



Veterans Issues and Law Enforcement

PTSD and Traumatic Brain Injury
(TBI): Interviewing

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Thank you for your service!

Veterans & Crisis Intervention Team



**In war, there are no
unwounded
soldiers.**

Jose Narosky

Reacting vs. Responding



A strange dance?

- Sadie Hawkins dance
- Whale wars
- Mental health and law enforcement
- Bringing together two unusual animals



Will you relate to any of this material today?

Bad guys are bad guys!



Historical Perspectives in Crisis

- Contain and wait
- Manipulation of anxiety levels
- Third-party intermediaries
- Spray and prey
- Are you outgunned?



Altoona Mirror

~~To the people of Altoona~~

My name is Nick Horner and I'm in Blair County Prison. I shoot 3 people, killing 2 and Insuring 1. I cant really go into the case because the lawyer said if I did, the news will edit my words and make me look bad. So my family wont come forward, So I am. I'm sorry to all of Altoona. I know I scared the whole town. I cant even begin to explain how sorry I am to the family and friends of the Victims. This is such a tragedy. No one looks at this like it was a accident, Not even my lawyer. My family knows but they arnt talking. This is so hard, I feel so guilty. I dont know how or why this happend. No one shold have got hurt. I dont know why it couldnt have been me. I would trade places with them. I'm sorry. I dont want this to come out wrong but, I feel like I'm the 4th Victim. Mrs. Gadlick has lost a son, I'm going to lose 2 kids. Mrs. Williams lost a husband I'm going to lose my wife. I guess this is fair, but Its a hard pill to swallow. I have a saying, prepare for the worst and hope for the best. I couldn't have prepared for this. My wife is a LPN., She and I both thought I was doing better.

Most crises, involve irrational persons

'The psychopath's' objective experience is so bleached of deep emotion that he is invincibly ignorant of what life means to others.'
Hervey Cleckley



PSYCHIATRIC HISTORY

- 63% Confirmed psychiatric history
- 6.5% None confirmed
- 30.4% Unknown

Unique issues effecting
crisis situations

Humans are not designed to deal with trauma well!

- Witness data
- By-stander effects
- Group contagion effects
- Stockholm Syndrome

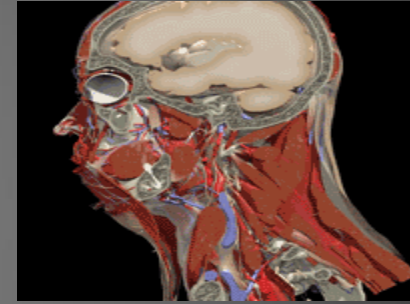
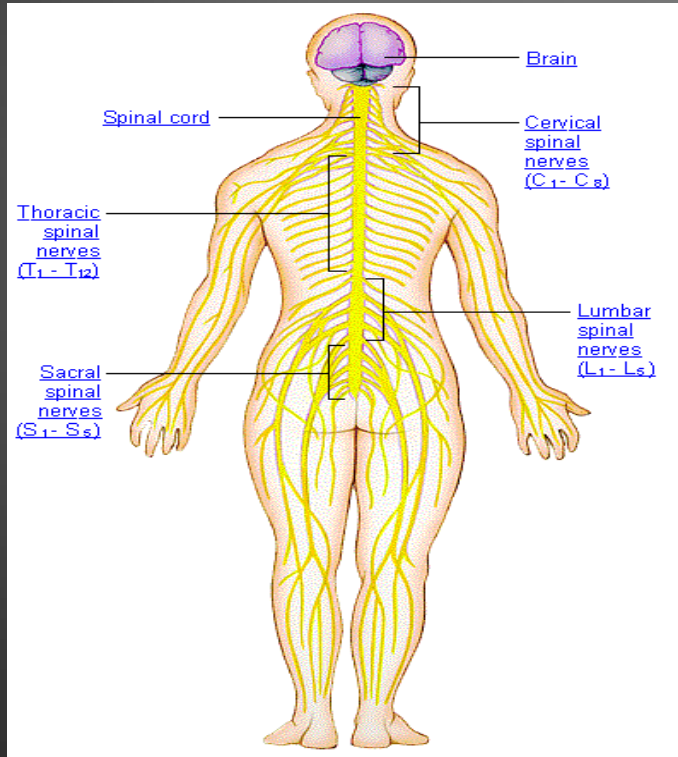


Stockholm Syndrome

- Elizabeth Smart
- Patty Hearst

- 1973 Stockholm Sweden – 6 days in bank robbery, hostage situation, resisted rescuer's and refused to testify against their captors.

