Managing traumatic reactions

Police officers are exposed daily to trauma on the job, resulting in a variety of neurologic-al, psychological and behavioural reactions in both the short and long term. While it is harder to control the immediate impact, you can take measures to mediate the long-term effects. I’ll discuss each of these reactions in turn.

When a person is exposed to a traumatic event that involves shock, horror or fear it sets into motion a series of neurological events. The critical, higher-order thinking part of the brain, the cortex, is hijacked by the part of the brain that processes and stores emotions such as fear, the amygdala. It is only after several seconds of deliberate effort to get the cortex back “online” that a person can have a sense of control over thoughts, behaviours and reactions.

In the meantime, the person despite any training, personality traits or amount of will-power will be at the mercy of the evolution-arly-based reactions directed by the amygdala. These reactions may be surprising, given your police training and personality, as they might involve behaviours such as physical or mental retreat, loss of control over bodily functions and/or feelings of sickness. All of these are normal reactions designed to keep you safe. How you respond influences how you will adjust to the traumatic event in the long term.

If you start a “shoulda” on yourself (I should’ve done this, I should not have done that) you will make your adjustment much harder and lengthier as you are asking the impossible. If, instead, you recognize that your reactions were involuntary in the situation and things turn out well but many things are not in their control. These are the limits of all human beings, regardless of your training and experience.

Behaviourally, police officers might wish to isolate themselves from others until they “have it all together.” Many people have told me they didn’t want to burden someone else with their problems. Instead, they withdrew from their social support family, fellow officers, and friends. They might even withdraw from situations that would remind them of the event. There are numerous problems with this way of coping.

I’ve said it before but it bears repeating that all one needs to do is train more or toughen up. Some have even idealized the notion of being the “strong silent type.” I’ve sat in the office with some of these people as clients. Their physical and mental health, job and families have suffered needlessly to uphold this image. Unfortunately, this opinion is sometimes voiced in response to another person’s reaction to a traumatic event. This misinformed judgment only compounds the officer’s anguish about the event and is likely based upon the judging person’s hope that he or she will be spared from the same response.

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