

# The Augusta Chronicle

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## Officers learn to deal with situations involving PTSD

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By Kyle Martin

Staff Writer

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Fifteen months is a long time to fear that every piece of roadside garbage is going to explode or that a suicide bomber is tracking your Humvee.

Multiply that time by three or four deployments to Afghanistan or Iraq and it's easy to understand why returning servicemen and women have a hard time letting their guard down.

"I have soldiers in my (therapy) group who walk the perimeter of the room before sitting down," said Mwende Mualuko, a medical resident at Charlie Norwood VA Medical Center in Augusta. "They can't sit with their back to the door."

Mualuko was sharing her knowledge about post traumatic stress disorder (PTSD) Wednesday morning with a small group of Richmond County Sheriff's Office deputies. Helping her out with the presentation on how law enforcement can safely handle people with the disorder was Dr. Miriam Hancock, who also counsels patients at the PTSD clinic.

The mental disorder can affect anyone exposed to a horrific or traumatic event. Civilians, for instance, might experience symptoms after a rape or plane crash. For people in the military, the stress of constantly keeping alert for attack, identifying a friend's body or surviving sustained combat are just some of the triggers for PTSD.

Only about 20 percent of returning veterans develop PTSD and of those cases few are extreme or lead to violence. Counseling, family support and coping mechanisms help returning veterans sort through their feelings and recognize their symptoms.

The problem arises when people with PTSD are placed into a stressful situation, such as police showing up on the doorstep to investigate a fight with a girlfriend or getting pulled over for speeding.

Sand, the smell of diesel or noisy and chaotic environments can also trigger flashbacks for Iraq veterans.

Officers depend on their own hyper-vigilance to survive a shift and rolling up on a jumpy, aggressive person does not bode well.

On Wednesday, Mualuko and Hancock offered some tips to keep an interaction safe with a person suffering a PTSD flashback. They called these "grounding techniques" because in the worst cases a veteran's mind has returned her to Fallujah or Kandahar.

"A common complaint we get from families is that a veteran isn't listening," Hancock said. It isn't that the person isn't listening, she continued, "they're checked out. They're gone."

To help veterans focus, officers are encouraged to speak slowly, maintain eye contact and clearly explain their

purpose for being there. They also should ask a person what he sees and hears to determine whether he is disassociating or not.

Wednesday's class was the first of its kind for law enforcement, but important with the thousands of veterans visiting area hospitals and working at Fort Gordon, Hancock said.

Among those veterans are thousands of people living and functioning with PTSD without any outward symptoms. The stigma attached to PTSD is not warranted, Hancock added.

"Even the bravest hero has their breaking point," Hancock said.

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