Recognizing Acute Stress Disorder and Post-Traumatic Stress Disorder:
The Role of Peer-Support

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Peer-support is an invaluable program that is a part of many Law Enforcement agencies. Since Peer-supporters are often involved in working with an individual who has been through a critical incident, it is imperative, that they know how to recognize the differences between Acute Stress Disorder (ASD) and Post Traumatic Stress Disorder (PTSD), as well as options.

ASD can develop after a critical incident where, an individual has been exposed to some kind of trauma in which he/she experienced, observed or encountered an event, or series of events, that concerned actual or threatened death or grave harm, or a threat to the physical well-being of self or others(American Psychiatric Association [DSM-IV-TR], 2000). Common emotions and key identifiers that peer supporters should be cognizant of include: extreme fear, helplessness, and/or alarm. During or after the incident, the officer may experience numbing, the inability to recall information or details relating to the event, feeling of being in a fog, and the feeling as if they are watching themselves from a distance (an "out of the body experience"). Many individuals also re-experience the trauma through flashbacks, nightmares or illusions. Physical responses may include: a heightened sense of arousal, anxiety, difficulty sleeping and agitation. The individual may also try to avoid any reminder of the critical incident including, steering clear of people and locations, switching shifts, not coming to work or dereliction of duty. ASD develops within one month of the critical incident and can last between 2 days to 4 weeks. If the symptoms last for more than 4 weeks psychologists no longer categorize the ailment as ASD, but by a more insidious illness, Post Traumatic Stress Disorder (PTSD).

An added dimension to PTSD is that the individual may have more significant mood disturbances, such as feeling disconnected with others and an inability to express feelings as they previously did. The individual may also have a sense of a shortened lifespan, and have difficulty engaging in activities that they once enjoyed. Spending time with friends and family may also no longer hold a priority for them. Close scrutiny should be given to officers who begin giving away cherished items or cancelling future plans, as suicidality may be a concern.

In the direst instances, Police officers suffering from these symptoms may evidence suicidality. It is important that during this time Peer-supporters are assessing for suicidality. In more moderate instances the effects of these symptoms can have a profound negative effect on on-duty performance. Such experiences can lead to poor coping styles, and or risk taking behaviors which can include drinking, drugs use, and affairs. Signs of maladaptive coping can include: the officer having difficulties at home and in their family life, insubordination on the job, lowered stats (as they may be afraid to engage) or increased stats (to prove they can still perform their job functions), and isolation. Officers can suffer from diminished sleep which can lead to poor concentration, limited attention span, and agitation. These symptoms can make it difficult for an officer to do their job safely and effectively.

Should a Peer-supporter feel that an individual may be suffering from ASD or PTSD, proper referrals and support are needed. Since early intervention is key to the recovery process, a peer-

supporter may in fact become the liaison between the law enforcement agency and mental health professionals. Peer-supporters being a part of the agencycan possess a credibility that comes with experience on the force, and they are also familiar with the policies and procedures of that agency. Peer-supporters can help to remind agencies that after an event, psychological debriefings and continued treatment and monitoring to increase support from family, peers, superiors and their department, can provide the individual with the resources needed to cope and return to duty as a high performing peace officer.

References

American Psychiatric Association. (2000). Diagnostic and

statistical manual of mental disorders, Text Revision (4thed.). Washington D.C., APA.