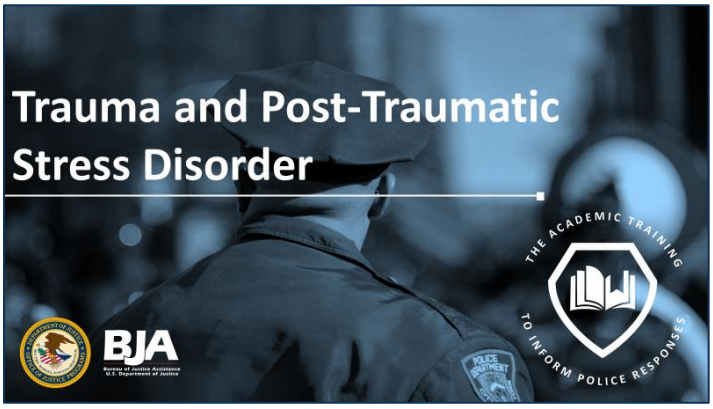


SLIDE 6.1

TITLE SLIDE

Trauma and Post-Traumatic Stress Disorder

Time: 65 minutes

Slides: 23

Purpose: This module provides a greater understanding of trauma, the adverse effects that traumatic stress can have on a person, and how traumatic stress can manifest differently in different people. Specific emphasis will be given to understanding Post-Traumatic Stress Disorder (PTSD), its signs and symptoms, as well as intervention strategies for responding when someone experiencing traumatic stress or someone with PTSD may be experiencing a crisis.

Instructor:

This module should be taught by a subject matter expert along with support from a law enforcement co-instructor who has experience in crisis response. The subject matter expert should have a good understanding of how trauma and traumatic stress can affect various populations, including those with behavioral health conditions and IDD.

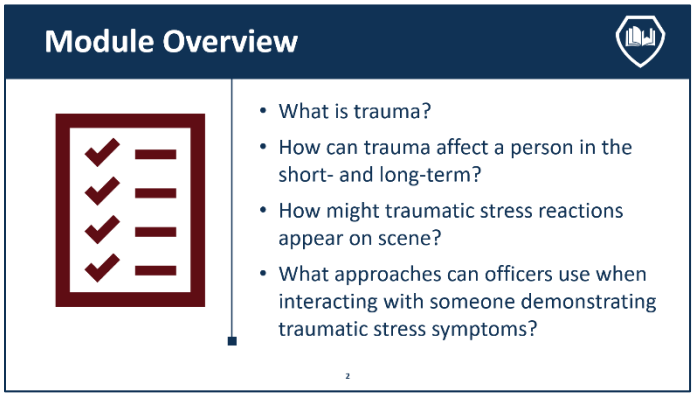
Learning Objectives:

Upon completing this module, participants should be able to:

1. Define trauma;
2. Describe the prevalence of trauma;
3. Explain the adverse effects traumatic stress can have on a person in the short- and long-term;
4. Define PTSD;
5. Describe traumatic stress reactions/symptoms and how they may appear to an officer on-scene; and
6. Describe approaches that law enforcement officers can use when interacting with someone demonstrating traumatic stress symptoms.

Activities:

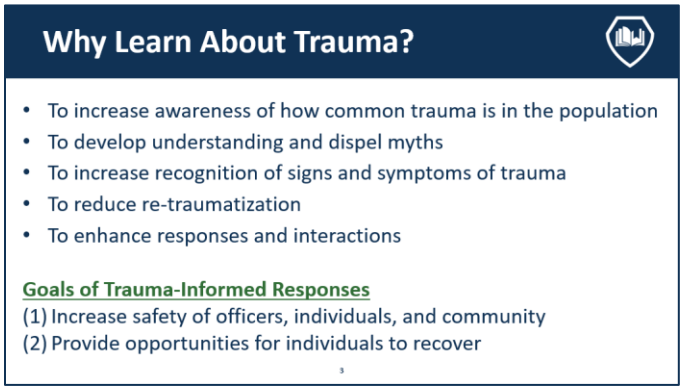
- **Video Activity**: "ACES Overview" (3:32) https://www.youtube.com/watch?v=GSKjPFExgX8&ab_channel=CentraCare
- **Activity**: What do Traumatic Stress Reactions Look Like on Scene?



SLIDE 6.2
MODULE OVERVIEW

TN

Trainer Note: Use this slide to briefly highlight the topics that will be covered during the module. Do not start teaching from this slide; it is only meant to let the participants know what is being covered.



SLIDE 6.3

WHY LEARN ABOUT TRAUMA?

TN

Trainer Note: Use the information on this slide to illustrate why learning about trauma is important and how officers can benefit from a greater understanding of trauma. Highlight how understanding traumatic stress and how it may manifest in individuals' behavior on-scene can increase an officer's ability to respond effectively. Use the content note to support this discussion.

CN

Content Note: It is important to recognize that:

1. Many people you will respond to have experienced trauma.
2. Some people you will respond to will display traumatic stress symptoms.
3. People experience trauma differently. Trauma responses are not generic.
4. People who have experienced trauma often do not have the same capacity for coping as someone who has not experienced trauma.

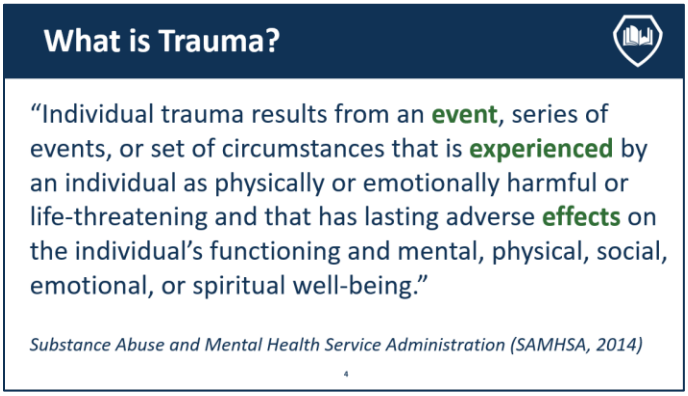
Having a greater understanding of trauma and its effects can help officers respond to people in ways that may de-escalate behaviors on scene. How we THINK about trauma affects how we RESPOND. Repeat this statement twice. For example:

1. If we view a person exhibiting aggressive behavior as dangerous or threatening, it may result in a forceful response.
2. If we view this person as frightened or confused, we may be more likely to employ a response that provides a sense of safety.

