

# **EMOTION, DISTRESS, AND BEHAVIORAL CHANGE**

Suffolk County Police Department

# Overview

## EMOTION, DISTRESS, AND BEHAVIORAL CHANGE

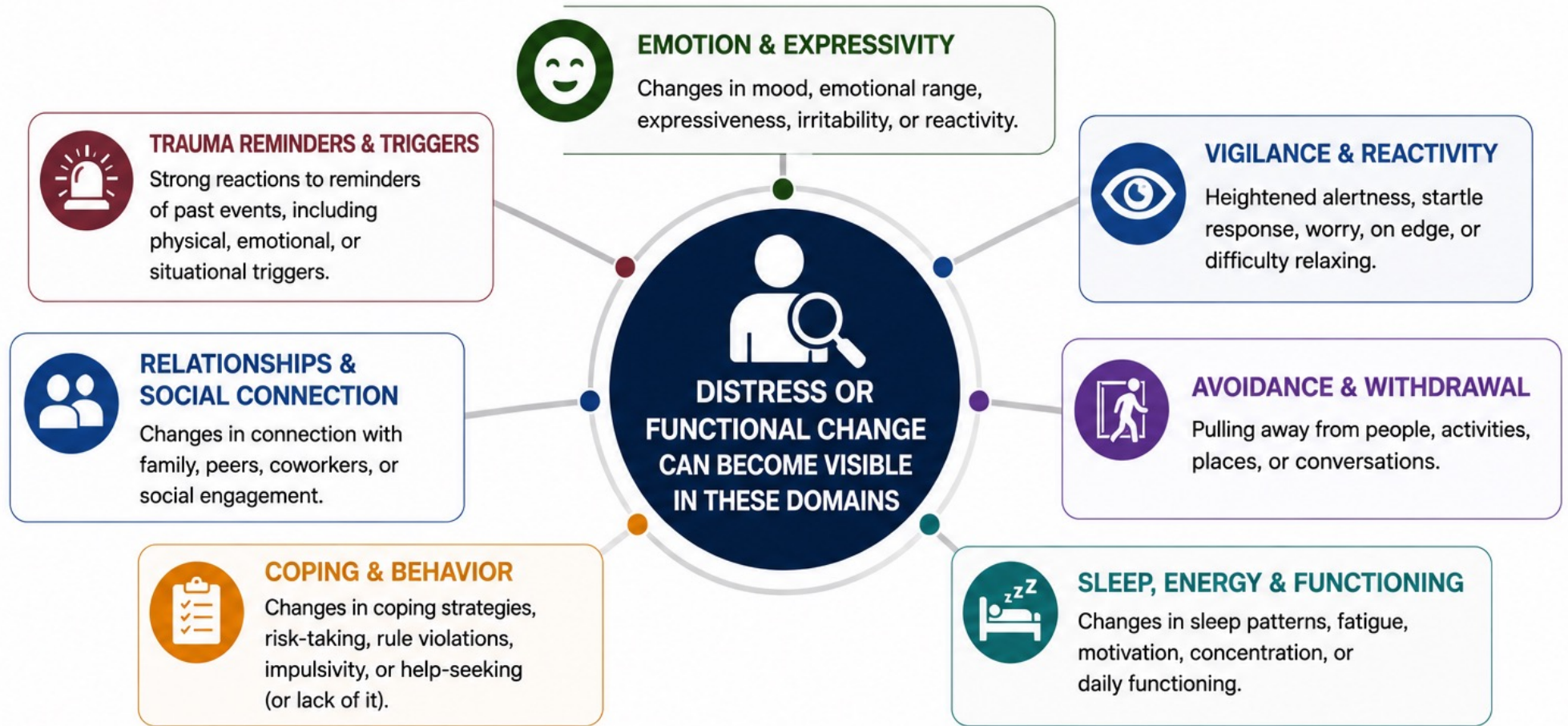
### FOUR KINDS OF INFORMATION PEERS MAY ENCOUNTER

These four kinds of information can overlap. The same piece of information can have different significance depending on the person's baseline, whether it is changing, its timing, and what other information accompanies it.

