

**The Bill Blackwood
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Mandated Critical Incident Stress Debriefings

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ABSTRACT

A police officer is dispatched to a call of a family disturbance. Before the officer has time to talk with the suspect, the suspect shoots two officers, who are friends of the officer. The officer is then involved in a 16 hour standoff with the suspect, who threatening to kill himself (Garcia, 1995). This incident is real. After the incident occurred there was no critical incident stress debriefing offered. Law enforcement administrators are reluctant to spend money on psychological treatment for officers who are involved in critical incidents. Psychological help is not made available to the officer unless the officer requests it or if he begins to exhibit problems.

Critical incident stress debriefing is relevant to law enforcement because some officers who have been exposed to critical incidents feel that their actions or thoughts are not normal. Other officers may turn to alcohol or drugs to try to hide from reality. Officers have even turned to suicide to escape the feelings they feel are "weird." To research the issue of mandated critical incident stress debriefing, professional journals, magazines, books on stress in law enforcement, and the internet were all used to show that with critical incident debriefing, officers have the opportunity to participate and confront their feelings in a non-threatening environment where everything that is said is confidential.

Law enforcement agencies should create a policy that mandates that officers attend a critical incident stress debriefing after a critical incident. Obeying the mandate avoids the risk of other officers belittling him because he is only following his agency's policy as a condition of employment. The fact that policy would require the officer to

attend critical incident stress debriefing would reduce the risk of the officer feeling weak or unable to deal with stress because, once again, he is only following policy.

Mandating critical incident debriefings gives officers access to a mental health professional within days of the critical incident. In most cases, a stress debriefing is all that is needed, but in severe cases, it might be recommended to the officer to seek more intensive treatment. Agencies that insure their officers attend critical incident debriefing can save money since they can avoid the cost of replacing a veteran officer. In other cases, an officer could possibly sue a law enforcement agency for not providing psychological care when it was needed most. Law enforcement agencies may also have limited liability if the police officer is involved in a lawsuit and the possibility that he is suffering from post traumatic stress syndrome is used by the plaintiff when they sue the law enforcement agency. In conclusion, if the officer participated in a critical incident stress debriefing after a critical incident, it may have helped him deal with his feelings and prevent problems on the job and at home.

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INTRODUCTION

Law enforcement officers make up a close knit family. In the past, when an officer was exposed to a critical incident, he usually would turn to his “family” and deal with the problem, possibly with alcohol and jokes about the incident with his coworkers. The affected officer would not necessarily discuss the incident with his family or non-police friends because “they wouldn’t understand.”

After World War II, it was discovered that soldiers who were affected by post traumatic stress syndrome who received care close to the front lines had a better chance of recovery and a return to combat (Sheehan, Everly, & Langlieb, 2004). Police officers suffer from the same type of stress that a soldier suffers within combat, so some law enforcement agencies have begun making critical incident stress debriefing available to officers who have experienced a critical incident. Even though critical incident stress debriefings are still relatively new to law enforcement agencies, they have been shown to limit an agency’s liability when an officer’s response to a critical incident is in question. Due to the benefits that critical incident stress debriefings offer, law enforcement agencies should require that all police officers who have been involved in a critical incident participate in a critical incident stress debriefing.

POSITION

In the past, when police officers were exposed to critical incidents, any issues they were having in dealing with what they had experienced were possibly solved by “hanging out with the guys” and drinking alcohol and or taking pills to escape reality. However, these practices fail to solve the problem. In extreme situations, some officers have used suicide as a last resort. Research has shown that approximately 87% of the

public safety employees have experienced critical incidents in their career (Pierson, 1989). In some instances, the stress of a critical incident is made worse by the fact that as a result of the first incident, other things happened such as a partner dying from injuries suffered during the first incident or subsequent lawsuits filed by the deceased officers' family later. The first critical incident would then have increased to three critical incidents, and if a suspect was killed or injured, the critical incident has been possibly increased to four separate critical incidents that the surviving officer has to learn to deal with.

Critical incident stress or post traumatic stress disorder (PTSD) was first recognized during World War I, in which it was called "shell shock," and World War II, in which it was labeled as battle fatigue. As the field hospitals (MASH units) were moved closer to the action, soldiers suffering from PTSD could be treated quicker so the disorder could not have time to become entrenched. Soldiers in combat and police officers experience similar traumas, so police agencies followed the lead of the military in treating critical incident stress (Sheehan, Everly, & Langlieb, 2004).