Increased awareness of trauma and recognizing signs of trauma can help avoid retraumatizing the person, increase safety for all, and may reduce arrests. A trauma-informed response helps promote recovery from a crisis situation. Being trauma-informed can also help officers recognize when they personally may need support from others. Becoming trauma-informed is

just another tool in your toolbox. It allows officers to adopt a different lens for understanding and interpreting behavior.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA)'s GAINS Center, *How Being Trauma-Informed Improves Criminal Justice System Responses*, information about this training can be found at https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals.



SLIDE 6.4

WHAT IS TRAUMA?

TN

Trainer Note: Review the definition on the slide (SAMHSA, 2014, p. 7). Highlight the "three Es" listed below. Emphasize that "trauma" involves all three of these things.

- Event or series of events or set of circumstances
- Experience – an individual's experience of the event determines whether it is traumatic
- Effect – adverse mental, physical, emotional, cognitive, social, or spiritual consequences

CN

Content Note: Here is another way to explain trauma. This connects to the "three Es". Trauma…

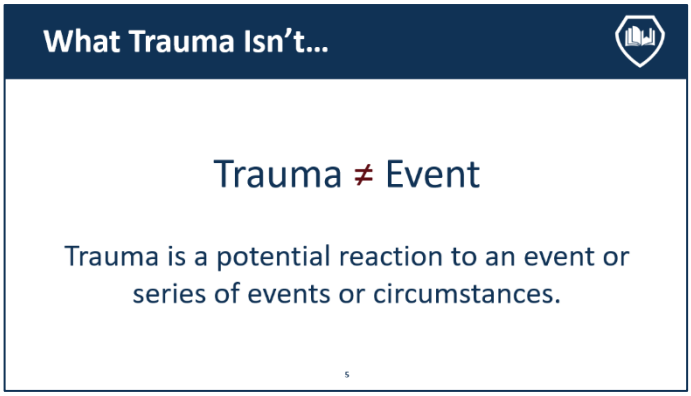
- Involves an event, series of events, or circumstances that include a threat—real or perceived—to one's physical or psychological well-being **(event)**
- Is overwhelming **(experience)**
- Results in intense feelings of fear and powerlessness **(experience)**
- Leaves one feeling helpless **(effects)**
- Impacts one's ability to cope with normal stresses/strains of daily living **(effects)**
- Changes the way a person understands the world, themselves, and others **(effects)**

Sources:

Substance Abuse and Mental Health Services Administration (SAMSHA), 2014, *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, HHS Publication No. (SMA) 14-4884, Rockville, MD: U.S. Department of Health and Human Services,

Substance Abuse and Mental Health Services Administration, retrieved from https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf.

Substance Abuse and Mental Health Services Administration (SAMHSA)'s GAINS Center, *How Being Trauma-Informed Improves Criminal Justice System Responses*, information about this training can be found at https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals.

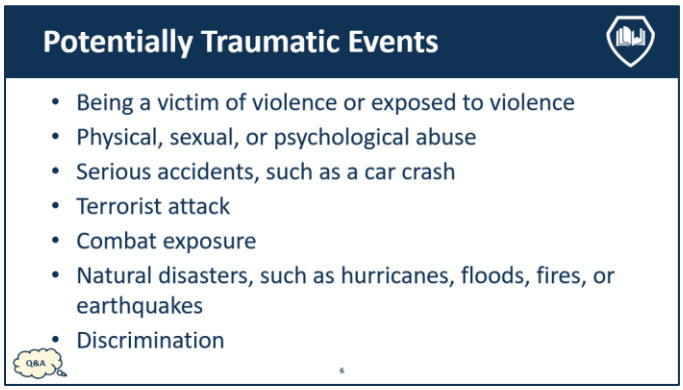


SLIDE 6.5
WHAT TRAUMA ISN'T

T N

Trainer Note: Read the explanation on the slide. Emphasize that an event is not a trauma. Instead, trauma is the imbalance or dysregulation a person might experience in response to an event or series of events. Sometimes events are called "traumatic" to indicate that such a response is likely or has happened. But it's important to remember that an event may be traumatic to one individual but not traumatic to another individual. More on that later.

Source: Childhood Violent Trauma Center, Yale Child Study Center, Yale School of Medicine, the IACP/Yale/OJJDP's *Protecting and Serving: Enhancing Law Enforcement Response to Children Exposed to Violence* training curriculum, retrieved from https://www.theiacp.org/projects/enhancing-law-enforcement-response-to-children-exposed-to-violence-and-childhood-trauma.



SLIDE 6.6

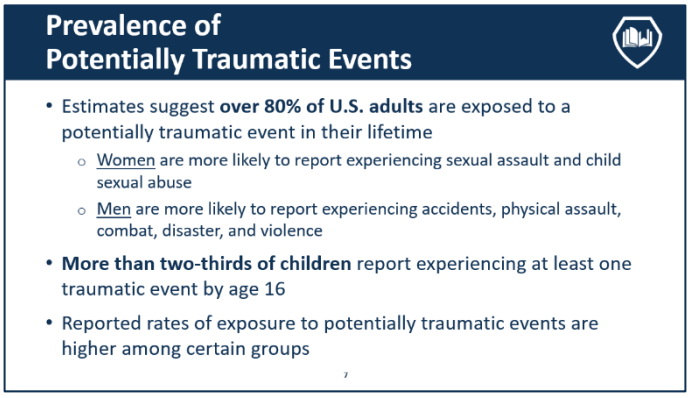
POTENTIALLY TRAUMATIC EVENTS

T N

Trainer Note: Reflect with participants that there are many examples of potentially traumatic events, but highlight it's how individuals experience these events that determine if they experience traumatic stress.

Q&A

Ask participants if they can think of other potentially traumatic events that are not listed on the slide.



SLIDE 6.7

PREVALENCE OF TRAUMA

TN

Trainer Note: Review the information on the slide to illustrate the prevalence of individuals' experiences with potentially traumatic events. Use the content note to highlight the prevalence of potentially traumatic events, as well as differences in exposure to these events across different groups of individuals.

CN

Content Note: Individuals of all ages, races, ethnicities, genders, socio-economic statuses, cultures, religions, and sexual orientations can be profoundly affected by trauma (SAMHSA, 2014). According to one study using population surveys from 24 countries, over 70% of participants worldwide and over 80% in the U.S. reported exposure to a potentially traumatic event in their lifetime (Benjet et al., 2016).