| <b>TYPE 1</b><br><b>EMOTIONAL INFORMATION</b>                                                                                               | <b>TYPE 2</b><br><b>INDICATORS OF DISTRESS</b><br><b>OR FUNCTIONAL CHANGE</b>                                             | <b>TYPE 3</b><br><b>RISK FACTORS /</b><br><b>VULNERABILITIES</b>                                                                                                      | <b>TYPE 4</b><br><b>WARNING SIGNS OF</b><br><b>ACUTE RISK</b>                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
|                                                            |                                          |                                                                                    |                                                   |
| Tells us about an emotional response occurring in the moment and may help identify what is emotionally meaningful or salient to the person. | Tells us that something about how the person is behaving or functioning may be changing relative to their usual baseline. | Tells us about characteristics, history, circumstances, or exposures associated with greater background or longer-term vulnerability to a particular adverse outcome. | Tells us about information associated with periods in which the risk of a particular harmful outcome may be becoming more immediate. |
| <b>EXAMPLES</b>                                                                                                                             | <b>EXAMPLES</b>                                                                                                           | <b>EXAMPLES</b>                                                                                                                                                       | <b>EXAMPLES</b>                                                                                                                      |
|  Brief sadness discussing family                          |  Trouble sleeping or fatigue           |  Previous suicide attempt                                                        |  Talking about wanting to die                   |
|  Brief fear discussing a critical incident                |  Withdrawing from others               |  Depressing / mental-health problems                                             |  Giving away prized possessions                 |
|  Brief anger discussing a supervisor                      |  Stopped exercising or training        |  Substance-use problems                                                          |  Recent increase in alcohol use                 |
| <b>What may be emotionally meaningful?</b>                                                                                                  | <b>What appears to be changing relative to this person's baseline?</b>                                                    | <b>What characteristics or circumstances increase vulnerability?</b>                                                                                                  | <b>What suggests that risk may be becoming more immediate?</b>                                                                       |

# Where Can Distress or Functional Change Become Visible?

*Distress and functional change can show up in many domains.*



• **THINGS TO NOTICE, NOT DIAGNOSES TO MAKE.** •



Observe carefully. Ask better questions. Understand in context.

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# EMOTION & EXPRESSIVITY

*Changes in mood, emotional range, expressiveness, irritability, or reactivity.*



## Possible changes may include:



Increased irritability or anger



Greater emotional reactivity or agitation



Emotional numbing or difficulty feeling emotions



Reduced positive emotional experience or expression



Difficulty expressing emotions



Increased or decreased overall facial expressivity



Changes in the person's usual pattern of emotional responsiveness



## CAUTION

There is no single “distress face.”

People differ substantially in emotional expression. Distress may be associated with more expression in some people and less expression in others.



## FOCUS ON CHANGE

Compare the person with their own usual pattern of emotional expression and responsiveness.



Observe carefully. Ask better questions. Understand in context.

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# VIGILANCE & REACTIVITY

*Heightened alertness, startle response, worry, on edge, or difficulty relaxing.*



## Possible changes may include:



Exaggerated startle



Increased environmental scanning



Monitoring entrances or exits



Protected positioning



Difficulty relaxing



Heightened reactivity to sound, movement, or touch



Rapid agitation or defensive responding



Increased sensitivity to perceived threat



## CAUTION

Some vigilance is occupationally trained and adaptive.

These behaviors are not specific to PTSD.



## FOCUS ON CHANGE

Compare with the person's usual baseline, and look for patterns over time and across contexts.



Observe carefully. Ask better questions. Understand in context.

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# AVOIDANCE, WITHDRAWAL & DISENGAGEMENT

*Pulling away from people, activities, places, or conversations.*



## Possible changes may include:



Avoiding people, including family, friends, or coworkers.



Avoiding activities that were once enjoyed or important.



Avoiding places, situations, or reminders of stressful or traumatic events.



Withdrawing from conversations or participation.



Loss of interest, motivation, or initiative.



Minimizing contact or keeping to self.



Appearing emotionally distant or disconnected.



## CAUTION

People may avoid or withdraw for many reasons that are not related to distress, such as personality, culture, values, privacy, fatigue, or situational demands.

Avoidance and withdrawal are not specific to PTSD.

**Sometimes the change is simply**  
**“He doesn’t do the things he used to do.”**



## FOCUS ON CHANGE

Compare with the person’s usual baseline, and look for patterns over time and across contexts.



