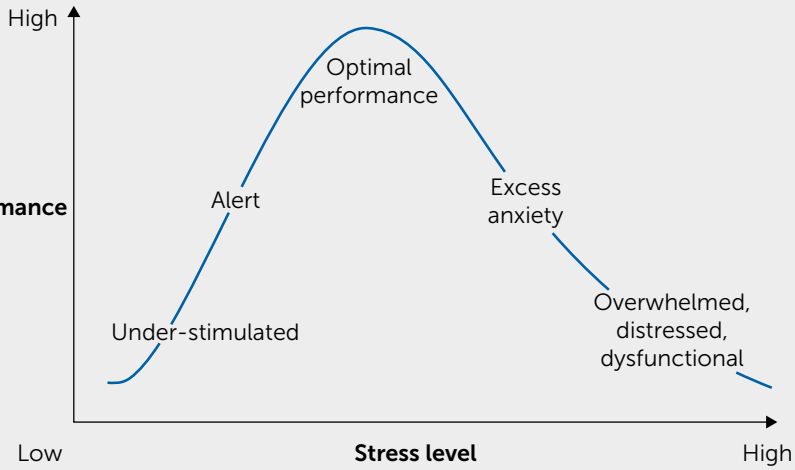
FIGURE 1.1 Stress Performance Models



Note: The shape of the blue curve will be different for each person. Some perform well at a wide range of stress levels (with a flatter top to their response curve), while others quickly become anxious and self-doubting even at moderate stress levels. Moderate levels of anxiety probably enhance performance by increasing alertness: the relationship between anxiety and performance follows a similar shape to the blue line.

Source: Society, the Individual, and Medicine, uOttawa (2018).

Physiological symptoms commonly associated with distress include high blood pressure; rapid, shallow breathing; muscle aches; and headaches. Behavioural symptoms include overeating or undereating, negative repetitive thought patterns, and maladaptive coping behaviours, such as substance abuse. In extreme cases, distress can lead to anxiety and/or depression.

It is difficult to predict the amount of stress that a person can endure without a negative effect. Persons who are pessimistic and who have a controlling personality, high self-expectation, and high expectations of others may experience distress when their needs/expectations are not met. Such negative reactions to stress can make the person appear to be unpleasant or difficult and can contribute to conflict with others.

Figure 1.1 illustrates how optimum levels of stress can improve performance. Optimum levels are specific to each person.

acute stress
also referred to as critical incident stress, a psychological condition that induces a strong emotional reaction to a traumatic event, or to witnessing a traumatic event

THE ACUTE STRESS RESPONSE

Acute stress, also referred to as critical incident stress, is a psychological condition that induces a strong emotional reaction to a traumatic event, or to witnessing a traumatic event. In the context of law enforcement, an acute stress response may occur after an officer has experienced or been threatened with an occurrence that involved death or serious injury.

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To be categorized as an acute stressor the event that triggers the response:

- must be sudden and unexpected
- is, or is perceived to be, a threat to the officer's survival or well-being, and
- has some element of loss for the officer or victim.

Law enforcement officers respond to many incidents that can cause acute stress reactions, including:

- the death of a fellow worker
- responding to occurrences of suicide or homicide
- a natural or other disaster
- a severe accident involving injury
- experiencing or responding to a violent assault
- the death or serious injury of a child.

Occurrences that involve seriously injuring a person while executing an arrest, or involvement in any critical incident that causes you to question your values, ideals, or confidence, may also evoke an acute stress response. Table 1.1 shows the signs and symptoms of acute stress.

An acute stressor can trigger the fight-or-flight response. The **fight-or-flight response** is a physiological reaction to stress. It likely developed as a survival mechanism in humans to help ensure survival by increasing their ability to flee from or fight a threat. In primitive times, the threat might have been a tiger or other wild animal; today, work pressures can trigger the same response. Whether it's tigers or work, the body recognizes only a stressor, and it responds accordingly.

fight-or-flight response
the body's physiological response to a perceived threat; chemicals are released into the bloodstream, producing mental and physical changes that increase the person's ability to fight or flee from the threat

The fight-or-flight response produces a series of physical reactions. When the body recognizes a threat, it releases epinephrine (adrenaline) from the adrenal glands. This hormone tells the brain to get the body ready to deal with an imminent threat. The brain signals the pituitary gland to release adrenocorticotropic hormone (ACTH), preparing the body for fight or flight. ACTH, produced by the pituitary gland, increases the production and release of cortisol, a steroid hormone.

The half-life of ACTH is about ten minutes, which approximates the length of time we are likely to experience the reaction to the "threat." (Half-life [symbol $t_{1/2}$] is the time required for a quantity to reduce to half its initial value.)

Your cortisol level normally remains elevated during the first 30 minutes of the stress response and is helpful in allowing you to react to the stressor. Infrequent short-term elevated levels of cortisol aren't likely to cause serious health problems. However, if you are under constant stress, your adrenal glands may be continuously releasing cortisol. High levels of cortisol may lead to health

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TABLE 1.1 Signs and Symptoms of Acute Stress