Women are more likely to report having experienced sexual assault and child sexual abuse than men, and men are more likely to report having experienced accidents, physical assault, combat, disaster, or witness violence than women (Valentine et al., 2019).

More than two-thirds of children reported experiencing at least one traumatic event by the age of 16 (SAMHSA, 2021). Similar to adults, the trauma events children are exposed to include physical and sexual abuse, neglect, family/domestic violence, community violence, as well as caregiver substance use, loss of a loved one, accidents, and natural disasters, among others (see CDC, n.d.).

Rates of trauma exposure among certain cultural, ethnic, and racial groups are higher than the U.S. national average (see SAMHSA, 2014 for review). For example:

- Black Americans and Latinos have been found to be more likely to experience childhood maltreatment and witness domestic violence (see also Roberts et al., 2011).

- People living in urban areas and those with lower socio-economic status have been found the be at greater risk for certain types of trauma (e.g., accidents, criminal victimization, domestic violence, combat trauma).
- Individuals within the LGBTQIA+ community are found to have greater exposure to trauma (e.g., childhood maltreatment, witnessing or experiencing interpersonal violence). Additionally, the LGBTQIA+ community faces many forms of discrimination, including labeling, stereotyping, denial of opportunities or access, and verbal, mental, and physical abuse. Such discrimination can contribute to a significantly heightened risk for PTSD among individuals in the LGBTQIA+ community compared to those who identify as heterosexual and cisgender.
- People with disabilities are more likely to be victims of violence, abuse, and/or neglect. From 2017 to 2019, the rate of violent victimization against people with disabilities was almost four times the rate of victimization for people without disabilities (Harrell, 2021). Additionally, people with disabilities are found to be more likely to experience more severe victimization over longer periods of time than people without disabilities (Smith et al., 2017). Understanding the intersection of trauma and disability is key and will help officers respond more effectively to people with disabilities who've experienced trauma.
- People within the criminal justice system report high rates of trauma. While prevalence rates vary, there is consensus that the rates are very high and that trauma is experienced throughout their lifetime (for a summary see Freeman & Lautar, 2015). Further, research shows that experiences with certain types of trauma (e.g., physical abuse, sexual abuse) are very high among those individuals who are involved in the criminal justice system and who have a serious mental illness (Steadman, 2009).

  Sources:

  A. L. Roberts, S. E. Gilman, J. Breslau, N. Breslau, and K. C. Koenen, 2011, "Race/Ethnic Differences in Exposure to Traumatic Events, Development of Post-Traumatic Stress Disorder, and Treatment-Seeking for Post-Traumatic Stress Disorder in the United States," *Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences 41*: 71–83.

  C. Benjet, E. Bromet, E. G., Karam, R. C. Kessler, K. A. McLaughlin, A. M. Ruscio, V. Shahly, D. J. Stein, M. Petukhova, E. Hill, J. Alonso, L. Atwoli, B. Bunting, R. Bruffaerts, J.M. Caldas-de-Almeida, G. de Girolamo, S. Florescu, O. Gureje, Y. Huang, . . . and K. C. Koenen, 2016, "The Epidemiology of Traumatic Event Exposure Worldwide: Results from the World Mental Health Survey Consortium," *Psychological Medicine 46*: 327–343.

Centers for Disease Control and Prevention, April 2, 2021 [Last Reviewed], "Adverse Childhood Experiences (ACEs)," https://www.cdc.gov/violenceprevention/aces/index.html.

David Freeman, and Andrew Lautar, 2015, *Trauma-Specific Interventions for Justice-Involved Individuals*, Substance Abuse and Mental Health Services Administration's GAINS Center for Behavioral Health and Justice Transformation, https://mha.ohio.gov/static/learnandfindhelp/TreatmentServices/TCC/Trauma-Specific-Interventions-for-Justice-Involved-Individuals-SAMHSA.pdf.

Erika Harrell, November 2021, *Crime Against Persons with Disabilities, 2009–2019 – Statistical Tables*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, NCJ 301367, retrieved from https://bjs.ojp.gov/content/pub/pdf/capd0919st.pdf.

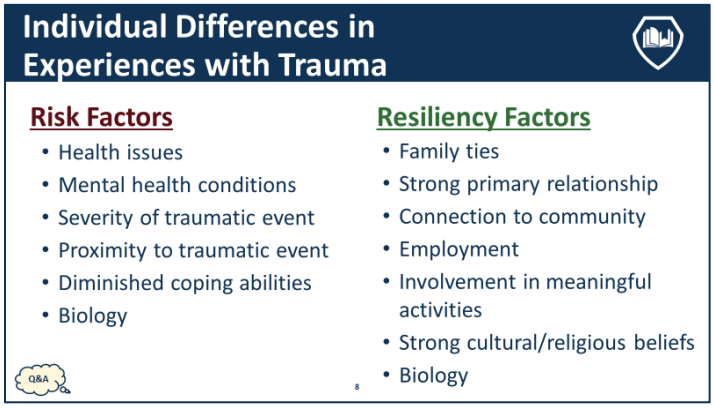
H. J. Steadman, 2009, Lifetime Experience of Trauma Among Participants in Cross-Site Evaluation for the TCE Jail Diversion Initiative, Unpublished Raw Data.

Nancy Smith, Sandra Harrell, and Amy Judy, 2017, *How Safe are Americans with Disabilities? The Facts About Violent Crime and Their Implications*, Brooklyn, NY: Vera Institute of Justice, Center on Victimization and Safety, retrieved from https://www.vera.org/downloads/publications/How-safe-are-americans-with-disabilities-web.pdf.

Sarah E. Valentine, Luana Marques, Ye Wang, Emily M. Ahles, Louise Dixon De Silva, and Margarita Alegria, 2019, "Gender Differences in Exposure to Potentially Traumatic Events and Diagnosis of Posttraumatic Stress Disorder (PTSD) by Racial and Ethnic Group," *General Hospital Psychiatry 61*: 60–68.

Substance Abuse and Mental Health Services Administration (SAMHSA), 2014, *Trauma-Informed Care in Behavioral Health Services, Treatment Improvement Protocol (TIP) Series 57*, HHS Publication No. (SMA) 13-4801, Rockville, MD: Substance Abuse and Mental Health Services Administration, retrieved from https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816.

Substance Abuse Mental Health Services Administration (SAMHSA), October 8, 2021 [Last Updated], "Understanding Child Trauma," https://www.samhsa.gov/child-trauma/understanding-child-trauma.