Stress on the body



Autonomic Nervous System

- 1. Perceived Stressor = norepinephrine (the fight hormone) → if continued, epinephrine.
- 2. Prolonged Stress → activates hypothalamus causing the adrenal cortex to release cortisol.
- Why: heart beats faster, releases more fatty acids (disassembled triglycerides)
- Cortisol – regulates energy by selecting substrates (carbohydrates, fats or proteins) needed by the body

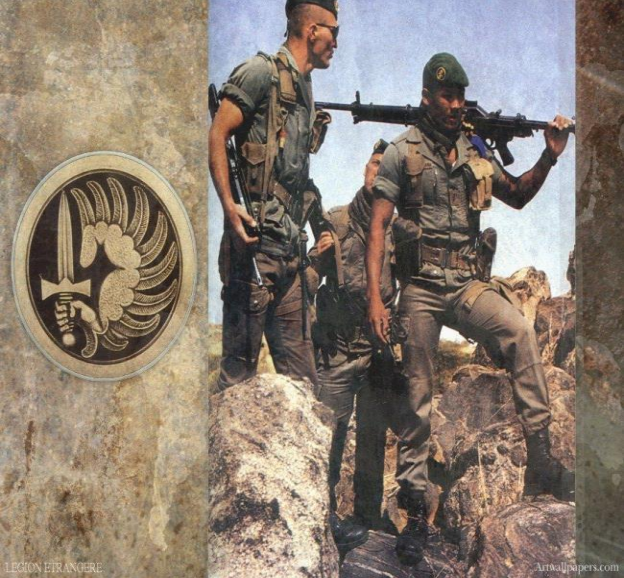
Factors affecting LE Officers

- How have you experienced trauma?
- Do you have children, could you identify with children in crisis situations?
- Transference?

Unique Issues

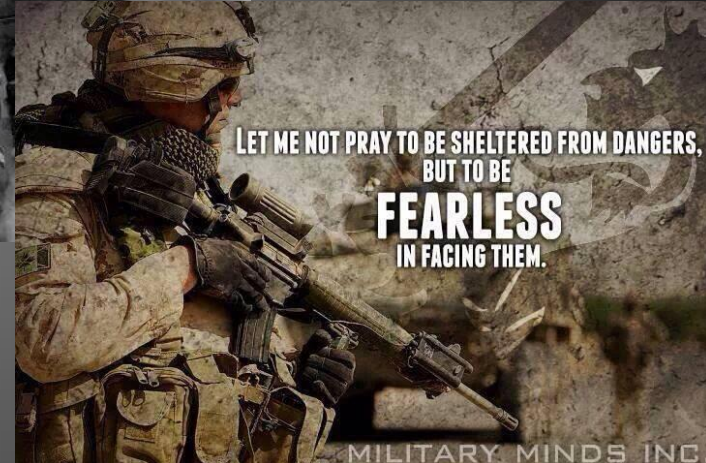
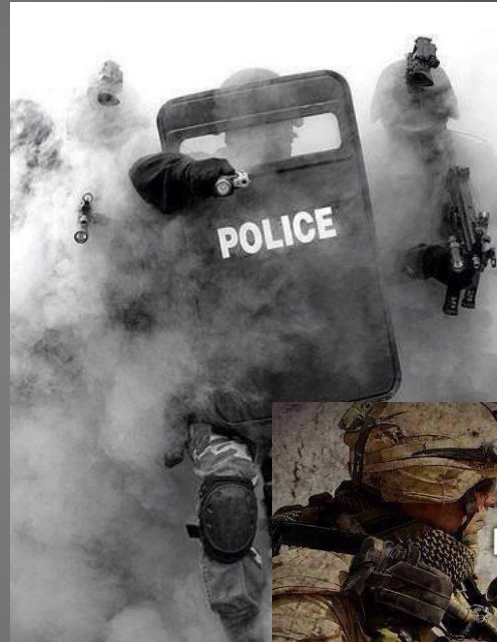


Unique Issues



Transference/Counter-transference

- Transference
- Counter-Transference



LE Training – similarities??

- The individual to the Officer/LE
- Black or white thinking
- Survival as a “career”
- Sentencing of a “career” – 5 years to retirement
- Difficulty turning it off – Gilmartin’s book
- Retirement transition

Psychiatric Casualty Rates And War

- WWI, WWII, and Korea Psychiatric Casualties Greater Number Than Those Killed (504,000 Psych Casualty)
- Vietnam and Since Rates Reduced
 - VN 50% Chance of Dying vs. Psych Casualty
 - Continuous Combat For 60-90 Days Show 98% Psychiatric Casualty Rate
 - Expected PTSD rates are 13-30%
 - Higher Numbers Have Adjustment Issues

Veteran Specific Issues

- Military training: An Army of One!
 - Designed to remove individuality
 - Designed to strengthen confidence and self reliance
 - Designed to kill or be killed
 - Teaches concrete thought
 - Limited re-assimilation back to civilian life

Typical OEF/OIF Stressors

- Ambushes (58-89%)
- Incoming Rockets/Artillery (84-86%)
- Small Arms (66-93%)
- Shooting at Enemy (27-77%)
- Killing Enemy (12-48%)
- Killing Non-Combatants (1-14%)
- Seeing Dead/Remains (39-93%)
- Seeing Dead/Injured Americans (30-65%)

Discipline & Ordering VS Conflict

- In Combat
 - Survival depends on discipline and obeying orders
 - Home
 - Inflexible ordering leads to conflict with family, friends and co-workers
- You Are A Trigger, Use It To Your Advantage
- Be A Good Authority Figure
- Be In Control But Not An Asshole