Dr. Jeff Mitchell who, at the time, was a volunteer with the Arbutus Fire Department in Baltimore County, Maryland designed the current method of critical incident stress debriefing commonly referred to as the "Mitchell Model." The "Mitchell Model" is designed for a small group that has experienced a critical incident. The debriefing is not a psychological treatment. It is a debriefing with the intention of reducing stress and beginning preparation for the return to duty (Jones, 2002). A critical incident stress debriefing team's goal is to help those affected resist stress. Attending a

critical incident stress debriefing can assist an officer with recovery from a stressful incident. Critical incident stress debriefing helps the officer attempt to return to normal.

It should be emphasized that a critical incident stress debriefing is not intended to be a one stop solution for critical incident stress. It should be used in conjunction with other psychological services if needed. A critical incident stress debriefing usually has seven phases. Phase 1 is the Introduction phase. Members of the debriefing team introduce themselves. During the introduction phase, the team members attempt to motivate the attendees to participate in the process, and participation is voluntary and confidential. Phase 2 is known as the Fact Phase. Participants are asked to give a brief overview of the incident. This gives them the feeling that they are in control of the process and encourages them to open up. Phase 3 is the Thought Phase. The participants are asked what their first thoughts were. During Phase 3, participants should not be forced to speak. Phase 4 is called the Reaction Phase. This phase focuses on the impact the incident had on the participants. At this point, several emotions may emerge. Phase 5 is the Symptoms Phase. During this phase the participants may be asked how the incident is impacting their life. Participants may talk about how the incident has affected their home life and or professional life. Phase 6 is labeled as the Teaching Phase. The team shows the participants that what they are feeling is normal. The team also provides stress management information is provided to the participants. The final section is known as Phase 7, which is the Conclusion phase. This phase gives the participants a chance to speak about the incident again. The participants can also use the time to give a final thought. Follow up at the end of the meeting should include some type of refreshments to give the participants time to

talk with each other. This should also include the peer members of the team and the psychological professional who assisted the peer members. In a few cases, more extensive psychological assistance should be offered to some of the participants (Mitchell, n.d.).

Many law enforcement agencies use a stress debriefing as an option that many officers do not participate in due to being labeled as a “wimp,” weak, or just being unable to handle the job (Madonna & Kelly, 2002). To get officers to participate in a stress debriefing led by a trained peer and a mental health professional, agencies need to take steps to ensure that they attend a debriefing session. Law enforcement agencies that make critical incident stress debriefing mandatory by policy can lessen the fear that an officer feels of being labeled as unable to cope with the stress caused by a critical incident. The law enforcement agencies that do make critical incident stress debriefing attendance mandatory after a traumatic incident must reassure attending officers that everything said and done during a critical incident debriefing remains confidential unless a participant in the debriefing reveals that there is some type of danger either to themselves or others, or if the participant reveals the commission of a serious crime (Solomon, 1995).

While the health of the officer is extremely important, law enforcement agencies must recognize that liability should also be a major concern. Every city administrator and police chief is aware that there are multiple ways his agency can be sued. With the proliferation of cell phone video cameras and voice recording devices, law enforcement officers need to be aware that no matter where they are or what they are doing,

someone is watching. Whenever there is any police action, it can be seen live on TV or on the evening news.

When an officer uses deadly force or is confronted with a traumatic incident, he can be immediately approached by news crews, detectives, co-workers, and administrators and questioned about the incident. After the officer is cleared of any offenses, the chance still exists for him to be sued in a civil court for any civil rights violations that he may or may not have committed. Police officers know going into the job that lawsuits are just part of it, and so is the stress that follows. However, if administration handles the critical incident effectively, they can limit liability on at least two fronts. They can limit liability by providing adequate stress management for an employee, which reduces the likelihood of a positive outcome if the employee sued the agency. The second situation where they can protect themselves is if the affected employee is later involved in a situation like violating someone's civil rights or an unlawful arrest. When asked in court about the employee's past critical incident history, the agency can show how it was handled. Both situations could show negligence on the part of the department for failing to provide critical incident stress debriefing for the employee (Waits, 2007).