Signs and symptoms that require immediate corrective action	
PHYSICAL	**COGNITIVE**
Chest pain Difficulty breathing Excessive blood pressure Collapse from exhaustion Excessive dehydration Dizziness Vomiting	Decreased alertness or hyperalertness Difficulty making decisions Mental confusion Disorientation to surroundings Slowed thinking Problem recognizing familiar people
EMOTIONAL	**BEHAVIOURAL**
Panic reactions Shock-like state Phobic reaction General loss of control Inappropriate emotions	Change in speech patterns Excessive angry outbursts Crying spells Antisocial acts Extreme hyperactivity
Signs and symptoms that require timely, but not immediate, action	
PHYSICAL	**COGNITIVE**
Upset stomach Profuse sweating Chills Sleep disturbance Muscle aches Fatigue	Confusion Lowered attention span Memory problems Distressing dreams Disruption in logical thinking Reliving an event over and over
EMOTIONAL	**BEHAVIOURAL**
Denial Grief Feeling hopeless Feeling overwhelmed Feeling lost Feeling worried Wanting to hide	Withdrawal Becoming suspicious of everything Increased or decreased food intake Excessive humour Excessive silence Increased alcohol intake and smoking Change in interaction with others

problems such as hypertension (high blood pressure) and hyperglycemia (high blood sugar). There may be some visible changes to the body, such as fat deposits in the face, neck, and belly.

Low levels of cortisol may also lead to health problems. When required to continuously produce cortisol in response to constant stressors, your adrenal glands may become "fatigued" and unable to provide normal levels of cortisol. Low levels of cortisol may cause overall weakness, fatigue, and immunity deficiencies that could leave you susceptible to diseases.

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HOW DOES THE BODY REACT WHEN IT RECOGNIZES A THREAT?

ACTH causes:

- your pupils to dilate
- your breathing rate to increase oxygen supply to your muscles
- your heart rate to increase
- your arteries to constrict, causing blood pressure to increase, creating more blood flow to large muscle groups
- your liver to release large amounts of fats, cholesterol, and glucose to give you energy to deal with the threat
- your digestive process to shut down
- your senses to become more acute and focused.

The acute stress response is divided into three phases: *alarm, resistance,* and *exhaustion*.

During the **alarm** phase, the body identifies the threat and initiates the fight-or-flight response.

During the **resistance** phase, the person resists the threat through disengaging (flight) or through a physical or verbal encounter (fight). Resistance continues until the threat is eliminated or the person is not capable of further resistance.

The person then enters the **exhaustion** phase, when the body attempts to recover from the encounter.

See Figure 1.2.

After an acute stressor incident, you may experience symptoms of disassociation.

- You may feel detached from your surroundings or emotionally indifferent to the event.
- You may not be totally aware of your surroundings; that is, you may feel like you are in a "daze."
- You may experience depersonalization—a feeling that you are outside yourself, looking in on the situation.

Most people seldom experience the fight-or-flight response. This is not true in the law enforcement profession. The response may be evoked several times during one shift. An officer may therefore not have the opportunity to enter the recovery stage. The response, while advantageous in some situations, is a definite health hazard if evoked too frequently. Severe physical, psychological, and

alarm
first phase of an acute stress response where the threat is identified and the body initiates the fight-or-flight response

resistance
second phase of an acute stress response whereby the person resists the threat through disengagement (flight) or through a physical or verbal encounter (fight)

exhaustion
third phase of an acute stress response when the body attempts to recover from the encounter

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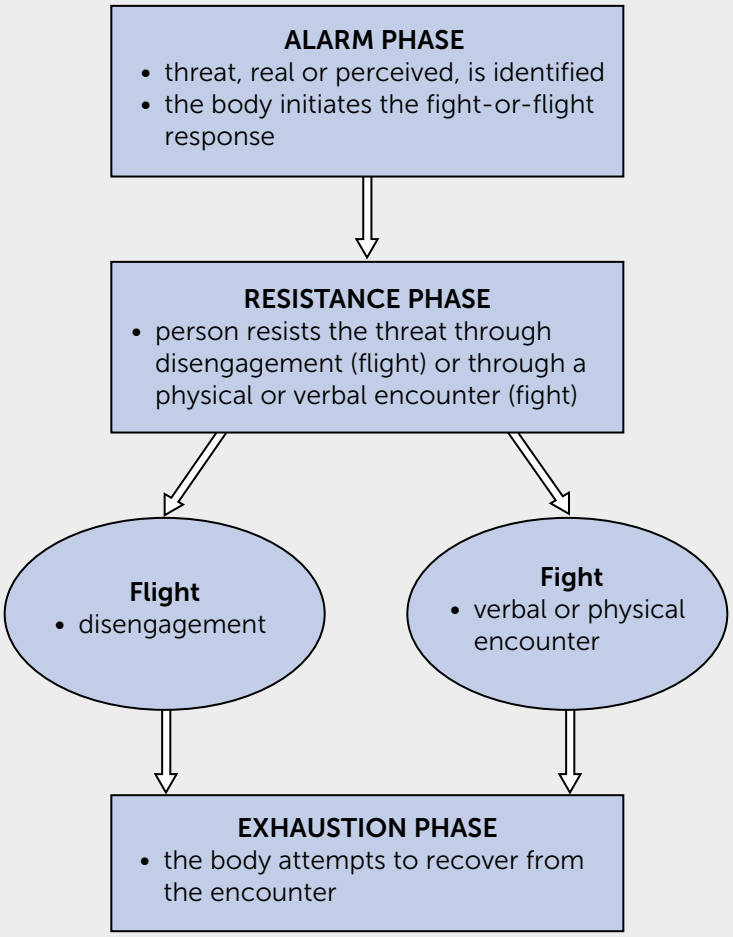
FIGURE 1.2 The Acute Stress Response



emotional problems may develop within persons functioning for extended periods in the alarm and resistance stages.