SLIDE 6.8 INDIVIDUAL DIFFERENCES IN EXPERIENCES WITH TRAUMA

TN **Trainer Note:** This should be an animated slide in which just the title "Individual Differences in Experiences with Trauma" comes up first. Say the following to the participants: "We know that, when exposed to powerful life events, people can exhibit highly individualized, short-term experiences and longer-term effects. The extent to which someone is affected by exposure to trauma is determined, in large part, by the presence of both resiliency and risk factors."

Q&A **Ask the class what they think are some risk factors.** After the class provides some responses, click on the slide for the list of risk factors. Risk factors are a constellation of factors that contribute to, or increase, the likelihood or impact of adverse stress responses. Review any that the class did not identify.

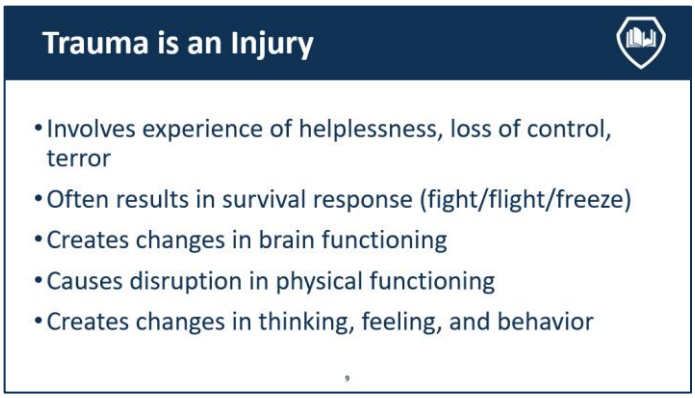
Q&A **Ask the class what they think are some resiliency factors.** After the class provides some responses, click on the slide for the list of resiliency factors. Resiliency is a constellation of protective factors that allow a person to manage adversity by buffering the impacts of stress (e.g., KEVLAR vest, personal armor). Review any resiliency factors that the class did not identify.

CN **Content Note:** Everyone encounters significant life stressors. How they deal with these events reflects the interplay between protective factors and risk factors. Many people who have experienced trauma heal over time. If risk factors are greater than resilience factors, a person may get stuck or relapse. If resilience factors are greater than risk factors, then there is a greater chance of recovery, reduced criminal justice involvement, enhanced mental health, and increased safety for all.

It is important to remember:

- Different populations may experience trauma in different ways.
- An individual's experience of the event determines whether it is traumatic.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA)'s GAINS Center, *How Being Trauma-Informed Improves Criminal Justice System Responses*, information about this training can be found at https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals.



SLIDE 6.9

TRAUMA IS AN INJURY

T N

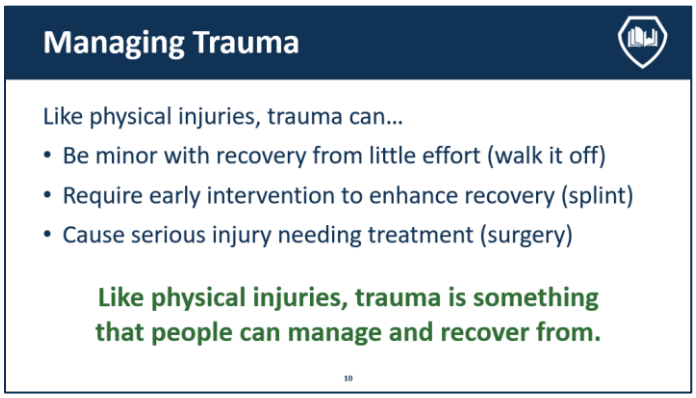
Trainer Note: Highlight the points on the slide. Use the information in the content note to emphasize that trauma is an injury.

C N

Content Note: Trauma is an injury (the ancient Greek word for injury is trauma). It's an individual's response to an event or series of events that causes the experience of helplessness, loss of control and terror, sometimes resulting in a survival response (fight/flight/freeze) and followed by changes in brain and physical functioning.

Trauma affects your abilities to "love, work, and play"—the three areas that are identified as building mental health (see Module 4. Introduction to Mental Health Conditions and Mental Illness).

Source: Childhood Violent Trauma Center, Yale Child Study Center, Yale School of Medicine from the IACP/Yale/OJJDP's *Protecting and Serving: Enhancing Law Enforcement Response to Children Exposed to Violence* training curriculum, https://www.theiacp.org/projects/enhancing-law-enforcement-response-to-children-exposed-to-violence-and-childhood-trauma.

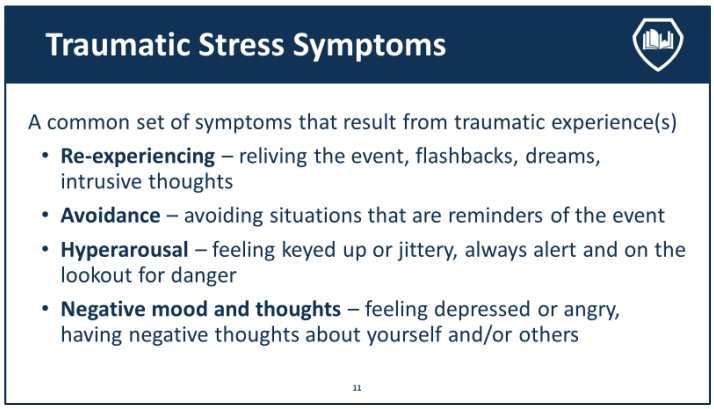


SLIDE 6.10
MANAGING TRAUMA

TN

Trainer Note: Emphasize that trauma is a biological and psychological response—not just "in your head." Highlight that when trauma is identified and treated, people can manage the symptoms of trauma and, in some instances, recover.

Source: Childhood Violent Trauma Center, Yale Child Study Center, Yale School of Medicine from the IACP/Yale/OJJDP's *Protecting and Serving: Enhancing Law Enforcement Response to Children Exposed to Violence* training curriculum, retrieved from https://www.theiacp.org/projects/enhancing-law-enforcement-response-to-children-exposed-to-violence-and-childhood-trauma.



SLIDE 6.11
TRAUMATIC STRESS SYMPTOMS

Trainer Note: Highlight that traumatic stress symptoms are a common set of symptoms and behaviors that result from traumatic experience(s). Use the notes below as reference.