Kureczka (1996) explained that it is necessary for municipalities to require that officers involved in a critical incident be provided with some type of mental health help when he stated that "The most important aspect of managing critical incident recovery is for the administration to understand that police duties can result in psychological injury" (p. 2). While administrators are quick to acknowledge the physical threats to officers, they are slow to admit that their officers can suffer from psychological injury as well.

Kureczka (1996) went on to claim, "Departments should be proactive and develop a critical incident response that addresses the likelihood of psychological injury with the same intention and concern as the likelihood of physical injury" (p. 2).

As with anything a law enforcement agency mandates, a policy must be in place outlining how and when a critical incident stress debriefing can take place. Once a law enforcement agency has a policy in place, its liability can be reduced if the officer refuses or fails to take advantage of the opportunity to participate in a critical incident stress debriefing.

When a critical incident stress debriefing is discussed, most think first of the patrol officers responding to and dealing with a major incident, but dispatchers or 911 call takers cannot be forgotten. Dispatchers frequently deal with frantic callers who have been a victim of or witness to a tragic incident. The dispatcher, or 911 call taker, is usually the first person the panicked caller speaks with. It is the dispatcher's responsibility to determine how many officers and fire or EMS units to send to calls for service. Dispatchers are the lifeline to the officers on the street; they send officers additional cover units or any other type of assistance they may request, such as fire or EMS units, animal control, or even the power company's emergency response teams. Dispatchers are required to deal with upset callers, and they must dispatch police officers to the scene all while remaining calm and professional. Any experienced police officer will freely admit that that on more than one occasion during their career, the dispatcher's calm voice helped them maintain their professional demeanor while they were en-route to or dealing with a major call for service. These dispatchers and 911 call

takers could also benefit from participating in the same critical incident stress debriefing that the officers are attending.

COUNTER POSITION

In today's economic times, it is common knowledge that law enforcement administrators must be aware of the economic impact a critical incident can have on a police department's budget. Some administrators may argue that the cost of having a critical incident team available is unjustified. Administrators also fear that critical incident stress debriefing can take too much time. Below are some facts justifying the use of critical incident stress debriefing teams. The information below will show that the programs are certainly cost effective and help reduce the time off work for an officer.

Among the officers that use deadly force, up to 70% quit their job within five years. Once a law enforcement agency completes the hiring process to replace the veteran cop, it's realistic to expect that the department could spend approximately \$100,000 to hire, train, equip, and retain a replacement officer for 5 years (Kureczka, 1996). Once an officer is actually diagnosed with post traumatic syndrome disorder, it can cost around \$8,300 to provide an officer with proper psychological treatment. The cost to provide assistance to an officer who waits awhile before seeking help can easily cost around \$46,000, which is several times higher than early treatment of the officer who has already been diagnosed with post-traumatic stress syndrome. This is still substantially less than the initial \$100,000 to replace a five year veteran (Kureczka, 1996).

If a group of officers receives treatment very early after the critical incident for 12 weeks before going back to work, they have a lesser chance of suffering a permanent

disability (Kureczka, 1996). A critical incident stress debriefing usually takes place within a few days after the critical incident and lasts, on average, two or three hours, or even longer if needed. The debriefing is attended by at least one peer who may have experienced a critical incident and stress debriefing of their own along with at least one mental health professional (Miller, n.d.). The financial impact of a critical incident stress debriefing is substantially less than the cost of treatment for officers who has been diagnosed with PTSD. The debriefing is used to let officers know that the feelings they have after an incident are normal and if more extensive treatment is needed, it is available to them.

CONCLUSION

In the world today, violence happens almost daily. Over the years, there have been major incidents, like the shootings at the high school in Columbine, Colorado or the terrorist attacks at the World Trade Center in New York City. On the nightly news, there are news stories where police officers have been involved in accidents, shootings, or have been injured in some other way. Increasingly, public safety workers are being exposed to critical incidents, and a large number of public safety workers will have to deal with at least one critical incident during their career. A law enforcement agency should mandate that their officers attend critical incident briefing in order to help affected officers realize that the feelings they are experiencing shortly after a critical incident are a normal response to an abnormal situation and that once the officers learn to deal with them, they usually subside within a short period of time.