NO ONE IS IMMUNE TO OPERATIONAL STRESS – “BATTLE MIND”

- Improves Quickly With
 - Rest
 - Food
 - Reassurance
 - Reintegration With The Unit
 - Most COSR Resolve Quickly
- 50% of Those With PTSD Get Better In 3 Months (DoD Statistics)
- What To Expect In A Returning War Fighter... Battle Mind

Transition

- “Turning off the combat mindset”
- Driving violations are primary interactions with LE (to avoid snipers, IED’s)
 - Altering speed
 - Sudden movements
 - Ride the center line
 - No seat belts

Soldier to Civilian

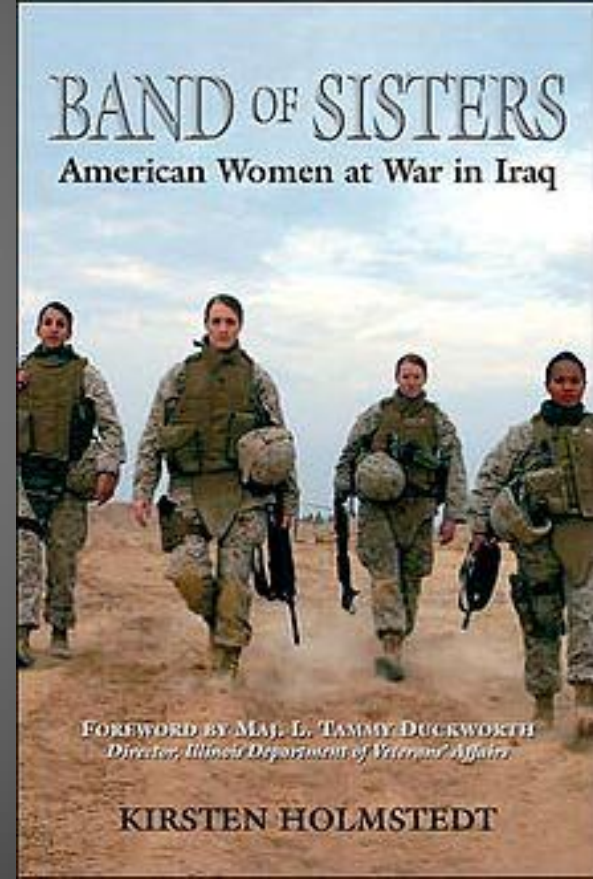


The “Returning” Veteran

- OIF/OEF – Operation Iraqi Freedom/Operation Enduring Freedom = active duty in a theater of combat after 11/11/1998
- VISN 4 – PA, DE, WV = 49,255
- 44% are under 30 years of age
- 1.1 million nationwide

Lt. Colonel Grossman's story

- Two Veterans come home.....
- A female combat Marine tells her story.....(A Band of Sisters)



Re-Adjustment

- PTSD
- TBI
- Depression
- Substance Abuse
- Pain
- 9-5 lifestyle
- Seek adrenaline rush
- Kids have grown up
- Spouse may have moved on, infidelity
- IPR changes

Buddies VS Withdrawal

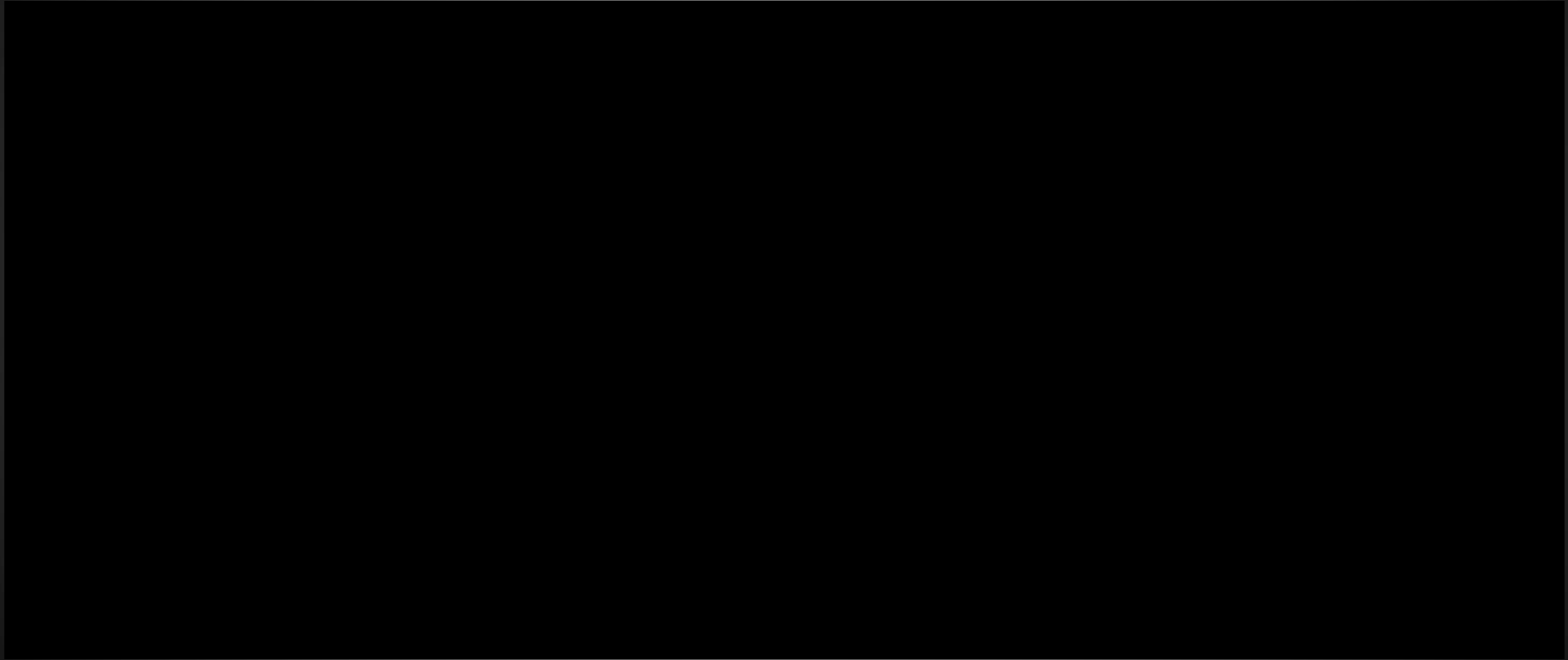
- Battle Mindset
 - Look out for each other
 - Only people to understand you
 - Cohesive in battle
- Questions to consider?
 - “Are You A Veteran?”
 - Which branch?
 - Your MOS?