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# SLEEP, ENERGY & EVERYDAY FUNCTION

## POSSIBLE CHANGES (WITHIN-PERSON CHANGE)

|                                                                                     |                                                                                                                    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|    | <b>Trouble sleeping</b><br>Difficulty falling asleep, staying asleep, or restless, non-restorative sleep           |
|    | <b>Fatigue or low energy</b><br>Feeling unusually tired or drained                                                 |
|    | <b>Concentration or memory difficulties</b><br>Trouble focusing, forgetfulness, or mental “fog”                    |
|   | <b>Reduced motivation or drive</b><br>Less interest or initiative in things you usually care about                 |
|  | <b>Difficulty completing everyday tasks</b><br>Harder time keeping up with usual routines or responsibilities      |
|  | <b>Impact on work or household responsibilities</b><br>Decline in performance, productivity, or ability to keep up |



## WHAT DOES THIS TELL US?

Changes in sleep, energy, thinking, motivation, and daily functioning can be early or ongoing signs that something is going on.

Look for changes relative to this person’s usual baseline.



## KEEP IN MIND

- Many things can affect sleep, energy, and functioning.
- These changes are not specific to PTSD or any one condition.
- This information tells us that something may be impacting the person—it **does not tell us why**.
- Use these observations to start a conversation, not to jump to conclusions.



# COPING & BEHAVIORAL CHANGES

*Changes in how the person copes, engages in activities, and manages stress.*



## Possible changes may include:



Increased alcohol or substance use



Risk-taking or reckless behavior



Abandoning healthy routines



Disengaging from activities



Using substances or activity to numb oneself



Becoming unusually absorbed in work or tasks



Loss of activities that previously provided meaning or pleasure



## CAUTION

Many behaviors can change for reasons that are not related to distress, such as personality, culture, values, life events, stressors, or situational demands.

These changes are not specific to PTSD.

**The important information may be that the person's pattern has changed.**



## FOCUS ON CHANGE

Compare with the person's usual baseline, and look for patterns over time and across contexts.



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# RELATIONSHIPS & SOCIAL CONNECTION

*Changes in how the person relates to others and stays connected.*



## Possible changes may include:



Increased interpersonal conflict



Irritability with family or coworkers



Emotional unavailability / reduced communication



Pulling away from spouse or partner



Estrangement or distrust



Shrinking social network / relationship deterioration



## CAUTION

Relationship challenges can happen for many reasons that are not related to distress, such as personality, culture, values, life events, or situational demands.

These changes are not specific to PTSD.



## FOCUS ON CHANGE

Compare with the person's usual baseline, and look for patterns over time and across contexts.



## IMPORTANT TO KNOW

Sometimes the most important information comes from someone who knows the person well:

**“HE’S JUST NOT HIMSELF ANYMORE.”**



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# TRAUMA REMINDERS & TRIGGERED RESPONSES

*Reminders can trigger strong reactions—even when they are unexpected.*



## Potential responses may include:



Abrupt emotional changes

- Heightened physiological activation



Startle or defensive responding

- Agitation or anger



Withdrawal

- Avoidance
- Distraction or apparent inattention



## CAUTION

Responses to reminders are different for every person and every situation.

The observer may not know what triggered the response.

The person experiencing the response may not initially recognize it either.

**The important information may be that the person's pattern has changed.**



## FOCUS ON CHANGE

Compare with the person's usual baseline, and look for patterns over time and across contexts.



## Potential reminders may involve:



Sounds



Smells



Places



People



Situations



Memories



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# When Does Change Become More Noteworthy?

*Two lenses help us evaluate the informational significance of observed change.*

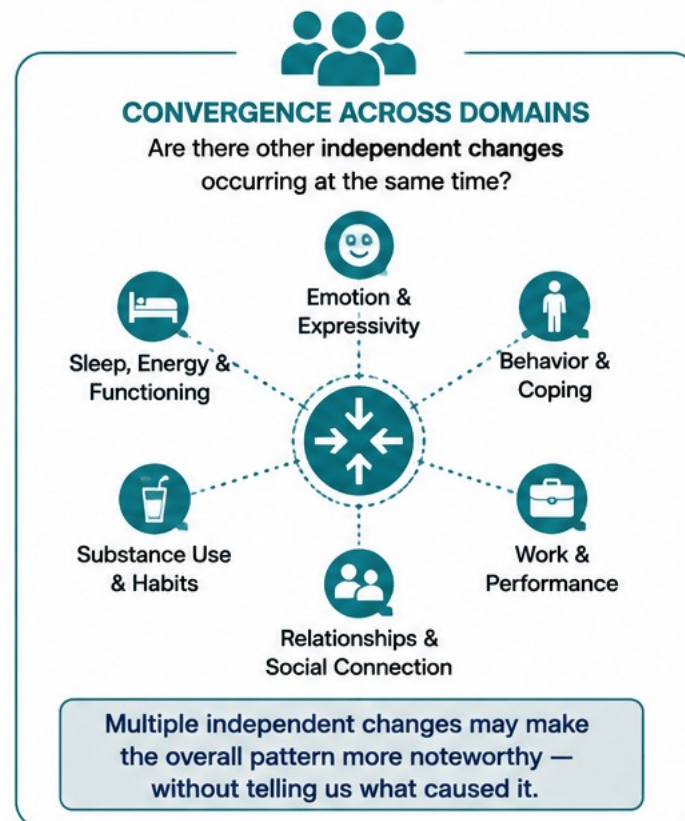
## A. CHARACTERISTICS OF THE CHANGE ITSELF