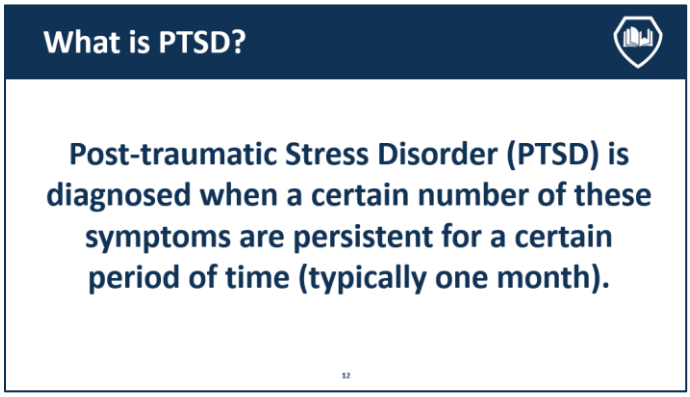
Emphasize that most people who experience a traumatic event will have short-term reactions that may include shock, anger, nervousness, fear, and even guilt. These reactions are common in the aftermath of a traumatic event, and for most people, they go away over time. However, for some, these reactions may persist over a longer period of time.

Content Note: Symptoms of traumatic stress generally appear across four common categories: (1) re-experiencing, (2) avoidance, (3) hyperarousal, and (4) negative mood and thoughts.

- **Re-experiencing** symptoms are also called "reliving the event." This could include intrusive memories, nightmares, flashbacks, or having thoughts about what happened that get in the way of daily life. People who have re-experiencing symptoms may feel distressed when they are reminded of the event and may also have feelings in their bodies that have no known medical cause.
- **Avoidance** means avoiding situations that remind you of the traumatic event. Someone experiencing avoidance may try to avoid situations or people that trigger memories of the event. People experiencing avoidance may even avoid talking or thinking about the event. They may have new fears, for example about separation from loved ones, about being alone, about darkness or strangers. They may have a sense of a foreshortened future or impending doom. Often, they will avoid situations, people, or talking about the trauma, which can lead to isolation and detachment from those in their support system. This can also increase one's negative perceptions of self and of their world.

- **Hyperarousal** refers to feeling keyed up or jittery, or always alert and on the lookout for danger. Someone experiencing hyperarousal may have trouble concentrating or sleeping, may have nightmares or night terrors, and/or decreased attention or concentration. Hyperarousal may include hyperactivity; it may involve irritability and changes in mood, difficulty concentrating, increased aggression, an exaggerated startle response, and self-destructive behaviors.
- **Negative mood and thoughts** refer to feeling depressed or angry and having negative thoughts about yourself and/or others due to the event. Individuals may also have less interest in activities and engage in self-blame.

Source: American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, Washington, DC: American Psychiatric Association.



SLIDE 6.12
WHAT IS PTSD?

Trainer Note: Highlight that Post-Traumatic Stress Disorder is commonly referred to as PTSD. When traumatic stress symptoms don't go away after a certain period of time (typically one month), this can mean a diagnosis of PTSD. Use the content note to support this discussion.

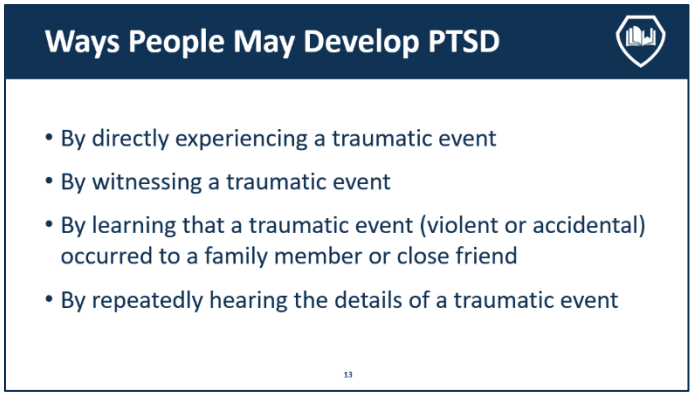
Content Note: Post-Traumatic Stress Disorder is one of the more common trauma-related disorders. PTSD can cause significant distress or impairment in an individual's social interactions, capacity to work, or other important areas of functioning. For a person living with PTSD, these symptoms continue and even increase, becoming so strong that they keep the person from living a healthy, full, and satisfying life.

People living with PTSD have traumatic stress symptoms for longer than one month and cannot function as well as before the event occurred. Some people may have a delayed onset of PTSD symptoms, meaning the symptoms may not appear right after an event, but could present months or even years later.

Remind participants:

- Not everyone who experiences potentially traumatic events will have traumatic stress reactions and not all those who experience trauma will develop PTSD.
- It is common to have some stress-related reactions after a traumatic event but not everyone gets PTSD.
- PTSD is a relatively common long-term traumatic stress condition but it's not the only one. Substance use disorders are likely to be the most common type of long-term traumatic stress condition.

Source: American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, Washington, DC: American Psychiatric Association.

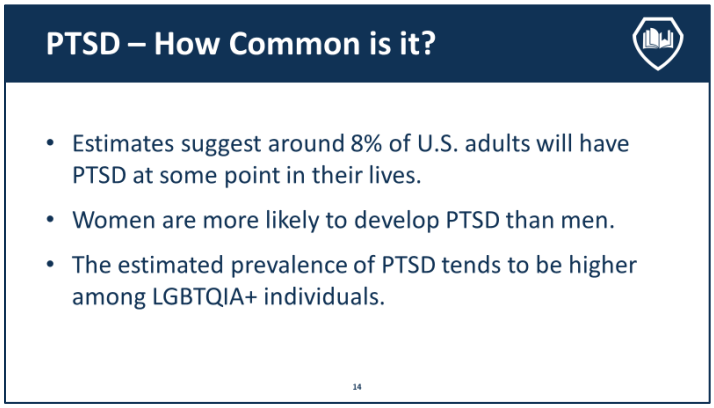


SLIDE 6.13
WAYS PEOPLE MAY DEVELOP PTSD

TN

Trainer Note: Briefly discuss the points on the slide. Remind participants that people respond to potentially traumatic events in very different ways. A majority of individuals might have some stress-related reactions; however, not everyone will experience PTSD symptoms or receive a PTSD diagnosis.

Source: American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, Washington, DC: American Psychiatric Association.



SLIDE 6.14
PTSD – HOW COMMON IS IT?

Trainer Note: Briefly discuss each point on the slide, referencing the content below as necessary.