Common Interactions with LE

- Perceptions: I served!
 - This is petty
 - Compared to war, what's DUI?
 - Driving may be effected by PTSD
- History has taught us lessons from the past
 - Outlaws
 - The "9-to-5" gig
 - OMC's


The sequential intercept model



Background

- 9.3% of incarcerated individuals are Veterans
- 70% of these crimes are non-violent
- 90,000 of the 9 million unique inmates are released annually
- 82% of these Veterans are eligible for VA services

Legal Problems & PTSD Veterans

- Alcohol/Drug Related Driving Offenses
- Larceny
- Speeding/Reckless Driving
- Assault  Murder
- Weapons Issues
- “We Don’t Visit Jails, We Will Send The Police”
- “PTSD Is Not A Legal Defense—It Didn’t Make You Do It”

Stress

- 70% of underlying cause or result of primary care physician rates

Layers of impact:

Primary – witness/participant	- CISD
Secondary – knowing a witness	-CISD
Tertiary – the rest of us	-CISD/Skills

Anxiety

- Heart palpitations, chest pains
- Dizziness, lightheadedness
- Sweating, nausea
- Hot/cold flashes
- Shortness of breath
- Going crazy, losing control, concentration
- Numbness, tingling, shaking, trembling
- Excessive worry, irritability, restless sleep



PTSD: The Shadow of Combat



Rates of PTSD

- Vietnam = 30.9%
- Gulf War = 10%
- OIF/OEF = 13.8%

- 7.8% Americans will experience PTSD
- Women = 10.4%; Men = 5%
- 3.6% of US adults aged 18-54 (5.2 million) in any given year

“Signs” of PTSD

- Difficulty holding a job
- Increased unemployment
- Marital/familial discord
- Increased divorce rates
- Increased spousal support
- Difficulties in IPR's
- Meds: SSRI's, tricyclics – past benzodiazepines

Veterans and Crisis



Circle of Assumptions



PTSD?

- Actual Death or Threatened Death or Serious Injury
 - Most Often Not About Killing Enemy
 - Personal Loss of Unit Member Most Common Trauma
- 1) Interfering **FEELINGS** ABOUT IT
 - Terror
 - Helplessness
 - Horror
- 2) Persistent **Re-Experiencing**
- 3) **Avoidance**/Isolation
- 4) Keyed Up/Hyper-**Arousal**

Post-Traumatic Stress Disorder (PTSD)

- The person has been exposed to a traumatic event which is **persistently reexperienced**:
 - Recurrent or intrusive recollections of the event, including thoughts or perceptions.
 - Recurrent dreams of the event.
 - Acting or feeling as if the event were recurring (illusions, hallucinations).
 - Intense psychological distress following exposure to events that resemble the actual event.

Post-Traumatic Stress Disorder (PTSD)

- Acute (< 3 months)
- Chronic (> 3 months)
- Lifetime incidence less than 8% in the general population (most studies say lower incidence)
- CISM and CISD do not appear to prevent the development of PTSD.

PTSD

- Abnormal reaction to environmental stimuli
- Men have higher rates
- History
- Natural disasters less severe than man-made
- Flashback – sights, smells, sounds



Re-experiencing

Post-Traumatic Stress Disorder (PTSD)

- Persistent **avoidance** of stimuli:
 - Efforts to avoid thoughts, feelings, conversations associated with the trauma.
 - Efforts to avoid people, places and activities associated with the trauma.
 - Inability to recall an important aspect of the trauma.
 - Markedly diminished interest in significant activities.
 - Feeling of estrangement from others.
 - Restricted range of affect (unable to love)
 - Sense of foreshortened future.

