

Chairman Hackett and members of the Insurance and Financial Institutions Committee, my name is Joseph Trolan and I am the Executive Director for the Richland County Mental Health and Recovery Services Board. In addition, I am a Licensed Professional Clinical Counselor and a Licensed Independent Chemical Dependency Counselor both with Supervisory endorsements. I would like to submit this written testimony in support of Sub. HB 80.

I am in full support of this legislation that will allow first responders, including law enforcement, fire response, and EMS, to receive short term disability to address Post Traumatic Stress Disorder (PTSD). Frankly, I was shocked that this was not already included as a qualifying illness.

I had the privilege of being trained as an educator for the Trauma Informed Policing (TIP) training that was presented throughout 2018. This was a great opportunity to begin to train officers and supervisors to recognize the signs and symptoms of the impact of repeated trauma. Unfortunately, it does little good to identify a need for assistance if the assistance does not exist or would result in a possible loss of a career.

Ohio is currently in the midst of two events that are resulting in significant loss of life: the opiate epidemic and a skyrocketing suicide rate. One death, as a result of either of these situations, would create a trauma reaction in most people. Now, take into consideration a weekend where 4 people die of overdoses and 2 from suicide in addition to a fatal car accident and a child that died from a co-sleeping situation. During one weekend, several officers were repeatedly exposed to these multiple trauma-inducing incidents. I would like to say this rarely occurs, but it is quickly becoming the norm.

I have had the pleasure of working with many first responders. Richland County implemented Crisis Intervention Team (CIT) training in 2008 and has trained over 500 first responders in the past 11 years. I have always been amazed at the multiple number of traumatic events that these men and women can experience and how they have been trained to compartmentalize and not personalize these events. Although they seem superhuman at times, I also have had the unfortunate experience of talking to many when they finally break. They finally encounter an incident that hits too close to home, or have so many incidents hit in rapid succession, that they become overwhelmed and find it difficult to function at their best.

We know that Post Traumatic Stress Disorder is a treatable illness. That is a phrase worth repeating, Post Traumatic Stress Disorder is a treatable illness. We also know that the sooner an individual seeks treatment after experiencing symptoms the better the prognosis for a positive

outcome. This is why I committed to the TIP training. I was encouraged that OPATA had developed a curriculum that would train officers to identify need and seek help sooner or encourage their peers to do so. This legislation creates a pathway for first responders to seek help and do so without repercussions. Most of the officers that I interact with on a daily basis love their jobs. The last thing they would want is to be sidelined or forced from the occupation that have dedicated so much to. If they are able to recognize an illness sooner, while it is still very treatable, most will move heaven and earth to achieve a “cleared for duty” report from the treating professional.

As much as it pains me to reduce this testimony to the discussion of investment, I will do so briefly. A large amount of time and resources are invested in training officers or other first responders to make them ready for duty, including weeks at an academy and months under the guidance of a training officer or squad leader. It makes the most sense to try and protect this investment with an accessible path to wellness, as is being presented in this legislation. An illness addressed early can be treated with less time off work, less costly techniques, and return veteran officers and other first responders to duty at less expense than recruiting and retraining officers, fire responders, and EMS workers into positions that are becoming increasingly harder to fill.

We need these professionals to be at their best. We do not need an individual questioning his or her own fight, flight, or freeze response during high-stress situations. We also need these professionals’ years of experience. I would feel safer knowing that addressing an illness like post traumatic stress disorder is not a career-ender. The skills they have developed, and the rapport they have earned from the communities they serve, is invaluable.

When an officer, a fire responder, or paramedic experiences an on-the-job visible injury, the response is clear and handled quickly. We know the importance of immediate treatment, well-executed rehabilitation, and a demonstration of wellness before he or she returns to duty, and we also know that “return to duty” is always the preferred goal. Unfortunately, post traumatic stress disorder is a less visible illness, however, with advancements that have been made, reliable diagnosis of this illness is readily available and can result in the same treatment to rehabilitation to a demonstration of wellness.

In closing, I strongly encourage each and every one of you to support Sub HB 80 to allow departments to retain some of the most dedicated professionals that I have had the pleasure to work with. Allow our first responders to seek help when they need it and continue to protect the communities they serve.



Respectfully Submitted by: Joseph Trolian, MA, LPCC-S, LICDC-CS

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