CUMULATIVE STRESS

cumulative stress also known as chronic stress, caused by long-term, frequent, low-level stress; cumulative stress reactions result from the buildup of work-related and non-work-related stressors

Cumulative stress, or chronic stress, is caused by long-term, frequent, low-level stress. Cumulative stress reactions result from the buildup of work-related and non-work-related stressors. These stressors may accumulate over a period of months or years before becoming problematic.

The physical and psychological changes brought about by the stress reaction are usually self-limiting. When the threatening situation is over, our bodies return to normal. Hormone levels such as cortisol and adrenaline drop. Heart and breathing rates return to their usual levels. Conversely, when stressors are always

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present, we may constantly experience low levels of the fight-or-flight response. This constant release of stress hormones can interfere with physical and mental health.

Identifying and reducing negative stress reactions early may prevent future health problems. Some of the early indicators of cumulative stress include worrying about insignificant events, insomnia, racing heart with no apparent reason (could be adrenaline related), sweaty palms, dry mouth, and tense jaw.

These negative reactions to cumulative stress are controllable if you recognize the signs and symptoms early and take corrective action. Table 1.2 summarizes the phases of the cumulative stress reaction and outlines their signs and symptoms and treatment.

Cumulative stress reactions are generally experienced in four distinct phases.

1. WARNING PHASE

During the warning phase, reactions are usually emotional. Unfortunately, the sufferer may not be able to readily identify stress as the cause of these symptoms. If recognized at this stage, reactions may be reversed by simply taking a vacation, changing exercise habits, or discussing feelings.

2. WORSENING SYMPTOMS

Failure to recognize and address a person's warning signs may lead to more serious stress reactions. In this phase, the initial emotional symptoms may now be accompanied by physical symptoms. Symptoms may be treated through a lifestyle change that reduces stressors. Short-term professional counselling may also help with recovery.

3. ENTRENCHED STRESS

This phase occurs when the initial stages of the stress reaction are ignored or not adequately addressed. Once entrenched, stress is very difficult to recover from without assistance from mental health and other medical professionals.

4. DEBILITATING STRESS

Ignoring or failing to identify and treat the symptoms of stress for a long period of time may lead to debilitating stress.

It is extremely unlikely that a person suffering from debilitating stress will be able to participate in the workforce. At this stage, the sufferer's increased

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TABLE 1.2 Cumulative Stress: Phases, Signs and Symptoms, and Treatment

PHASE	SIGNS AND SYMPTOMS	TREATMENT
Warning Phase *(emotional symptoms)*	• vague anxiety • depression • apathy • emotional fatigue	• taking a vacation • changing exercise habits • discussing feelings
Worsening Symptoms *(emotional and physical symptoms)*	• sleep disturbances • frequent headaches • muscle aches • fatigue • irritability • increased depression	• lifestyle change that reduces stressors • short-term professional counselling
Entrenched Stress	• physical and emotional fatigue • intense depression • increased use of alcohol or other drugs • heart problems • elevated blood pressure • migraine headaches • loss of sexual drive • intense anxiety • withdrawal • sleeplessness	• assistance from mental health and other medical professionals
Debilitating Stress	• heart attack • severe depression • low self-esteem • low self-confidence • inability to manage daily activities • uncontrolled emotions • suicidal thoughts • agitation • poor concentration and attention span • carelessness • paranoia • thought disorders	• psychotherapy • treatment of symptoms through medication

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potential for self-destructive behaviour and inability to interact socially make it very difficult for them to effectively participate in the community. The most likely method of intervention at this stage is psychotherapy and medication to control symptoms.

POST-TRAUMATIC STRESS DISORDER

Post-traumatic stress disorder (PTSD) occurs when a person is unable to recover from the physical, emotional, and psychological stress caused by exposure to a "psychologically traumatic event involving actual or threatened death or serious injury to self or others" (Canadian Mental Health Association, 2011). The event that triggers the disorder may be a violent personal assault, a car or plane accident, military combat, an industrial accident, a natural disaster such as an earthquake or hurricane, or other traumatic event. In some cases, seeing another person injured or killed has brought on the disorder. These traumatic events may be referred to as "critical incidents."

post-traumatic stress disorder (PTSD) a disorder in which a person is unable to recover from physical, emotional, and psychological stress caused by exposure to a "psychologically traumatic event involving actual or threatened death or serious injury to self or others"

Anyone who has gone through or witnessed an extremely traumatic event can experience post-traumatic stress disorder. In Canada, the risk of a person developing PTSD when exposed to trauma is estimated to be between 10 and 25 percent (Whitney, 2010). There are differences in the types of traumas each gender typically experiences. Women are more likely to experience interpersonal trauma such as sexual assault and childhood sexual assault, whereas men are more likely to experience physical violence and accidents, and to witness violence.

Traumatic incidents that may lead to PTSD occur frequently in policing. Police officers vicariously and personally experience traumatic events regularly. These include losing a partner in the line of duty, having to take a life in the line of duty, being violently assaulted, being present at occurrences where children have been killed, intervening in or witnessing a suicide, and attending motor vehicle collisions where severe injury or death has resulted. This list is far from exhaustive.

It has been estimated that in the first year of police service, the average police officer is exposed to approximately 12 critical incidents; by mid-career, that number has increased to approximately 150. By retirement, police officers have been exposed to an average of 250 duty-related critical incidents throughout their careers. Since police officers are exposed to many traumatic incidents, they are likely at increased risk of developing PTSD (Angeles, 2010).

