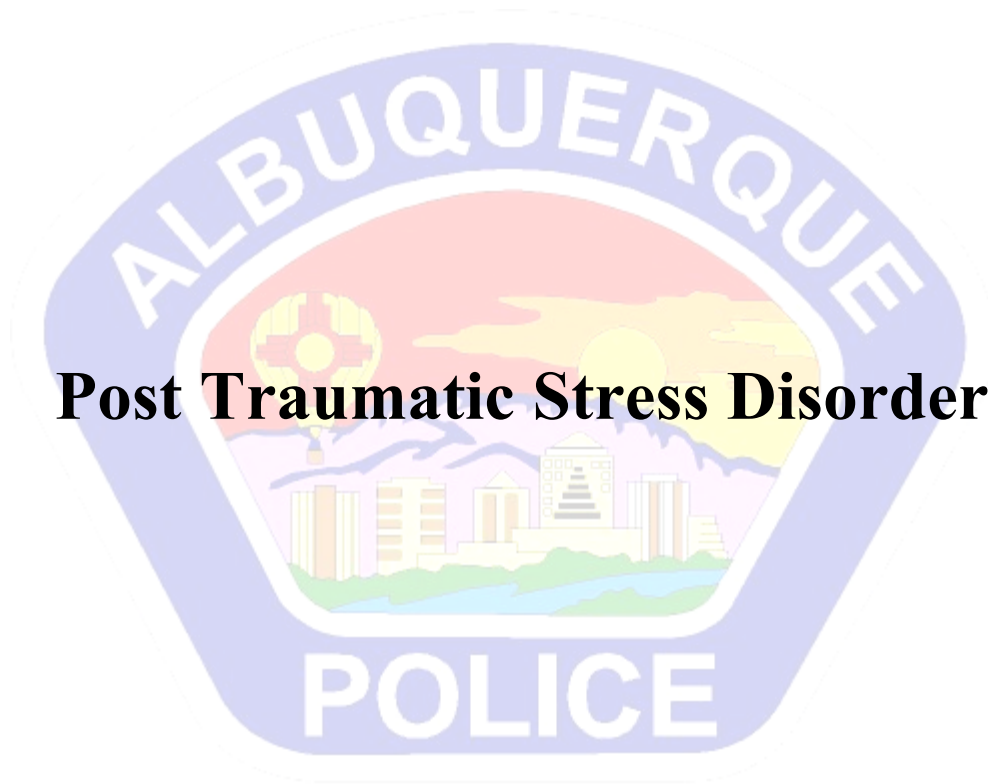


Crisis Intervention Team Training



Student Guide

Overview:

Most people who experience a traumatic event will have reactions that may include shock, anger, nervousness, fear, and even guilt. These reactions are common; and for most people, they go away over time. For a person with PTSD, however, these feelings continue and even increase, becoming so strong that they keep the person from living a normal life. People that are diagnosed with PTSD have symptoms for longer than one month and cannot function as well as before the event occurred.

PTSD is not a sign of weakness or moral failing. Anyone can be diagnosed with PTSD, not just those that serve in Military or First Responders. PTSD can affect anyone.

<http://www.webmd.com/mental-health/post-traumatic-stress-disorder>

Key Concepts:

All people experience anxiety. Without the experience of anxiety, life would be even more dangerous, though it might be more fun. People wouldn't prepare for tests or work deadlines. People would take risks that are stupid, and they would become obnoxious and insensitive.

Police are witnesses to the effects of violence at rates much higher than almost any profession. This puts them into contact with people living with PTSD, and puts them at risk for developing PTSD.

Extreme trauma and PTSD teaches people to fear the world and to feel helpless. If you've been attacked by a bear, you will naturally feel very frightened every time you see reminders of bears. What if the bear is your abusing father and you're eight years old?

PTSD has very high rates of co-occurring with other psychiatric illnesses, increasing the risk of having another illness by 80%. Men are more likely than women to have co-occurring conduct disorder and substance use disorders, both of which are associated with increased risk of violence.

Be effective rather than right! Trying to convince people you're right about something, for example, the trauma wasn't that bad, can usually have the opposite of the desired effect. Arguments and the desire to be right diminish compassion and empathy.

NORMAL STRESS RESPONSE vs. DISORDER

All people react to trauma. Most at minimum have some mild symptoms associated with PTSD such as hyper-vigilance, hyper-arousal, avoiding, numbing, and anger.

To be diagnosed PTSD, symptoms must last longer than a month. Like all disorders it must cause significant distress or impairment in the individual's social interactions, capacity to work, or other important areas of functioning.



Rambo, a movie from 1982, though dated, depicts a soldier who suffers from Post-Traumatic Stress Disorder and has difficulty adjusting to normal life. He is shown to be prone to violence because of the torture he suffered at the hands of North Vietnamese soldiers in the Vietnam War. It's a good movie and can give a general sense of some PTSD symptoms such as a sense of being numb, as well as being prone to anger.