Content Note: While many people experience trauma, a much smaller percentage develop PTSD. Not everyone who lives through a traumatic event develops PTSD. In fact, most people will not develop the disorder. For those who do develop PTSD, they can develop it at any age. This includes war veterans, children, and people who have been through a physical or sexual assault, abuse, accidents, disasters, or other serious events.

Estimates suggest around 8% of U.S. adults will experience PTSD at some point in their lives (Kilpatrick et al., 2013), though estimates vary (see Schein et al., 2021 for a review). Women are more likely to develop PTSD than men, and genes may make some people more likely to develop PTSD than others. People with disabilities face a higher risk of developing PTSD due to the high rate of victimization they experience.

Women tend to experience more PTSD from childhood or adult sexual abuse or assault, or physical abuse, than men. Men are more likely to experience physical assault or combat-related PTSD. Childhood abuse is experienced by both men and women alike.

The estimated prevalence of PTSD tends to be higher among the LGBTQIA+ community, with rates ranging from 1.3% to 47.6% among LGB and 17.8% to 42% among transgender and gender-diverse individuals (Livingston et al., 2020).

As discussed previously, many factors play a part in whether a person will develop PTSD. Risk factors make a person more likely to develop PTSD. Resiliency factors can help reduce the risk of developing the disorder.

Sources:

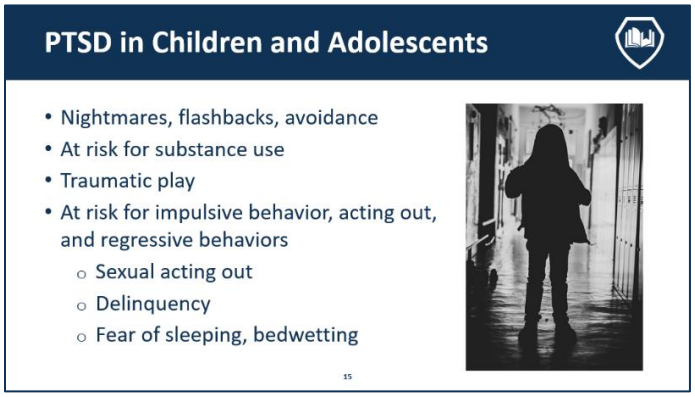
Dean G. Kilpatrick, Heidi S. Resnick, Melissa E. Milanak, Mark W. Miller, Katherine M. Keyes, and Matthew J. Friedman, 2013, "National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM-IV and DSM-5 Criteria," *Journal of Traumatic Stress 26*: 537–547.

Jeffrey Schein, Christy Houle, Annette Urganus, Martin Cloutier, Oscar Patterson-Lomba, Yao Wang, Sarah King, Will Levinson, Anne Guérin, Patrick Lefebvre, and Lori L. Davis, 2021, "Prevalence of Post-Traumatic Stress Disorder in the United States: A Systematic Literature Review," *Current Medical Research and Opinion 37*(12): 2151–2161.

National Institute of Mental Health, May 2022 [Last Reviewed], "Post-Traumatic Stress Disorder," https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd.

Nicholas A. Livingston, Danielle Berke, James Scholl, Mollie Ruben, and Jillian C. Shipherd, 2020, "Addressing Diversity in PTSD Treatment: Clinical Considerations and Guidance for the Treatment of PTSD in LGBTQ Populations," *Current Treatment Options in Psychiatry 7*: 53–69.

PTSD: National Center for PTSD, 2019, "How Common is PTSD in Adults?" https://www.ptsd.va.gov/understand/common/common_adults.asp.



SLIDE 6.15

PTSD IN CHILDREN AND ADOLESCENTS

Trainer Note: Briefly discuss the points on the slide. Highlight that children do not have the coping skills that adults may have. Trauma can alter their brain and may affect them negatively as they get older.

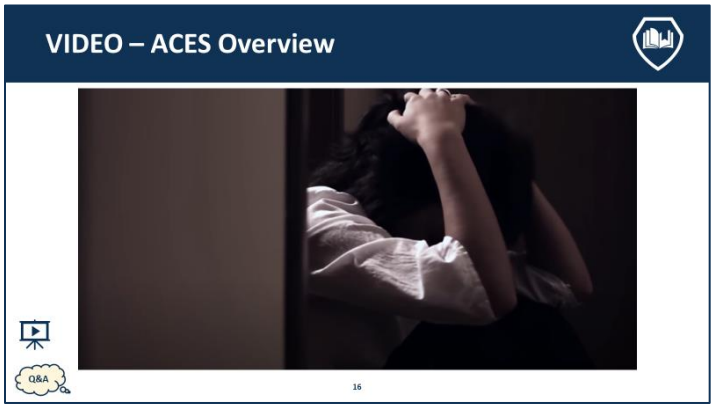
Content Note: Children demonstrate similar symptoms of PTSD as adults. They may experience:

- Nightmares linked to a trauma theme or other fears
- Flashbacks
- Avoidance
- Substance use

However, unique to children and adolescents we see:

- Trauma play – repetitive acting out of the trauma or trauma-related themes in play. Older children may reenact the traumatic event.
- An increased risk for impulsive acting out
- Related behaviors include harmful sexual behavior, delinquency, or regressive behaviors (e.g., fear of sleeping, bedwetting)

Source: Jessica Hamblen, and Erin Barnett, n.d., "PTSD in Children and Adolescents," PTSD: National Center for PTSD, https://www.ptsd.va.gov/professional/treat/specific/ptsd_child_teens.asp#three.



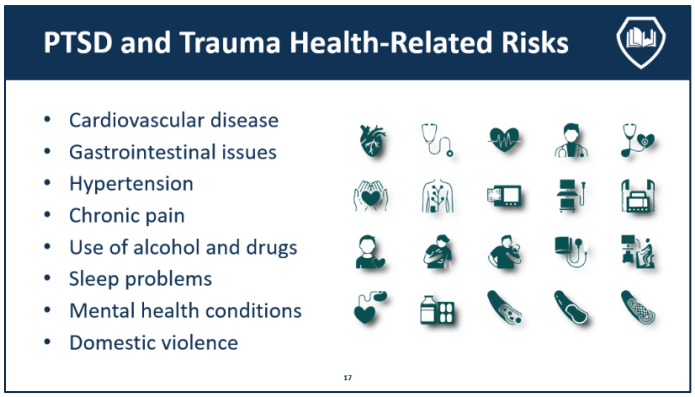
SLIDE 6.16
VIDEO: ACES OVERVIEW

Trainer Note: Queue the video "ACES Overview." Tell participants this video discusses the relationship between adverse childhood experiences and experiences later in life. It shows how trauma has a profound impact on people's lives. After the video, use the **Q&A** to prompt a discussion on the relevance of ACEs in what participants see and respond to in their work.