Post-Traumatic Stress Disorder (PTSD)

- Persistent symptoms of **increased arousal**:
 - Difficulty falling or staying asleep
 - Irritability or outbursts of anger
 - Difficulty concentrating
 - Hypervigilance
 - Exaggerated startle response

How Some People Cope With PTSD—Clues For You

- Drinking
- Drugging
- Driving Fast
- Sleep Problems – Night Work – Peeping/Perimeter Watch
- Startle Easily--Stimulants
- Flashbacks/Hallucinations
- Depression/Crying

Risks associated with “PTSD”?



SUICIDE PREVENTION



IT
TAKES
THE
COURAGE AND STRENGTH
OF A WARRIOR
TO ASK FOR HELP.....

**If you're in an emotional crisis
call 1-800-273-TALK "Press 1 for Veterans"**

www.suicidepreventionlifeline.org



Department of
Veterans Affairs

STATISTICS

- Suicide is the 11th Leading cause of death
- Ages 70 y/o and up---highest suicide rate
- 2nd Leading cause of death for 25-34 y/o
- 3rd Leading cause of death for 15-24 y/o
- Firearms, #1 method
- One person dies by suicide every 16 minutes



Traumatic Brain Injury (TBI)

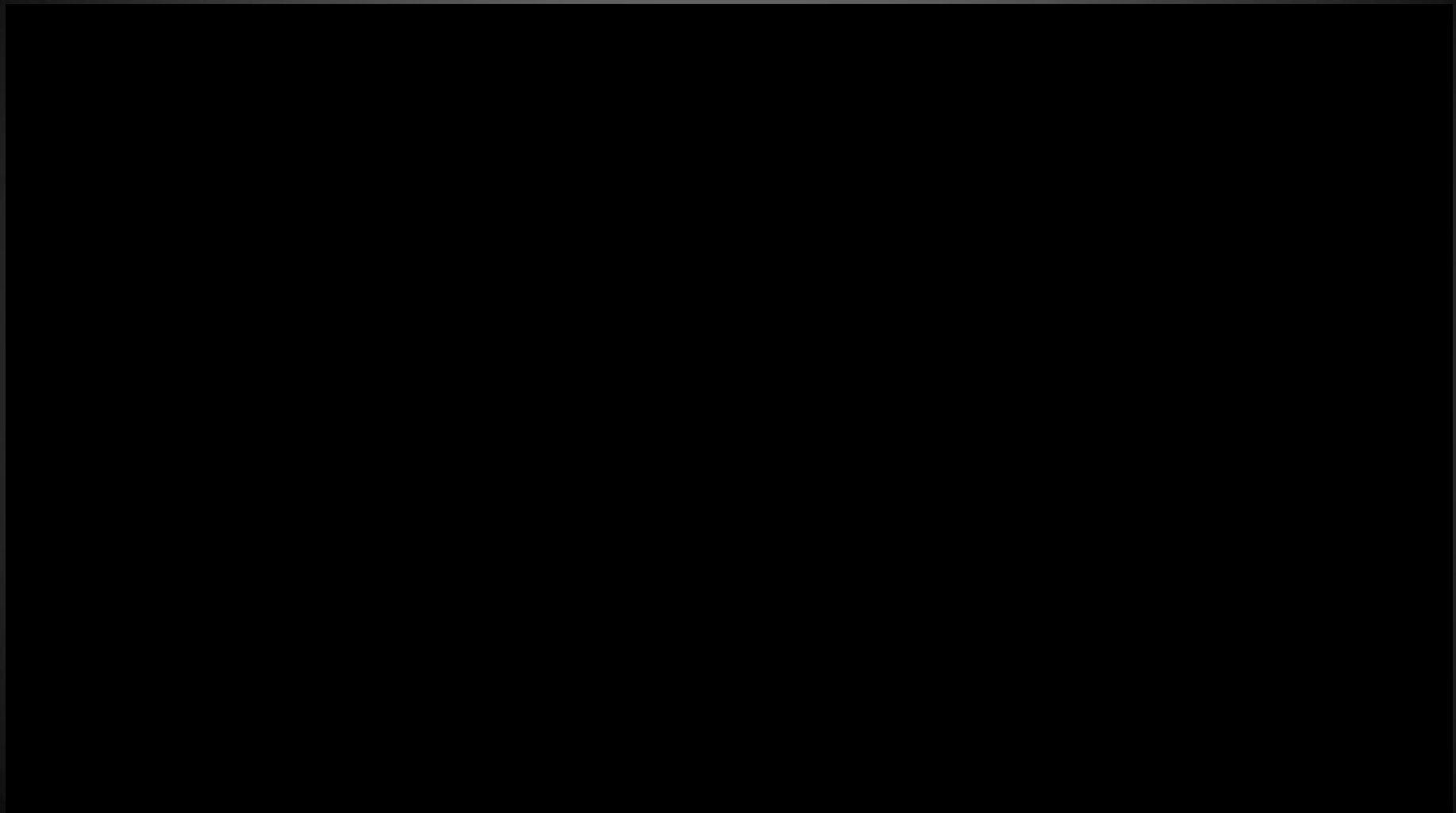
Traumatic Brain Injury (TBI)

- Considered the “signature wounds” of the Global War on Terrorism
- Hits, shakes, explosive “waves” can result in a concussion or “closed brain injury”. Recovery rates are promising within 3-6 months

Common Symptoms: just don't feel like myself; light headed, dizzy; difficulty with concentration; irritated, tires easily, sleep, sexual, appetite, anhedonia, confused.