How do people respond to stress?

When your sense of safety and trust are shattered by a traumatic event, it's normal for the mind and body to be in shock. It's common to have bad dreams, feel fearful, and find it difficult to stop thinking about what happened. For most people, these symptoms gradually lift over time. But this normal response to trauma becomes PTSD when the symptoms don't ease up and your nervous system gets "stuck" and fails to recover its equilibrium.

PTSD develops differently from person to person. While the symptoms of PTSD most commonly develop in the hours or days following the traumatic event, it can sometimes take weeks, months, or even years before they appear. There are three main types of symptoms and they can arise suddenly, gradually, or come and go over time:

1. Re-experiencing the traumatic event
2. Avoiding reminders of the trauma
3. Increased anxiety and emotional arousal

WHAT CAUSES PTSD?

TOP 4 REASONS MEN AND WOMEN SUFFER PTSD:

1 Rape

2 Combat exposure

3 Childhood neglect

4 Childhood physical abuse



1 Rape

2 Sexual molestation

3 Physical attack

4 Being threatened with a weapon



PTSD Symptoms:

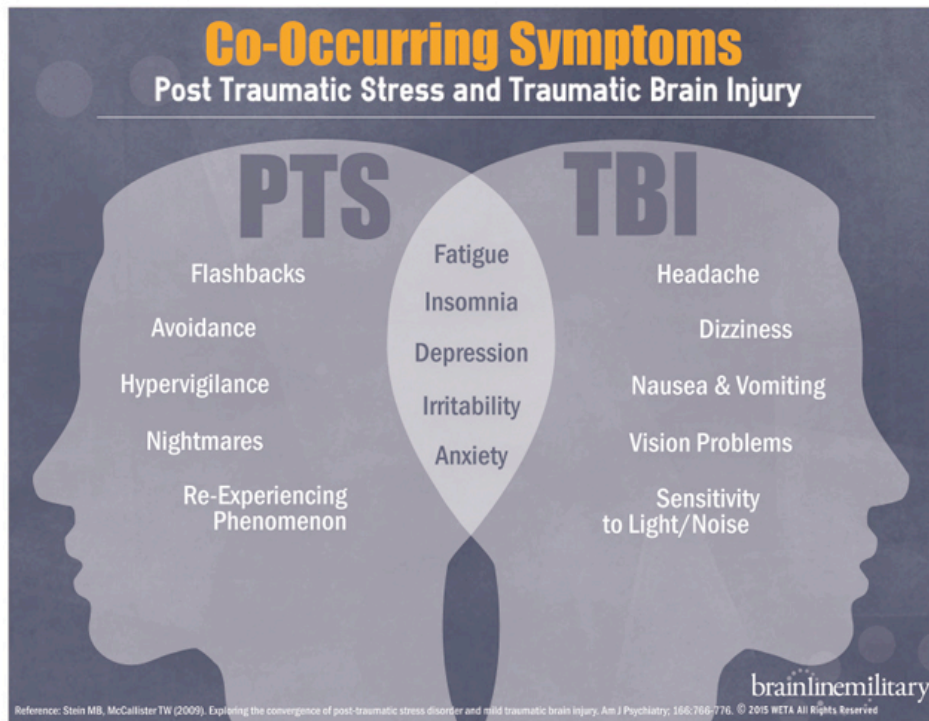
- History of significant trauma
- Persistent remembering, or "reliving" the stressor (intrusion symptoms)
 - "It just won't turn off..." (amped intensity)
 - Thoughts; memories; nightmares; re-enactment; flashbacks; physical, emotional distress at reminders (triggers)
- Avoidance
 - What you resist, persists
 - Efforts to avoid any and all reminders of the trauma, negative emotions, fails to show any emotion. Looks "numb" (exception: ANGER often only "safe" emotion).
 - Many, many methods of avoidance
- Disruption in arousal, reactivity
 - "Can't be still, can't be calm..."
 - Irritability; sleep disturbance; exaggeration startle; self destructive or reckless behavior
 - Maxed out nervous system, faulty danger assessment
- Disruption in thinking, mood
 - "I'll get you before you get me..."
 - Some amnesia around traumatic event; negative beliefs about self, world; blame; negative emotions; alienation from others; restricted emotions

PTSD Prevalence

- Prevalence
 - ~ **9% lifetime** (men < women); **3.5% current**
 - Highest rates: Rape, child abuse, military combat/captivity, torture, genocide

PTSD Co-occurs frequently.