Some administrators have argued that their agencies do not have the money to mandate that critical incident debriefings be attended by affected officers. Other

administrators complain that it takes too much time for officers to attend the debriefings. However, if a five year veteran officer leaves the department after a critical incident, it can cost approximately \$100,000 dollars to replace the officer. That includes the cost of hiring, training, and equipping the officer and then knowledge that the new officer will have to obtain service equal to that of a five year veteran (Kureczka, 1996). Depending on the length of time an officer takes to obtain psychological treatment, it can cost a department up to \$46,000 (after the officer has been diagnosed with post traumatic stress syndrome). If a critical Incident stress debriefing is set up within just a few days of the incident, providing the officers with the opportunity to speak with peers and a mental health professional confidentially, the money spent is usually substantially less than \$46,000 and the time away from work is greatly reduced from weeks to maybe just a few days (Kureczka, 1996).

If a law enforcement agency can send an officer to a critical incident stress debriefing certification course and then contract with a mental health professional to provide services in an on call capacity or for each incident, the agency could save thousands of dollars in medical costs. Administrators must also take into consideration their liability for not providing officer with mental health assistance. When agencies provide their officers with the physical and mental health care they need during times of emergencies, they are providing the officer with someone to turn to for help and reassurance instead of the officer letting his feelings and thoughts make him wonder if he is going crazy.

Due to the fact that dispatchers and 911 call takers are usually the first persons to deal with panicking callers who are in some way involved in a critical incident or a

police officer responding to and dealing with a high stress call, law enforcement administrators need to be aware that dispatchers are exposed to the same stress that the officers on the street are exposed to. In many cases, the dispatcher is the only person who can send help to an officer needing assistance. The dispatcher has to deal with all of the situations that occur during their shift, non-emergency and emergency calls alike, while maintaining a professional demeanor.

An effective stress management program is essential for law enforcement in today's world. One of the most important aspects of a program is if it is supported by the Chief of Police or other upper administrators. The support shows officers that the administrators acknowledge the fact that they are sometimes exposed to a great amount of stress and that it is acceptable to seek out or participate in a stress management program (Levenson, 2007).

In many cases, when agencies provide critical incident stress debriefing, they are helping police officers and communications personnel, like 911 call takers and dispatchers, return to their jobs quicker. The law enforcement agencies are also investing in the future of that employee and their ability to continue to do his or her job for years to come.

REFERENCES

- Garcia, E. (1995, January 19). Man held in officers shootings. *The Dallas Morning News*, Metro Section.
- Jones, M.D. (2002, May). Establishing a critical incident stress management plan for the Richardson Fire Department. Retrieved from www.usfa.fema.gov/pdf/efop/efo34058.pdf
- Kureczka, A. W. (1996, February 12). Critical incident stress in law enforcement. *The FBI Law Enforcement Bulletin*, 65(2), 10.
- Levenson, R. (2007, Fall). Prevention of traumatic stress in law enforcement personnel: A cursory look at the roles of peer support and critical incident stress management. *Forensic Examiner*, 16(3), 16-20.
- Madonna, J.M., & Kelly, R. E. (2002). *Treating police stress: The works and the words of peer counselors*. Springfield, IL: Charles C Thomas.
- Miller, L. (n.d.). *Law enforcement traumatic stress: Clinical syndromes and intervention strategies*. Retrieved from <http://www.aaets.org/arts/art87.htm>
- Mitchell, J.T. (n.d.). *Critical incident stress management*. Retrieved from <http://www.info-trauma.org/flash/media-e/mtichellCriticalIncidentStressManagement.pdf>
- Pierson, T. (1989, February). Critical incident stress: A serious law enforcement problem. *The Police Chief*, 56(2), 32-33.
- Sheehan, D., Everly, G., & Langlieb, A. (2004, September). Current best practices: Coping with major critical incidents. *FBI Law Enforcement Bulletin*, 73(9), 1-13.

- Solomon, R.M. (1995). Critical incident stress management in law enforcement. In G.S. Everly (Ed.), *Innovations in disaster and trauma psychology: Applications in emergency services and disaster response* (pp. 123-157). Ellicott City, MD: Chevron.
- Waits, C. (2007, February 7). *Administrative issues concerning establishing a critical incident policy*. Retrieved from <http://www.cji.edu/papers/AdministraiveIssues.pdf>