SHOTS FIRED, OFFICER DOWN:
Recovering From the After effects of Traumatic Stress

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In the past 25 years as a Marriage & Family Therapist, I have obtained continuing education in a variety of therapeutic modalities. I have used them all. Never before have I seen such significant, efficient and lasting change in people than I have with Eye Movement Desensitization Reprocessing (EMDR). I received my EMDR therapy training in 1995, in those first four years I spent 100’s of hours using EMDR in my private practice. One by one clients experienced symptom relief and improvements in the quality of their lives they had never before known. I was clinically very satisfied and altruistically humbled. I found myself saying, “Yes, this is why I got into this business, to make a difference.” Then in 1999 I was introduced to a case where EMDR was put to an intense test and showed its colors. The following is a brief description of a journey through trauma and healing that has forever changed me, my work, and by their own report, the lives of others.

Case Summary
Original Incident – A police officer pulls over a truck reported stolen. In moments, one of the three men appeared from the back of the truck with a semi-automatic rifle and killed the officer before he left his car, radio in his hand. Shots were heard over the radio and dispatch put out the alert. Officers were now on the chase and it was clear these three suspects were out to gun down law enforcement. With guns drawn, they bypassed citizens and fired rounds at police. All the schools were on lock down. All law enforcement agencies were in pursuit. In a matter of Hours State and Federal agencies were on scene and the media began to arrive. The suspects fled to remote areas of the countryside. One officer was dead, several wounded and the town was terrified. Two and one half years later the manhunt continued. Sightings continue to be reported. (Two of the three suspects were found dead in remote areas of the countryside, the third was found after 9 years.) This case has appeared on America’s Most Wanted and in numerous newspapers, magazines and television newscasts. Law enforcement professionals have studied it from every tactical angle.

Twelve months after the shooting I visited the police department and listened to story after story of officers and citizens suffering from chronic fatigue, anxiety, depression, irritability, insomnia, flashbacks, decreased concentration, forgetfulness and night terrors. Physical problems included chronic headaches, stomach ailments, impaired vision, back problems, severe muscle spasms, tension and tremors. Other than some debriefings right after the original incident, no trauma services had been provided. After spending an afternoon listening to what the last year had been like, I found myself shaking from my core with compassion. The previous results with EMDR gave me the confidence to know it could help reduce their symptoms. The command staff was compelled to help their officers, however, with little
knowledge of post-traumatic stress they had not known what to do. I gave them some brief education and explained EMDR.

**Interventions**
I returned for five trips, one week each, and completed approximately 250 hours of clinical sessions. The primary tool was **EMDR** combined with education (traumatic stress, PTSD) relaxation techniques and spiritual counsel. Sessions were conducted either in an office outside the police department or on site in town and out on country roads. The EMDR light bar and audio-tac machines were used. To measure the current level of symptoms and distress the Impact of Event Scale was given at the first session and 12 months later with a feedback form. The clients consisted of officers, officer’s family members, dispatchers, support staff, citizens, eyewitnesses, children, the widow of the fallen officer and her family. People received from one to three sessions each of sixty to ninety minutes.

To measure the current level of discomfort, the Subjective Units of Disturbance Scale (SUDS) was utilized. Measuring from zero - ten, zero represents calm or neutral and ten the most intense. Symptoms reported with SUDS levels above 7: nightmares, intense anger and rage, sense of dread, irritability, sleep disturbances, impaired concentration, short term memory problems, generalized anxiety, overwhelming sadness and grief, chronic fatigue, tearfulness, flashbacks (auditory, visual, kinesthetic), blurred or declining vision, auditory sensitivity, ongoing acute startle reactions, lack of motivation, mood swings, strained relationships and feelings of isolation.

For example, 12 months after the initial incident a 7-year-old boy cried with fear each time he heard a helicopter flying overhead. His parents felt helpless. Many adults reported extreme tension and feeling startled by the sound of helicopters or sirens. An eyewitness to the shooting death of the officer had to drive past the site each day to work. She reported intense fear and tearfulness everyday. Some officers said when they would close their eyes to sleep they could feel the bullets fly by their face. They could hear and feel them hit their car. Dispatchers described strong internal reactions when they could not locate an officer even for a short period of time. They also talked about an acute sensitivity to noticing when an officer’s voice tone changed over the radio. Dispatchers and support staff described their internal reactions to officer’s facial expressions as they walked by in the station. Some people said they didn’t even want to watch television for fear of intrusive news of the events, which would then trigger negative thoughts and feelings. Families no longer felt safe in their beautiful rural community. Many relationships were strained or had become distant.