Traumatic Brain Injury (TBI)

- Physical damage by external blunt or penetrating trauma
- Acceleration-Deceleration Movement (whiplash) resulting in tearing or nerve fibers, bruising/contusion of brain
- Scraping of brain across bony base of skull leading to olfactory, oculomotor, acoustic nerve damage.
 - Loss of sense of smell and reduction of taste (anosmia), double and/or blurred vision, dizziness or vertigo
 - Usually remit after several days or weeks (nerves recover or regenerate)

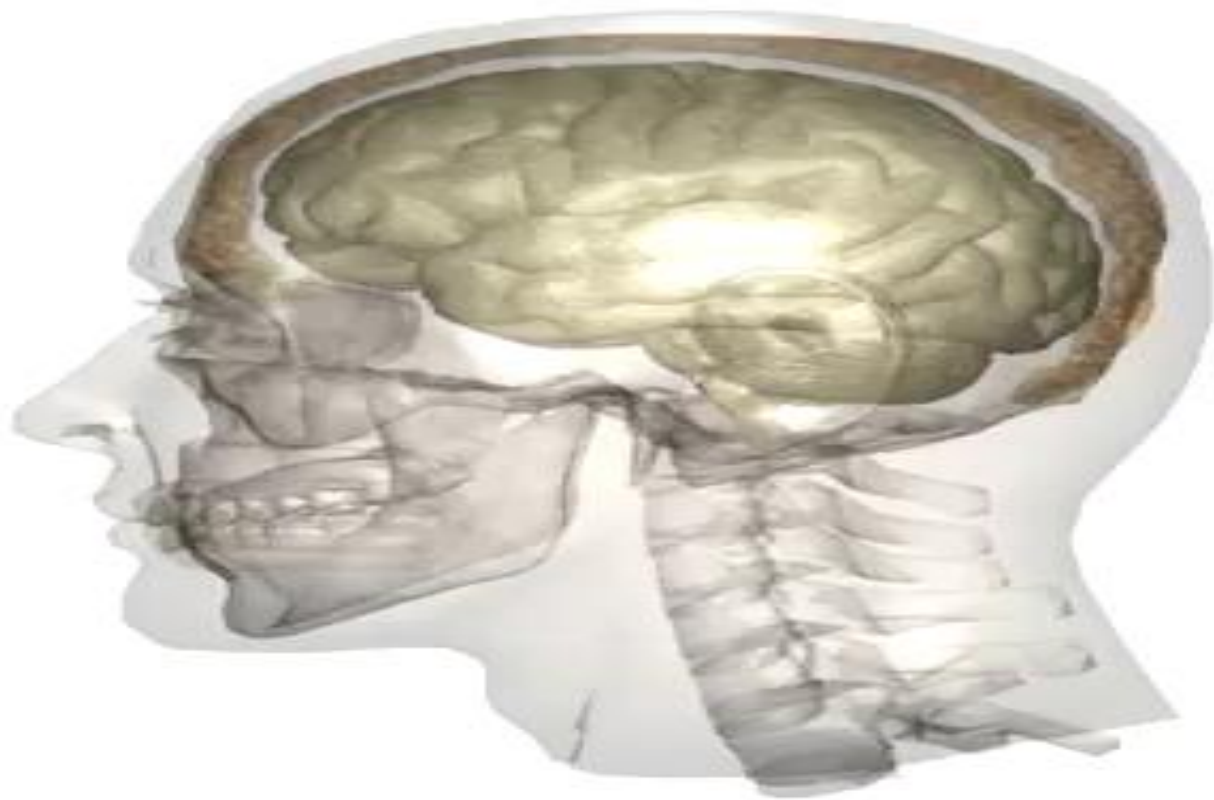


Traumatic Brain Injury (TBI)

- Mild
 - LOC for less than 30 minutes w/normal CT and/or MRI
 - Altered mental state: “dazed,” “confused,” “seeing stars”
 - PTA less than 24 hours (unable to store or retrieve new information)
 - Glasgow Coma Scale (GCS): 13-15

Traumatic Brain Injury (TBI)

- Moderate
 - LOC less than six hours w/abnormal CT and/or MRI
 - PTA less than seven days
 - GCS: 9-12
- Severe
 - LOC greater than six hours w/abnormal CT and/or MRI
 - PTA greater than seven days
 - GCS: 1-8



Traumatic Brain Injury (TBI)

- Over 50% of combat injuries result from bombs, grenades, land mines, missiles, mortar/artillery shells
- Account for majority of brain injury in theater with GSWs, falls, and MVAs close behind
- TBI among service members as high as 22%
 - 2003-2008: over 6,600 TBI
 - Four major polytrauma centers (MN, CA, FL, VA): 923 OEF/OIF patients with TBI



Vet Issues in Crisis

- Preliminary Response Issues
 - Slow Things Down
 - Recognize transference
 - Presence: increase/reduce volume
 - Open & maintain a dialogue
 - Use Active Listening Skills



Can you ask? Will you ask?