REACTING TO TRAUMA

While most people experience trauma at some point in their lives, not all traumatic experiences lead to PTSD. A situation that one person may find overwhelming, intolerable, disgusting, or terrifying may not have such a severe

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effect on another. People can react to traumatic events in many different ways: they might feel nervous, have a hard time sleeping well, or go over the details of the situation in their mind. These thoughts or experiences are a normal reaction. They usually decrease over time, and the people involved go back to their daily lives.

Post-traumatic stress disorder, on the other hand, lasts much longer and can seriously disrupt a person's life. For PTSD to occur, the stress caused by the critical incident must be severe and exceed the individual's coping abilities.

There is presently no way to predict with 100 percent accuracy who will develop PTSD in response to a traumatic event. However, we do know that three main types of factors influence the development or non-development of PTSD:

1. Pre-event factors,
2. Event factors, and
3. Post-event factors.

1. PRE-EVENT FACTORS

Pre-event factors that influence the likelihood of a person developing PTSD include:

- previous exposure to trauma in childhood, including physical, sexual, or emotional abuse or neglect or witnessing abuse
- family instability
- family history of antisocial or criminal behaviour
- early substance abuse
- poor coping skills, likely related to the previous factors
- pre-existing depression or anxiety
- age (persons under the age of 25 years are more likely to develop PTSD)
- gender (females appear to be more susceptible to developing PTSD).

2. EVENT FACTORS

There are factors related to the victim during a traumatic event that further contribute to the possibility of developing PTSD. These include:

- *The proximity of the person to the event*. The more involved the person is in the event, the more likely it is that they will be affected by the disorder.
- *The duration of the trauma*. The longer the traumatic event continues, the more likely PTSD symptoms will occur, for example, in the aftermath of natural disasters such as earthquakes or floods, or during ongoing threats such as war.

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- *Being the victim of multiple traumatic events.*
- *Witnessing or perpetrating* some act that evokes a dissonance with fundamental values, such as killing or injuring a person or witnessing a murder, suicide, serious assault, or child abuse.
- *The significance of the event to the person*. Some events may have special significance. For example, the event may awaken a childhood memory of a traumatic event or arouse latent responses that stem from unresolved losses or traumas of a similar type.
- *The person's general character*. A person who can effectively handle large amounts of stress has probably developed their coping mechanisms to the point that their susceptibility to PTSD is diminished.

3. POST-EVENT FACTORS

PTSD risk factors include those that exist after the traumatic event has been experienced. These include:

- not having good social, family, or employment-related support;
- having a victim mentality;
- indulging in self-pity;
- being passive about the situation; letting negative things happen rather than actively trying to get help;
- immediate physical or psychological reactions to the traumatic event that continue beyond the "normal" acute stress reaction (Williams, 2013).

DIAGNOSING POST-TRAUMATIC STRESS DISORDER

If the reaction to the traumatic event persists for an abnormal period of time or occurs some time, perhaps months, after a traumatic event, post-traumatic stress disorder may have developed. The symptoms of PTSD may be difficult to identify as they often accompany other conditions. The most common of these conditions are depression, anxiety disorders, and substance abuse.

To diagnose PTSD, the following factors and symptoms are considered:

1. *Exposure to a traumatic event.* The event involved death or threatened death or serious bodily harm to self or others. The emotional response to the event was intense fear or helplessness.
2. *Re-experiencing the event*. This is a main characteristic of PTSD. The person experiences powerful, recurrent memories of the event, recurrent nightmares, illusions, hallucinations, or flashbacks that make them relive the traumatic experience. There may be psychological

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distress or physical stress reactions when confronted with events that resemble or symbolize an aspect of the traumatic event. These *triggers* may be sights, sounds, smells, dates, weather conditions, or anything that is a reminder of the traumatic event.

3. *Avoidance and emotional numbing*. Persons with PTSD avoid triggers and scenarios that could remind them of the trauma. This behaviour is accompanied by emotional numbing, which usually begins very soon after the traumatic event. The person may withdraw from friends and family members, lose interest in activities they used to enjoy, and have difficulty feeling or expressing emotions, especially emotions associated with intimacy. It is also common for sufferers to experience feelings of extreme pessimism. In extreme cases, a person may enter a dissociative state, in which they believe that they are reliving the event. The dissociative state may be as short as a few minutes or as long as several days. During this time, the person may act as if the event is happening all over again.
4. *Changes in sleeping patterns and increased alertness*. Insomnia is a common symptom of PTSD. Some sufferers have difficulty concentrating and completing tasks. Increased aggression and outbursts or anger may also be a consequence of these changes. Hypervigilance is also a common symptom of PTSD. The sufferer is continually scanning for potential threats.

Symptoms of PTSD that have been present for fewer than three months are reflective of a*cute PTSD*. Symptoms that last longer than six months are referred to as *chronic PTSD*. *Delayed onset* refers to symptoms of PTSD that occur more than six months after the identified stressor. More rarely, symptoms may surface many years later, making it more difficult to identify the stressor.

TREATMENTS FOR POST-TRAUMATIC STRESS DISORDER

Treatment for PTSD can involve psychological intervention as well as medications. Psychological intervention is particularly helpful in treating "re-experiencing" symptoms and social or vocational problems caused by PTSD.

cognitive behavioural therapy (CBT)
psychological treatment to change maladaptive thoughts, feelings, beliefs, and habits

The main treatment for PTSD is **cognitive behavioural therapy (CBT)**. This involves examining the thought processes associated with the trauma, the way memories return, and how people react to them. CBT teaches patients how their thoughts, feelings, and behaviours work together and how to deal with problems and stress. The goal of the therapy is to accelerate the natural healing or forgetting process. Discussing memories of the trauma in a safe environment may help the sufferer become less frightened or depressed by those memories. This is called desensitization, which is often combined with cognitive behavioural therapy.