Video Activity: "ACES Overview" (3:32)
https://www.youtube.com/watch?v=GSKjPFExgX8&ab_channel=CentraCare

This video was created by CentraCare (2019). It presents a discussion about Adverse Childhood Experiences (ACES) and the impact of these experiences on individuals in the long-term. Specifically, this video discusses the findings from the ACES Study—a large-scale research project examining how life experiences in childhood affect adult health and wellbeing. It highlights the impact of adverse childhood experiences across groups and in society as a whole, including considerations related to the criminal justice system.

Ask participants how they have encountered adverse childhood experiences in their work. How have they seen the impacts of these types of experiences in the long-term?



SLIDE 6.17
PTSD AND TRAUMA HEALTH-RELATED RISKS

TN

Trainer Note: This slide illustrates the negative health consequences related to traumatic stress and PTSD. Highlight how profound trauma can negatively impact one's life. This addresses the need to link individuals to services as early as possible to help reduce the long-term effects of trauma.

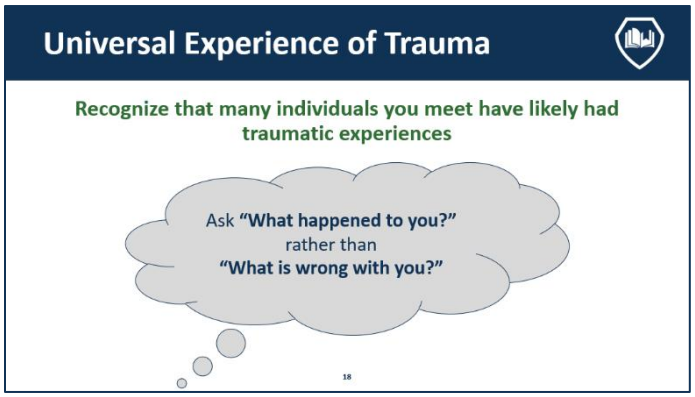
CN

Content Note: Long-term consequences result from trauma symptoms being unrecognized or untreated and can lead to a failure to recover. There are a number of possible long-term consequences of untreated traumatic stress:

- PTSD
- Substance use disorders
- Relationship problems
- Eating disorders
- Suicidal behavior
- Anxiety
- Mood disorders
- Violent/abusive behaviors
- Somatic problems
- School/work failure
- Personality disorders

Remind training participants that when people have resiliency factors, such as healthy living activities and meaningful things in their lives, it can provide protection from PTSD.

Source: Childhood Violent Trauma Center, Yale Child Study Center, Yale School of Medicine from the IACP/Yale/OJJDP's *Protecting and Serving: Enhancing Law Enforcement Response to Children Exposed to Violence* training curriculum.



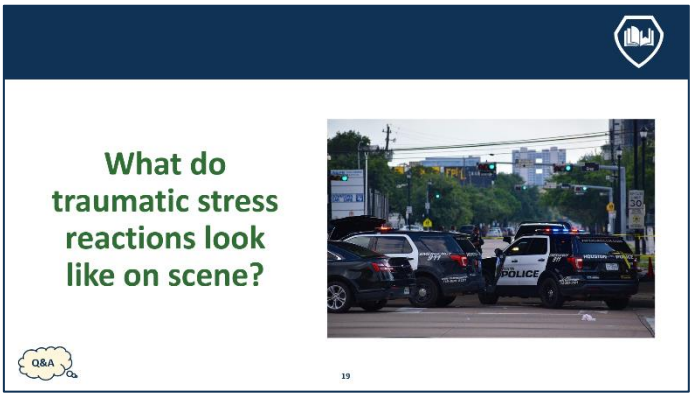
SLIDE 6.18
UNIVERSAL EXPERIENCE OF TRAUMA

TN **Trainer Note:** Highlight the universal experience of trauma. Emphasize that this slide is about awareness and sensitivity. The universal experience of trauma encourages the use of trauma-informed approaches when interacting with community members. Use the content below as a reference point as needed.

CN **Content Note:** Becoming "trauma-informed" means recognizing that people may have experienced trauma in their lives and need support and understanding from those around them. Often, trauma survivors can be re-traumatized by well-meaning caregivers, community service providers, and first responders—who may themselves have experienced trauma(s).

What is the implication for law enforcement? Officers should recognize that the individuals who they come in contact with when responding to calls for service have likely experienced trauma—sometimes acute traumatic stress related to an event necessitates the call for service itself or it may involve long-term traumatic stress from past events or experiences. It is important to practice empathy, patience, and tolerance when responding in the community because you never know what others have gone through. In these situations, rather than ask, "What is wrong with you?" ask, "What happened to you?"

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), 2014, *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, Rockville, MD: Substance Abuse and Mental Health Services Administration, HHS Publication No. (SMA) 14–4884, retrieved from https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf.



SLIDE 6.19
WHAT DO TRAUMATIC STRESS REACTIONS LOOK LIKE ON SCENE?

TN

Trainer Note: Use the **Q&A** below to prompt a discussion on what traumatic stress symptoms might look like on scene. Use the content note to support this discussion. The purpose of the Q&A is: (1) to recognize that what officers see on-scene may be traumatic stress reactions, and (2) to demonstrate how traumatic stress may manifest in individuals in cognitive, emotional, physical, and behavioral ways.

Q&A

Ask participants: What traumatic stress reactions have you observed in individuals on-scene? Prompt them to think of:

- **Cognitive traumatic stress reactions**
- **Emotional traumatic stress reactions**
- **Physical/Physiological traumatic stress reactions**
- **Behavioral traumatic stress reactions**

Engage participants for two or three responses for each category. Below you'll find traumatic stress reactions that can be used as prompts to help get responses from participants. Be sure to highlight how some of these reactions may be due to, or exacerbated by, another medical condition, substance use (both legal and illegal), or IDD.