- ~ 80% more likely to have a (second) psych disorder than general population is of having one.
 - Depression, anxiety, substance abuse, personality disorders
 - Among Vets from Afghanistan and Iraq, co-occurrence of PTSD and mild TBI is 48%
 - Suicidality: trauma increases risk, PTSD increases it more
 - Veterans: highest risk is wounded combat vets; watch out for GUILT, ANGER, & IMPULSIVITY



PTSD in Special Populations

- ❖ PTSD in Women compared to men
 - Diagnosed more frequently
 - Diagnosis persists longer than in men.
 - Women have less symptoms of irritability and impulsivity than men
 - “Most findings of gender differences in posttraumatic stress disorder (PTSD) prevalence found that females are reported to be diagnosed with PTSD after a trauma twice as often as males and developed stronger PTSD symptoms than males. The lifetime prevalence of PTSD in females is higher (10.4%) than in males (5.0%), and that kind of difference become evident in adulthood, peaked in early adulthood, then decreased with age. These findings also show that women experience a longer duration of posttraumatic stress symptoms (4 years duration for females compared to 1 year for males) and display more re-experiencing, avoidance and hyperarousal. In general, women are slightly less likely to experience life traumatic events than men. However, women are at higher risk for PTSD after exposure to a traumatic event because women and men often experience different types of trauma.” **
 - PTSD in Children
 - Kids may develop new onset nightmares
 - Dreams often without content specific to the trauma
 - Young children express re-experiencing through play.
- ❖ PTSD in Veterans (women are veterans, too!)
 - Current conflicts → high number of veterans with combat and other trauma
 - Use of guardsman & reservists, repeated deployments, urban/guerilla warfare



PTSD Treatment

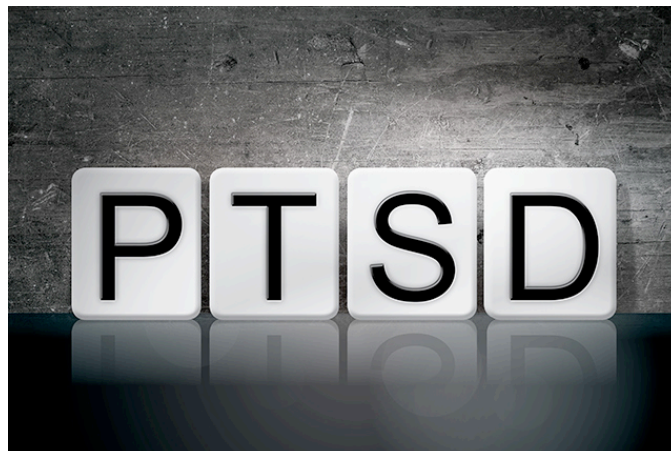
- PTSD is treatable!
- Psychosocial
 - Cognitive behavioral treatments have strongest research support
- Medication: antidepressants, prazosin, antipsychotics
- Support groups
- Stress management
- Prevention: education and support

Keys for Law Enforcement:

- It's *not* all about you...
 - May not be deliberately uncooperative
 - Anger may be the only “safe” emotion
- Then again, it may not *not* be about you
 - Appearance (uniform, gender, race) may be a trigger
 - Prior contact with you or other law enforcement
 - Authority & hierarchy may be a trigger
 - Immigrants & “Secret Police”, veterans victimized by superiors

De-Escalation Strategies

- DO NOT minimize the trauma (Empathy and Sympathy)
 - DO NOT say “It wasn’t that bad...at least you survived...others had it worse...” etc.
- As best you can, empower the subject
 - People with PTSD may alternate between seeing you as rescuer or perpetrator
 - Only as safety/tactical allows: **Be predictable, Be simple and clear**
 - Communicate what’s going to happen: **Use clear, simple, language**
 - Allow the illusion of choice, face-saving measures
- Trust is very hard to come by; don’t promise anything if you can’t follow through.
 - Do not lie to them!
- PTSD may not always be the driver of the crisis, there are high rates of co-occurrence with PTSD.
 - Substance abuse, depression, anxiety, etc.
- You may need to repeat yourself frequently
 - Who you are, why you are there, current setting, safety, intent to help, etc
- Time is generally on your side, so patience is a virtue
- Instill hope as best you can



Things to consider about instilling hope:

- It is a much more difficult task than you may expect.
- Try to give objective comforting information:
 - Examples:
 - “There are treatments for PTSD, and I’ve been taught that they really can work.”
 - “The plan is that you’ll go to your therapist tomorrow to talk about this.”

A sense of safety is key

- ❖ Focus on, and use the word, “Safety.” A loss of a sense of safety is a fundamental problem in PTSD.

But be careful not to moralize or minimize!

- ❖ Avoid statements like: “Why would you think about hurting yourself? Your wife loves you, you have so much to live for” Because he may believe his wife hates him, or maybe she actually does, either way, you’ll get into an argument.
- ❖ Ask questions like: “What *keeps you alive?*” If they say their dog, children, etc. you can follow up with “What/who would take care of it/them if something happened?” It gives you clues to look for later as well. (They give dog away. Major sign that they now have a plan to commit suicide.)