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Exposure therapy, in which the patient relives the experience under controlled conditions in order to work through the trauma, can also be beneficial.

Assistance with stress-coping skills helps patients examine concerns about personal safety ("I can never be safe again") and allows them to gradually re-establish more realistic beliefs about personal safety through changes in thinking patterns ("It is safe to go into tall buildings again").

Many people with PTSD benefit from taking antidepressant medications, whether or not clinical depression accompanies their PTSD. These medications are particularly helpful in treating the avoidance and arousal symptoms, such as social withdrawal and angry outbursts, as well as any anxiety and depression. Other medications may be used to assist the person in re-establishing regular sleep patterns.

REDUCING THE EFFECTS OF POST-TRAUMATIC STRESS DISORDER

To help reduce the effects of critical incident stress and PTSD, many law enforcement services have developed critical incident stress debriefings. These debriefings are primarily confidential discussions about the critical incident. Advice on how to handle the stress may be given, or the officer may simply elect to express their feelings about the incident. The major goals of these debriefings are to reduce the immediate impact of the incident, expedite the officer's recovery, and reduce the possibility of PTSD.

Critical incident debriefing may be of little benefit in reducing long-term psychological distress. However, it may be useful as a means of introducing the sufferer to more effective long-term assistance.

STRATEGIES FOR COPING WITH POST-TRAUMATIC STRESS DISORDER

When someone has been diagnosed with PTSD and has received the appropriate professional assistance, there are some strategies that they can use to further deal with the condition (National Centre for War-Related PTSD, 2006). Note that many of these strategies are similar to those recommended to assist with stress reduction:

- *Eat healthy foods*. A poor diet contributes to increased stress.
- *Get regular exercise*. Exercise reduces the harmful effects of the stress response and releases "feel good" endorphins.
- *Get enough sleep*. Your brain's emotional centres become 60 percent more reactive when you are sleep deprived. Regularly getting less than six hours of sleep can interfere with recovery (Epstein, 2010).

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- *Practise meditation and relaxing breathing techniques.* Mindfulness allows you to experience the present moment. Relaxation breathing helps reduce the stress response.
- *Follow a daily routine*. Establishing a daily routine helps the sufferer feel in control and function well.
- *Set realistic goals and establish priorities*. Some people find it helpful to keep lists of tasks that they can check off as they complete them. This provides a sense of accomplishment. Establishing priorities helps the sufferer be realistic about what is and what is not achievable.
- *Set aside a specific time each day to think about the trauma*. Along with therapeutic discussion, the sufferer should give themselves permission to think about the event at a designated time—and not think about it at other times. Otherwise, the sufferer may find they are dealing with upsetting thoughts and feelings throughout the entire day.
- *Ask for additional support*. Asking for help from family and friends is not a sign of weakness.
- *Learn more about PTSD*. Understanding the disorder will help sufferers deal with their experiences and problems.
- *Acknowledge any unresolved issues that relate to the condition*. For example, admissions of fear and anger will aid in recovery.
- *Focus on strengths*. Recognizing strengths and effective coping skills will help the sufferer deal more successfully with ongoing problems and identify methods that don't work.

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- *Take responsibility*. PTSD is not an excuse for mistreating others.
- *Remember that there are other people with PTSD.* There is comfort in knowing that there are others who are dealing with the same problems. Group therapy discussions may be appropriate when initial treatment has stabilized the symptoms.

HELPING SOMEONE LIVING WITH POST-TRAUMATIC STRESS DISORDER

When someone is diagnosed with PTSD, friends and family can also experience a number of difficulties. You may feel guilty or angry about the trauma itself, or you may have a "that could be me" feeling, especially if the person has the same occupation and potential experiences as you. Start by learning more about PTSD. This can give you a better idea of what the person is experiencing, or what you may be experiencing.

When dealing with someone with PTSD, keep these points in mind:

- People with PTSD may withdraw from family and friends. Even if the person doesn't want to talk, you can still remind them that you are there to listen when they're ready.
- Understand that behaviours related to PTSD—like avoiding certain situations or reacting angrily to a minor problem—are not about you. They are about the illness.
- While it's usually not a good idea to support behaviours that create problems, it's still important to support the overall movement toward wellness. This balance is not always easy, but you need to respect your own boundaries, too.
- Ask what you can do to help, but don't push unwanted advice.
- Try to put your own feelings into words and encourage your loved one to do the same. It's easier to solve problems or look at conflicts when you know what's really going on.
- Take care of your own wellness. Seek support for yourself if you experience difficulties.

STRESS AND POLICING

Police officers are psychologically "screened" to ensure, as much as possible, that when an officer begins their career, they are mentally fit. This does not mean that officers are immune to the effects of stress.

Stress-related illness, including PTSD, may be a problem for police services. While there is no Canada-wide database that tracks these stress-related leaves, the RCMP reported that 3.9 percent of officers were off on long-term "sick leave" in 2017. Sick leave is defined as absence due to illness for more than 30 days. Approximately 38

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percent of those who were off duty long-term due to illness in 2014 cited mental health, including but not limited to PTSD, as the reason (RCMP, 2014).

Results of a study called *Caring For and About Those Who Serve*, released by Carleton University and Western University in 2012, indicated that police officers in Canada experience many job-related personal difficulties (Duxbury & Higgins, 2012).