- Did you serve?
- What branch did you serve?
- How have you been doing since you got back?
- What was your MOS (military occupational specialty)?

Active Listening Skills

- Open Ended Questions
 - Minimal Encouragers
- Reflecting
- Emotional Labeling
 - Paraphrasing
- “I” Messages
 - Effective Pauses
- Summaries

Mission OPSEC VS Secretiveness

- Battle Mindset
 - Only talk to those who need to know, unit members
 - **Home**
 - Avoid sharing ANY information about your deployment
- Questions
 - Who Did You Serve With?
 - Marines/AB/SF
 - When Were You In?
 - What Was Your MOS?
 - What Did You Do?
 - Were You Wounded?

1st Interactions with LE

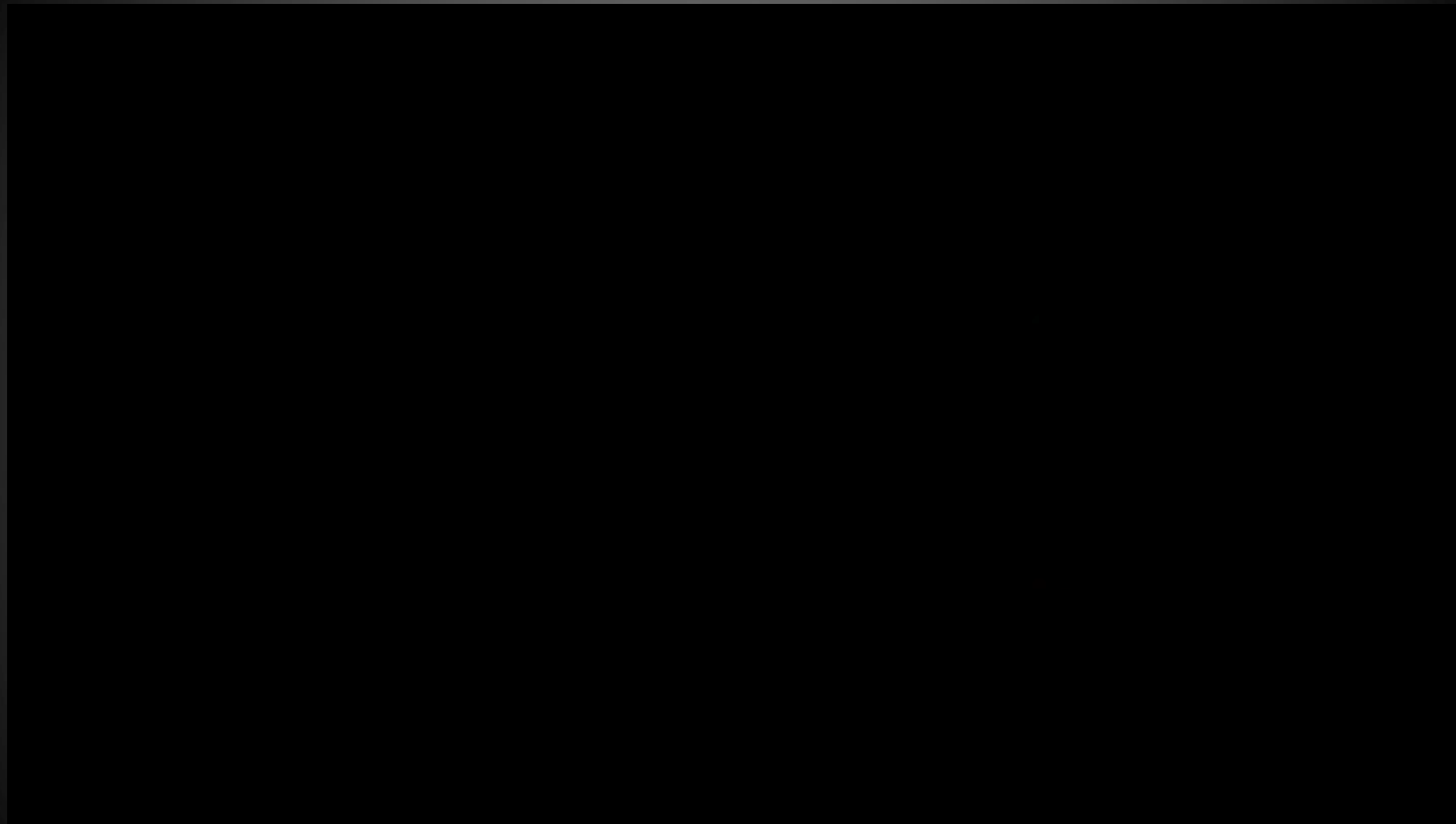
- Keeping in mind, they were the judge and jury of life and death.
- Today, they are “defendants, suspects or pre-trial”

Responding to perceived threat

- Remember, suicide by cop mentality
- Go big or go home!
- Kill or be killed

Department of Veterans Affairs

- OIF/OEF Veterans are entitled to:
- 5 years of care – deployment related
- OIF/OEF case management
- Appointments with 10 days of their request
- Benefits counseling
- Dental for 180 days
- 24/7 emergency care
- Educational/Vocational/Homelessness



The Veterans Administration

- Today, the Veterans Justice Outreach Officer program is a budding young program inviting LE and justice involved Veterans with the focus to attempt to reduce possibility of acting out behavior and/or recidivism.