*How much attention should this change get?*



## B. CONVERGENCE WITH OTHER CHANGES

*What else is changing?*



### Use both lenses together.

Evaluate the characteristics of the change itself AND whether other changes are converging.

**This increases the information available to us — it does not establish the cause.**

# What Does the Research Tell Us Overall?



There is no single presentation of distress

People can show different behavioral patterns even when experiencing similar difficulties.



Internal experience and outward behavior can diverge

Apparent composure does not establish absence of distress.



Information can appear across many channels

Face • Gaze • Voice • Body • Sleep • Activity • Work • Relationships • Coping • Social engagement



Most behavioral indicators are nonspecific

The same behavior can have many possible causes.



Behavioral information tells us where to look — not necessarily what we have found.



# WHAT ARE RISK FACTORS?

Risk factors are characteristics, experiences, or circumstances associated with increased vulnerability to a particular outcome.

## HISTORY



- Previous suicide attempt
- Family or loved-one history of suicide
- Exposure to suicidal behavior
- History of significant adversity or violence exposure

## MENTAL & PHYSICAL HEALTH VULNERABILITIES



- Depression and other mental disorders
- Serious illness or chronic pain

## SUBSTANCE USE



- Problematic alcohol or drug use

## RELATIONSHIPS & SOCIAL CONNECTION



- Relationship loss or serious conflict
- Social isolation or lack of connectedness

## STRESSORS & LIFE CIRCUMSTANCES



- Job or financial problems or loss
- Legal problems
- Significant losses or other major stressors

## ACCESS TO LETHAL MEANS



- Ready access to highly lethal methods among someone at risk



**RISK FACTORS INCREASE VULNERABILITY.**

**THEY DO NOT ESTABLISH CURRENT CRISIS OR PREDICT WHAT AN INDIVIDUAL WILL DO.**



Suicide risk is usually influenced by multiple factors across a person's history, health, relationships, circumstances, and environment. **No single factor causes suicide.**

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# SUICIDE RISK FACTORS PARTICULARLY RELEVANT TO POLICE

Research specifically involving police officers has repeatedly identified these key factors associated with increased vulnerability to suicidal ideation and suicidal behavior.



## DEPRESSION & PREVIOUS SUICIDE ATTEMPTS

Depression and previous suicide attempts have been repeatedly associated with suicidal ideation and suicidal behavior in police populations.



## PROBLEMATIC ALCOHOL / SUBSTANCE USE

Problematic use of alcohol or other substances—especially close to or at the time of death—has been repeatedly associated with suicidal behavior among officers.



## PTSD / TRAUMA-RELATED DIFFICULTIES

PTSD symptoms and individual differences in responses to trauma have been associated with suicidal ideation and suicidal behavior in police populations.



## PROLONGED OCCUPATIONAL STRESS, BURNOUT & JOB DISSATISFACTION

Prolonged occupational stress, burnout, emotional exhaustion, and job dissatisfaction have been associated with poorer mental health and suicidal ideation among police personnel.



## INTIMATE-RELATIONSHIP DIFFICULTIES / LOW RELATIONAL SUPPORT

Difficulties in intimate relationships, separation or divorce, conflict, and low social or relational support have been associated with increased risk.



These factors can co-occur, and combinations may increase overall vulnerability.



None, by itself, tells us that an officer is currently suicidal.



These findings describe **vulnerability, not prediction**. Risk factors do not determine what an individual officer will do.