The survey of 4,500 police officers across 25 Canadian police services indicated the following:

- Physical health, family relationships, and emotional well-being were all negatively affected by work-related stressors.
- The average police officer works longer hours than most Canadians, averaging 53.5 hours per week.
- Rotating shifts make it difficult to maintain healthy routines.
- Days off are often spent in court.
- Further pressure comes from the expectation that officers will use their personal time to be active volunteers in their communities.
- One-fifth of the respondents described their health as poorer than others of the same age and gender, a significant result considering that the majority of respondents were under the age of 45.
- Mental health problems are a rising concern. Two-thirds reported missing at least 14 days of work in a year, often citing stress as the reason.
- Stress was indicated as a factor in family life leading to family problems or deciding to not have a family.
- Career mobility and coaching junior officers are pressing issues for officers.
- More responsibilities are being placed on officers as government budgets are being reduced or "frozen."
- Less time and money is being spent on training and diversification of skills.

The study results suggest that the relatively high salary does little to compensate for the stress that results from a life spent working long hours on rotating shifts. Ninety-one percent of the respondents earning $100,000 or more said that the pay is not enough to offset the accumulated challenges of the job.

Another survey, *Policing Canada in the 21st Century*, prepared for the Government of Canada by the Council of Canadian Academies in 2014, identified the following factors related to stress:

- 50 percent of the officers involved in the survey reported experiencing high levels of job-related stress.

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- 46 percent reported moderate stress levels.
- 40 percent said that their work overload has been aggravated by understaffing.
- Officers surveyed for the study typically worked 53.5 hours each week (no change since 2012). They reported that exhaustion and rotating shifts led to problems with their home life.

Police function within an environment where they experience high levels of acute and cumulative (chronic) stress unique to policing. Sources of stress for officers include:

- *Exposure to the realities of violence, abuse, trauma, and poverty.* Exposure to these social ills may challenge officers' belief systems about themselves and the world.
- *The risk of physical injury while on duty*. Research by K. Pedro (2003) found that in some Canadian jurisdictions, almost 50 percent of patrol officers over a one-year period were physically assaulted while on duty. Other potential sources of injury or death include high-speed accidents and car chases, and exposure to air-borne or blood-borne diseases.
- *Vicarious trauma*. This refers to the acute and cumulative stress experienced when witnessing or hearing about the pain and suffering of others. Sources of vicarious trauma include attending accident scenes, witnessing injury, dealing with traumatized witnesses, being continuously exposed to human misery, witnessing the assault or death of a fellow officer, and participating in investigations of assault, abuse, and homicide.
- *Not being able to discuss problems*. Most of the population does not understand the stressors associated with law enforcement work. Officers' experiences with offenders and victims may only be completely understood by colleagues, limiting officers' abilities to discuss their problems.
- *Feeling judged or stigmatized by the public*. Uniformed members present a highly visible public profile. Policing obligations and duties are not always valued by society and officers often experience social stigma and negative judgments. The community may project their feelings onto the uniform rather than responding to the person wearing it.
- *News and social media scrutiny*. News and social media tend to sensationalize police actions and may not always portray the "complete" occurrence.

Police personnel and others subjected to similar stressors may experience increased rates of clinical depression, anxiety disorders, post-traumatic stress

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disorder, substance abuse, and diminished self-esteem. Behavioural and interpersonal effects include social isolation and withdrawal, relationship problems, and increased rates of family dysfunction.

These effects may contribute to increased rates of absenteeism, sick leave, long-term disability, early retirement or attrition, and labour–management friction.

UNSEEN STRESSORS

The duties of police officers may appear to be dangerous and require bravery and heroism; more often they are tedious and require inordinate patience. The obvious stressors, such as physical confrontations or gunplay, are more easily recognized as being harmful. But the unseen social and psychological stressors can be equally debilitating. These unseen stressors are many-faceted. They include intrapersonal and interpersonal stressors, organizational stressors, and operational stressors that are inherent in the very nature of police duties.

intrapersonal stress
stress that can occur when a person believes that their abilities do not coincide with their position in life

Intrapersonal stress can occur when a person believes that their abilities do not coincide with their position in life. For example, an officer may believe that they should be working at a higher rank but, for some reason, has not achieved that rank. The greater the discrepancy between the person's perceived deserved status and their actual status, the greater the intrapersonal stress.

To address the problem of intrapersonal stress, realistic personal evaluation and objective, informed, outside opinions may be helpful to identify unrealistic goals or performance levels beyond a person's ability. Strategies that may assist in alleviating intrapersonal stress include lowering unrealistic expectations or raising the level of performance to be closer to the individual's perceived potential.

interpersonal stress
stress that can occur when a person experiences difficulty dealing with other people

Interpersonal stress can occur when a person experiences difficulty dealing with other people. For example, an officer may believe that the actions of another officer will pose a threat to their well-being or perhaps may jeopardize their position or job.

organizational stress
stress that emanates from the police service itself, including policies and procedures that govern and direct the officer's actions

Organizational stress often emanates from the police service itself, including policies and procedures that govern and direct the officer's actions. These procedures often require copious and onerous amounts of paperwork. In many police services, street-level officers do not have much input into policies or procedures, even though these regulations directly affect them. Other organizational stressors include insufficient in-service training compounded with a lack of promotional opportunities or rewards. Officers may perceive that they do not receive adequate organizational support and that the only time that they are noticed is when they make a mistake and are reprimanded.

The introduction of an expedited, simplified public complaints process may reinforce this perception of lack of organizational support. Further, the public complaints process may be seen as an effort by administrative bodies to encourage the public to complain about trivial matters.