Treatment Interventions

- Class A Significant Benefit
 - Medications
 - Substance Abuse Treatment
 - Cognitive Therapy (Group and Individual)
 - Stress Inoculation Training
 - Exposure Therapy (PE/CPT)

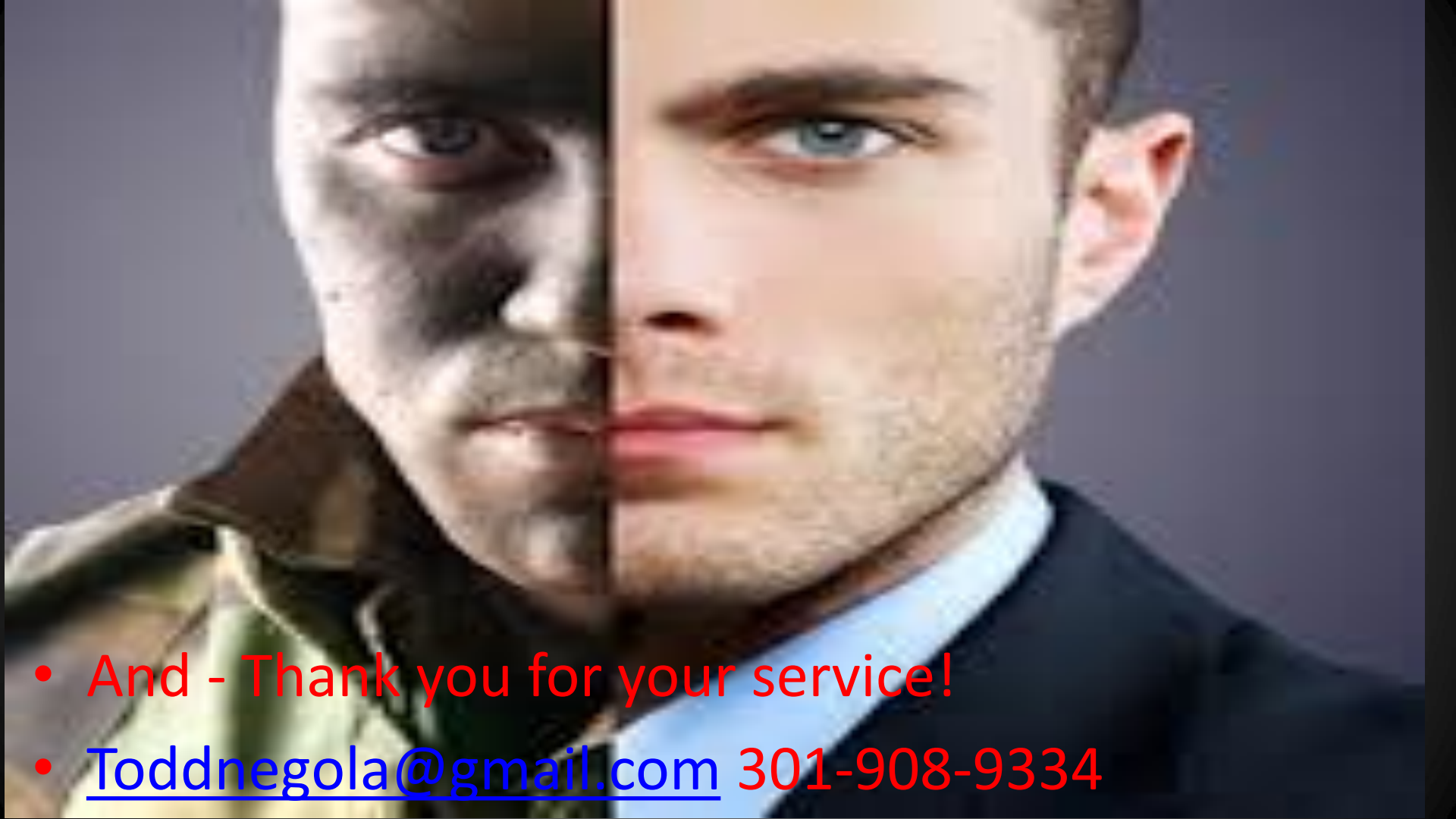
The Aftermath and YOU!

- The Lifeguard's Rule
- Focus on what is most important in your life, but recognizing that this may hinder performance.
- Be alert to signs of burn-out

Police, Personal, Family and PTSD

- CBS news reported May 16, 2014 that “Police Unions push for medical coverage of PTSD”.
- How might we address this concern?





- And - Thank you for your service!
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