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Sources: Krishnan et al., 2022 (systematic review of 20 police suicide studies); Syed et al., 2020 (meta-analytic review of occupational stress and suicidal ideation); Durkee et al., 2024 (systematic review of suicidal ideation in police).

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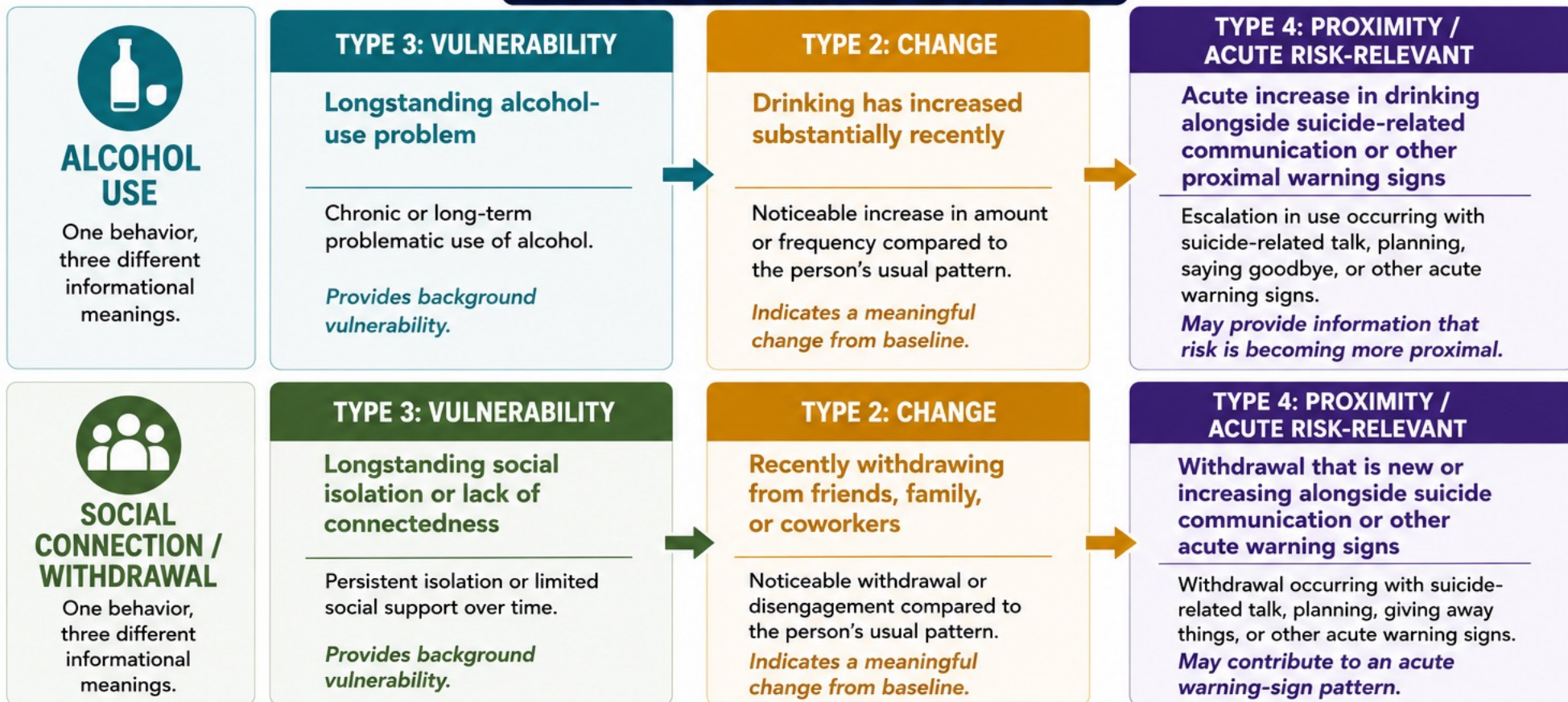
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# SOME INFORMATION CAN PLAY MORE THAN ONE ROLE

The same behavior or situation can have different informational meaning depending on baseline, change, timing, context, and what else is present.

## THREE POSSIBLE INFORMATIONAL ROLES



## THE SAME INFORMATION CAN HAVE DIFFERENT MEANING DEPENDING ON:



**BASELINE**



**CHANGE**



**TIMING**



**CONTEXT**



**WHAT ELSE IS PRESENT**

The behavior alone does not determine its informational significance.



These examples illustrate how information can shift across roles.  
**They do not tell us that an individual is or is not currently suicidal.**

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