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A study of municipal and provincial police officers in Ontario (Kohan & Mazmanian, 2003) focused on their organizational and operational stressors. Participants had an average age of 36.5 years and an average of 13 years of policing experience in a wide range of functions. There was no discernible difference in the replies from municipal or provincial police officers.

The study revealed that, as a group, officers were more affected by **operational stress** (dealing with the public) than by organizational stress (dealing with the department). This overall finding was different when the officers' replies were divided into subgroups of patrol and supervisory officers. Patrol officers reported more operational stressors while supervisory officers reported more organizational stressors.

operational stress
stress that manifests when dealing with members of the public as it relates to the function of the job description

Part of the study identified some of the negative aspects of operational and organizational stressors. The most obvious was "burnout," which the study defined as "an extreme state of depleted resources that can result from chronic exposure to work stress." Burnout was examined from the perspective of emotional exhaustion (depleted mental energy and fatigue), depersonalization (cynicism toward the organization), and diminished personal accomplishment.

Officers who reported having more organizational hassles felt more emotionally exhausted and cynical toward the organization. The study concluded that these employees may be more inclined to leave policing or take more time off and that, when on the job, their contributions and efforts may be minimal.

Conversely, officers who reported positive organizational experiences tended to be more loyal employees who were willing to participate in organizational betterment.

This study, while not definitive, may indicate that organizational stress is a controllable variable in the cumulative stress experienced in policing. Fewer organizational stressors may reduce stress-related organizational problems such as absenteeism and poor work effort.

Although operational stress cannot be eliminated, there are stress reduction techniques that may assist officers.

One of the best strategies to reduce acute stress is to thoroughly prepare officers for situational encounters, such as armed suspect encounters or multiple-victim occurrences. Training is one aspect where organizational behaviour can have a positive influence on the reduction of operational stress. An officer receiving adequate technical and interpersonal training may be less likely to suffer from critical incident stress and will likely be more confident and more decisive in operational situations. Although it is not possible to prepare police officers for all potential encounters, preparation through classroom and scenario-based training can greatly assist with stress reduction and enhance officer safety. When faced with highly stressful situations, officers will most often revert to behaviours ingrained through continual training.

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HEALTH AND STRESS

Long-term stress-coping strategies are the responsibility of individual officers. Proper eating habits and regular exercise are two of the most controllable and effective strategies available. Officers in good physical condition are usually more confident in their physical ability to effectively control a situation. An officer in good health will also recover more quickly from the unavoidable stressful encounters experienced in policing.

Good health benefits officers in another way. As discussed earlier, when an officer encounters a stressful situation, the stress response is triggered. The stress response prepares the body for intense physical activity through chemical and hormonal stimulation. However, stressful encounters in policing rarely result in all-out physical exertion, and the chemical compounds that the body produces in stressful situations are not significantly reduced after the encounter. These compounds, described earlier, may be caustic and cause damage at a cellular level. Physical exercise will help reduce this overabundance of unused compounds to help return the body to a more balanced state.

The following are some suggestions to help officers manage their stress within tolerable levels:

- Ensure proper nutrition. Eat complex carbohydrates, such as vegetables and whole grains. Eat lean proteins. Avoid processed sugars (consuming moderate amounts of sugars from eating whole fruits is okay). Limit sodium. Drink plenty of water.
- Avoid nicotine.
- Get adequate sleep and don't rely on caffeine to get through your shift.
- Exercise regularly.
- Reduce intrapersonal stress through realistic assessments of your abilities and expectations.
- Schedule regular recreational and vacation times. Quality time spent on recreation can greatly reduce stress.
- Try to maintain an optimistic outlook.
- Set realistic goals for yourself.
- Recognize that you are responsible for your well-being.

Recognition of symptoms is the first step in managing stress. We often rationalize or ignore the initial symptoms until we become ill. Symptoms of excessive stress may be physical or psychological. Recognizing and addressing early symptoms can reduce the likelihood of suffering the harmful effects of the stress response.

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LEARNING SCENARIOS

LEARNING SCENARIO 1.1

You are a police officer responding to a disturbance call at 777 Colwell Drive. The residence is quiet upon arrival. You ring the doorbell. The door is answered by Mike Kyler. He appears to have been crying. You ask if you can come in.

Mr. Kyler replies, "Come in. I'm sorry about the mess. I suppose that you are here about the noise. I'm sorry."

You and your partner enter the home. You observe broken dishes throughout the living room along with various pieces of broken furniture.

Mr. Kyler says, "Be careful. There is a lot of broken glass on the floor. I guess I lost it."

You ask him if there is anyone else in the home.

He tells you, "My wife left me six months ago. She took the kids. She went to live with some guy that she had been seeing for a while behind my back! I pay child support for our three children. I want to take care of them, but I just can't make it!"

You ask if you can have a quick look around, just to be sure that no one else is in the home.

He responds, "Look all you want. There's no one here except me!"

You look throughout the house. Your partner stays with Mr. Kyler. There is a lot of damage throughout the home. No other persons are found. You return to Mr. Kyler. You ask Mr. Kyler to explain what he meant by "I just can't make it."

He replies, "I work as a sanitary engineer. That's the job title anyway. I'm a garbage collector. I make $18.00 an hour. I work 40 hours a week. My 'take home' pay is $1148.00 every two weeks. I liked my job. We always had food on the table and were able to get a mortgage to buy this place. We had decided that I would work and Beth, my wife, would stay home with our three children, at least until they were in school. I thought we were happy. Everything seemed to be fine until six months ago."