<u>Cognitive Traumatic Stress Reactions</u>:

- Confusion
- Diminished abstract reasoning (e.g., inability to understand or respond to basic questions)
- Difficulty making decisions
- Incoherent thoughts (e.g., talking about things that seem random or not connected to what they are being asked about); Loss of train of thought
- Inability to recall details of the event; Failure of memory/inconsistent memory about event

- Getting “stuck” (e.g., becoming preoccupied with specific elements of the event, demanding more information regardless of attempts to redirect the conversation, repeating same concerns or questions)
- Poor attention span
- Poor sense of time

Emotional Traumatic Stress Reactions:

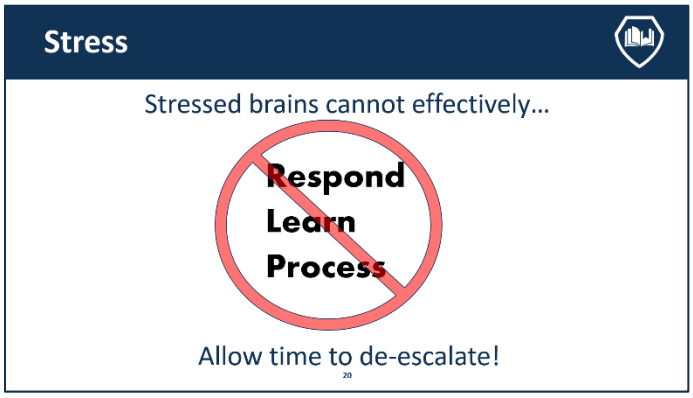
- Emotions all over the map – ranging from wailing and sobbing to being angry and volatile
- “Thousand-Yard Stare,” numbness, appearing to have an absence of feelings
- Inappropriate emotions – like sudden fits of laughter, giggling

Physical Traumatic Stress Reactions:

- Shaking
- Nausea and vomiting
- Increased heart rate
- Headaches or body aches
- Hives
- Diarrhea

Behavioral Traumatic Stress Reactions:

- Pacing, moving hands and arms in a nervous fashion, foot tapping, finger drumming, swivel head, darting eyes (i.e., agitated behaviors)
- Immobilization, inactivity or slow movement, seeming stunned and slow to respond to external cues and stimuli (e.g., questions, eye contact, etc.)
- Anger, including outbursts and yelling
- Withdrawal and isolation
- Fatigue



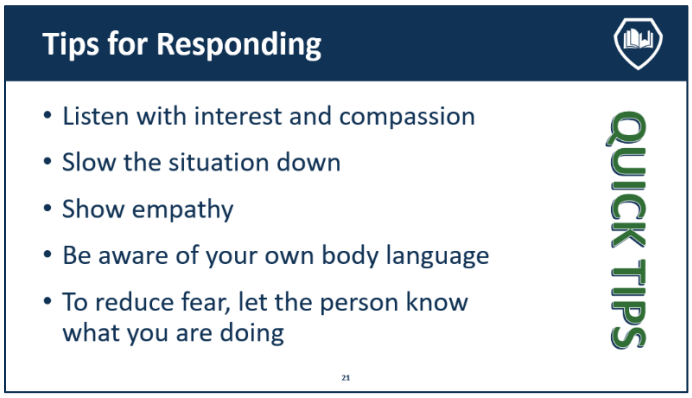
SLIDE 6.20
STRESS

Trainer Note: Wrap up the discussion on potential traumatic stress reactions by emphasizing that individuals under extreme stress will experience difficulties in responding to or processing the information around them. Highlight the importance of allowing time and space to de-escalate the situation. Use the content note to support this discussion.

Content Note: In a traumatic situation, key parts of the brain become disconnected and don't work together well. Specifically, key parts of the brain—the amygdala (emotional center) and prefrontal cortex (judgment and executive functioning)—cannot communicate effectively, resulting in the kinds of emotional reactions discussed here. Executive function refers to a set of mental skills that are coordinated in the brain's frontal lobe. Executive function includes the ability to:

- Manage time and attention
- Switch focus
- Plan and organize
- Remember details
- Curb inappropriate speech or behavior
- Integrate past experiences with present action

When executive function breaks down, behavior becomes poorly controlled. Police officers see this all the time in crisis situations. Sometimes there are other factors at play, such as substance use. Other times, the person has experienced a stressful event and simply can't understand or act on what is being asked of/told to them. For this reason, it is important for officers to slow their response down whenever possible. This will give the person more time to figure out what is going on in the moment, answer questions, and comply with directions.



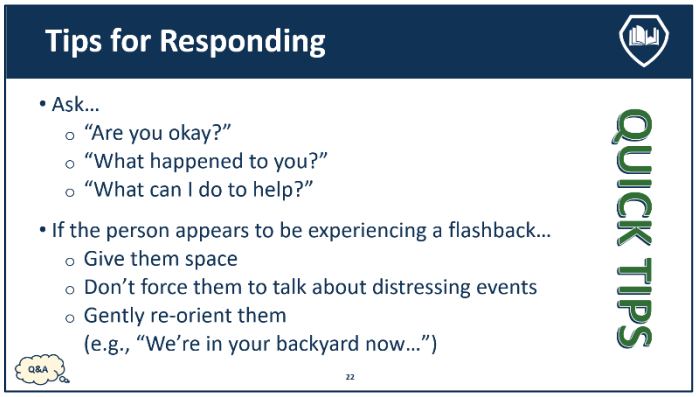
SLIDE 6.21 TIPS FOR RESPONDING

T N

Trainer Note: Provide participants tips for responding to someone who appears to be showing traumatic stress reactions. Highlight the points on the slide using the content information below. Give examples from your experience.

C N

Content Note: When a person has been traumatized, and may have PTSD, they may react in ways that are fearful, restless, nervous, argumentative, suspicious, hypervigilant, overreactive, etc. It is important as a responding officer to slow the situation down and listen to the person with interest and compassion. It is also important to be empathetic in your responses. Remember, a law enforcement uniform and posture can appear intimidating to the individual. Your empathic words and sense of calmness and confidence in offering help can keep the situation from escalating into a crisis. Let the person know what you are doing, explain things clearly, and ask if they understand. This can reduce the person's fear and help to not re-traumatize the person.



SLIDE 6.22
TIPS FOR RESPONDING

Trainer Note: Briefly highlight the points on the slide. Note that officers should focus on grounding the individual by bringing them back to the here and now. Share experiences from your work, when appropriate, and as time allows.

Ask participants what experience they have had with someone who has PTSD. How did they respond? What seemed to work well in the situation?

SLIDE 6.23
MODULE WRAP-UP

TN

Trainer Note: Allow participants to ask any questions before moving on to the next module.

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