**Clinical Challenges**
The community was being re-traumatized as the manhunt continued for months on end. Officers suffered from physical and mental fatigue because they had received no treatment and they were constantly working long shifts with a hyper-alert state of awareness. Ongoing triggers included media coverage, media personnel being present, sightings being reported and responding to sightings. Living with this uncertainty created an impasse for many to obtain a sense of closure and return to their pre-incident status. Many people said, ”when is this ever going to end.”
Some veteran officers were experiencing a pile-up effect of other critical incidents in their lives, including when they served in the Viet Nam War. Only having a short time to see each individual created a direct and focused approach. EMDR was the primary intervention. Clearly, there was a need for more interventions that time did not permit.

Flying “solo” through this was a challenge. I traveled to spend one week per month in this community. Each week unfolded into six 10+ hour days. By the end of the week I would dream of chase scenes and shootings. With the assistance of a colleague, I had my own EMDR session following each week. My stress symptoms were immediately relieved and I believe this helped prevent vicarious traumatization.

**Outcome**

EMDR produced significant symptom reduction in all participants. Following the first session most people reported immediately feeling “a sense of calmness” not previously obtained. Sleeping improved on the first night as well as diminished nightmares. Triggering events caused much less of a reaction than they had prior to treatment. Memory and concentration dramatically improved. Many people returned to exercising and healthier living. Those who had described difficulty with vision reported their vision was restored. Consistently people described a “deflation of negative feelings” such as intense anger and rage.

Twelve months after my first visit I was able to obtain feedback and a current Impact of Event Scale from two-thirds of the people who participated. Of that group, over 50% reported complete symptom relief (SUDS = 0). The rest reported symptoms reduced to SUDS of 3 or lower. Three people reported SUDS of below 5. No one reported an increase of symptoms or no change at all. Everyone stated the follow-ups were important.

The symptom relief enabled people to make more productive lifestyle choices including exercise, nutrition and relating to others. The rippling affect was felt in families where relationships showed consistent improvement following treatment. Departmental morale also improved. Staff reported feeling respected and cared about because the command recognized the stress and took action.

One officer described EMDR as “therapy with a hyper-drive.” A spouse called me and said, “Thank you for bringing your magical lights, I finally have my husband back.” Another called after his first session and said, “I slept last night for the first time in a year, I had forgotten how I could feel.” With amazement in his voice one man said, “I can’t believe the difference in how I feel, or how I don’t feel, I thought I was going to have to live with this nightmare inside of me forever. I have my life back.”

With out a doubt EMDR was the key ingredient in these people’s recovery. There were many nights as I drove away from the office, looking at the breathtaking sunset over the mountains, and in the quietness of my overwhelmed heart said, “Thank you Dr. Shapiro for creating and developing such an effective method for healing.”

As one officer put it, “When traumatic stress hits, it seriously impacts the human psyche and Spirit. Being tough isn’t enough to repair the damage. Getting help is crucial and EMDR is an essential ingredient.”
I am forever humbled and changed by this opportunity to help survivors of trauma rebuild their lives. These survivors were my teachers. They showed me how the power of the human spirit can heal and grow beyond its’ previous state. They showed me the true meaning of “community” by the way they cared for one another and supported each other in the healing process. I’ll never forget the courage of the Chief and Assistant Chief to be the first on the session schedule and lead the way into these unknown waters. After her positive experience with EMDR, a department head set out to share her experience while leading people to the appointment book! Another department head took it upon himself to ensure that all of my professional and personal needs were met. An officer’s family opened up their home and hearts, providing me with a car, food and a warm place to end each day. With great care, an administrative assistant organized all 250 hours. Never having been through anything like this before they utilized their strengths and banded together. In the midst of their pain this traumatized community was full of compassion and many positive resources. When I think of them I will remember their courage to be vulnerable and their determination to grow beyond this tragedy.

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