You ask Mr. Kyler to continue.

He explains, "I came home from work at the usual time, about 4:30 p.m. Beth was waiting at the door. There was a suitcase by the door. I asked her what was going on. She told me that she was leaving. She said that she was tired of living paycheque to paycheque and wanted more. I didn't know what to say. She told me that she was leaving me for another man that she had met while taking college night classes. Then she just walked out. I didn't know what to do or say. I just stood there and watched her get into a cab and drive away."

You ask Mr. Kyler to tell you what happened tonight.

He tells you, "I guess I lost it. I have been giving Beth $900.00 a month for child support. I am paying the mortgage and taxes on the house, that's almost $900.00 a month, and all the bills that Beth and I had when we were together. It has been very difficult to pay all the bills. Bill collectors call me every day looking for money. Today when I came back from my route, my car was gone. I called the police to report that it had been stolen from the lot at work. They told me that they had received notice that the car was to be repossessed. I hadn't made a payment in four months, but I didn't think that the bank would repossess the car."

You ask him to continue to explain what had happened tonight.

Mr. Kyler replies, "Like I said, I guess I lost it. I lost control."

You ask him to explain what he means by "I lost it."

He replies, "I came home from work, put a frozen dinner in the microwave, and sat in the living room to watch television until dinner was ready. I was watching something on television. I can't remember what was on. My head has been aching for the past four days. I had taken some painkillers at work but my head was still aching. I got up to get some more. I haven't been sleeping much, that's probably why I have a headache. I have been having a hard time at work. I used to like my job, but now everything bugs me! Anyway, I went to get some more painkillers. As I was walking to the bathroom, my cellphone rang—I still have it. It was Beth. She told me that she was leaving her new boyfriend and that she would be seeking alimony in addition to the child support. I told her that there was no way that I could give her more money.

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I can hardly feed myself now! She told me that I would have to sell the car. I told her that the car had been repossessed. She said, "That's too bad. I guess you will have to sell the house or buy me out." She hung up.

My chest began to hurt and I felt dizzy and sick in my stomach. I went to the bathroom to get something for my headache. There were no painkillers in the bottle. It seems like a dream, but I guess that I just started smashing things. I feel better now."

Identify the type of stress that evoked the stress response and the stage to which the stress has progressed. Give examples from the scenario to demonstrate your understanding of the stress response.

LEARNING SCENARIO 1.2

Many police services use critical incident stress debriefings as a method of assisting officers with dealing with stressors encountered within the execution of their duties. The process uses peer counsellors at the initial stage of intervention. Professional assistance, if needed, is available through an employee assistance plan.

1. There has been some evidence to suggest that peer counsellors are often more effective when intervening in the early stages of stress reactions than are professional counsellors. Based on your understanding of the chapter, do you believe that this suggestion is true? Explain.
2. The financial costs of peer and professional counselling are borne by police services through employee assistance plans. Based on your understanding of the chapter, why would police services bear the cost of such services? Explain.

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KEY TERMS

acute stress, 6
alarm, 9
cognitive behavioural therapy (CBT), 16
cumulative stress, 10
distress, 5
eustress, 4
exhaustion, 9
fight-or-flight response, 7
interpersonal stress, 22
intrapersonal stress, 22
operational stress, 23
organizational stress, 22
personal stressor, 5
post-traumatic stress disorder (PTSD), 13
resistance, 9
stress, 4
stress response, 4

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EXERCISES

TRUE OR FALSE

____ **1.** Stress reactions are always obvious.

____ **2.** Stress cannot cause serious health problems.

____ **3.** Stress affects only the body, not the mind.

____ **4.** Work-related stress cannot affect one's home life.

____ **5.** The effects of stress can be eliminated from one's life.

____ **6.** The effects of stress may not be felt for several months.

____ **7.** Only mentally unstable police officers suffer from the effects of stress.

MULTIPLE CHOICE

1. Stress is
- **a.** a response to a real danger
- **b.** a response to a perceived danger
- **c.** a response to a real or imagined danger
- **d.** a response to poor physical conditioning

2. The acute stress reaction is
- **a.** an emotional reaction
- **b.** a physical reaction
- **c.** a psychological reaction
- **d.** b and c

3. The best way to handle stress is to
- **a.** use alcohol and illegal drugs
- **b.** learn proper stress reduction techniques
- **c.** ignore it
- **d.** use prescription drugs such as tranquilizers

4. The fight-or-flight response allows the body to
- **a.** perform at a higher level mentally and physically
- **b.** combat a threat
- **c.** escape from a threat
- **d.** all of the above

5. Which of the following physical symptoms of acute stress requires immediate corrective action?
- **a.** chest pain
- **b.** difficulty breathing
- **c.** excessively high blood pressure
- **d.** collapse from exhaustion
- **e.** all of the above

6. Which of the following cognitive signs of acute stress requires immediate corrective action?
- **a.** decreased alertness
- **b.** difficulty making decisions
- **c.** hyperalertness
- **d.** mental confusion
- **e.** all of the above

7. Which of the following emotional signs of acute stress requires immediate corrective action?
- **a.** panic reactions
- **b.** shock-like state
- **c.** phobic reaction
- **d.** general loss of control
- **e.** all of the above

8. Which of the following behavioural changes resulting from acute stress requires immediate corrective action?
- **a.** change in speech patterns
- **b.** excessive angry outbursts
- **c.** crying spells
- **d.** antisocial acts
- **e.** all of the above

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