

**The Bill Blackwood
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**Law Enforcement Agencies Should Implement A
Critical Incident Stress Management Unit**

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ABSTRACT

Law enforcement agencies will benefit from implementing a critical incident stress management team. Many law enforcement officers will deal with internal and external stressors that will have a multitude of effects on them physically, mentally and emotionally. Post traumatic stress disorder, also known as PTSD, is a very common phrase affiliated with police officers in today's time. Much of this is attributed to a traumatic event or events that a law enforcement officer will experience. Some officers will abuse alcohol or drugs to help overcome their situation while others will commit suicide.

Having a CISM support team will allow police officers to speak with someone that they feel they can trust as it is very uncommon to trust anyone outside the thin blue line. It allows law enforcement officers to vent to someone other than an outsider or someone they just meant. This will lead to a greater chance of success in helping these officers.

Having a critical incident stress management team will help officers recognize stress symptoms and provide strategies on how to manage them. This will either help in preventing PTSD or learning how to manage it better if diagnosed with it. But most importantly, it will help in preventing officer suicides.

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INTRODUCTION

According to the Psychology Dictionary “Stress is the state which is seen in response to internal or external stressors. Stress enlists changes affecting almost every system of the body, influencing how people feel and behave” (Nuget, 2013). Internal stressors are stress that comes within us. They include physical factors like how tired or hungry one is, and emotional factors like one’s mood and attitude. External stressors are stress that comes from outside us. They include stress derived from relationships, work environment and significant life changes. Law enforcement stressors are classified into four main groups which are organizational stressors, operational stressors, external stressors and personal stressors (Avdija, 2014). Shift work, unfair discipline, and fluctuations of call types such as going from taking a report to being in a vehicle pursuit are examples of organizational stressors. Critical incident situations such as having to shoot someone, an officer dying in the line of duty, or seeing dying children from a vehicle accident are operational stressors. Having relationship problems, financial problems, and a family member being extremely sick are external stressors. Fatigue, insomnia, and depression are examples of personal stressors. Many law enforcement officers will develop post-traumatic stress disorder.

PTSD, as it is commonly called, is defined by the National Institute of Mental Health in the following: “PTSD is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event” (2017). After the attacks of September 11th, 2001, the topic of PTSD was discussed more frequently by those involved directly such as first responders, but it has long been a known concept of people carrying its symptoms such as military veterans coming home from the Vietnam

War, officers being shot in the line of duty, or fire fighters seeing a co-worker die in a fire tragedy.

Many cities and towns offer law enforcement personnel, as well as other first responders, outreach through an employee assistance program to assist with stress but there is still the stigma of one seeing the “shrink” that most believe will follow them through their career. It is difficult for law enforcement officers whose job it is to help and “secure” the situation to ask for help for themselves. The thought of allowing stress factors to affect someone to many law enforcement officers shows a weakness and takes away from the “command presence” that is instilled from the very moment when one enters the police academy. The concept of not having the ability to control a situation no matter how small or large the problem is deemed a failure by many law enforcement officers. Many people become police officers to better serve the community, to fight crime, and give up their lives if necessary so the idea that stress has caused certain issues is something that comes with the job and is overlooked.

Law enforcement officers are trained to stay professional which includes keeping your emotions in check no matter what the encounter or incident is. They are also told that they must be fit for duty not just physically but also mentally, so many police officers hide any physical, mental or emotional stressors affecting them. But when stressors take there on toll on law enforcement officers they began to have physical health issues, mental health issues and some, because they cannot cope with their situation, commit suicide.

For all these reasons mentioned, it is important for law enforcement departments to establish and implement a critical incident stress management unit. “Critical incidents

typically are sudden, powerful events that fall outside the range of ordinary human experiences. Because they happen so abruptly, they can have a strong emotional impact, even on an experience, well trained officer” (Kureczka, 1996).

Many law enforcement agencies follow the model of the Federal Bureau of Investigation’s critical response unit when forming a critical incident stress management program. First, peer support members are formulated from within the department. These employees are provided extra training in critical intervention, mental health, suicide prevention and other related areas. It allows those that are being affected by stressors to speak with someone that they recognize and in confidentiality which leads to trust and then to being open about the incident. It builds a direct communication bridge which is the key to having a relationship where both sides are speaking but also listening.

The second part of the model is defusing. This is usually done a few hours after the incident by team members in a small group or in an individual discussion with the personnel involved that is an intervention to promote normalization, reduce tension and determine future needs.

The third part of the model is debriefing. This debriefing is done 24 to 72 hours after in the incident. Team members discuss with those involved about their roles in the incident, their emotional reactions, and if they are having any stress symptoms. Many teams pass out pamphlets of symptoms to those involved and how to deal with them, refer them to professional help if needed, and come up with a plan to do follow-ups. Many law enforcement agencies have implemented these programs because they have seen the positive results of preparedness rather than the negative results of

reactiveness. The subject of mental health has become a major topic within today's society. To many people it is associated with the homeless, a veteran returning from war, or someone having a psychotic episode in public, but the barrier is slowly being broken down to law enforcement officers that they to make sure that their mental health is just as important as their physical health. A critical incident stress management team should be created in police organizations for the wellness of its officer's mental, physical, and emotional wellness and most importantly to help reduce police suicides.

POSITION

Law enforcement agencies should establish and implement a CISM Unit. Having a critical incident stress management unit will help officers recognize stress symptoms and provide strategies on how to manage them. Many officers involved in a critical incident do not immediately recognize symptoms associated with the event or ignore the symptoms as coming from another factor.

Kureczka (1996) provided the most common reactions to critical incident stress into three categories: Physical, Emotional and Cognitive Reactions. Examples of physical reactions include headaches, sleep disturbances and a change in appetite. Emotional reactions may include being in the state of fear, having guilt or having anxiety. Cognitive reactions may include having nightmares, a lack of concentration, and having repeated visions of the incident. Some of these side effects will not only affect the officer but also their family, friends and co-workers.

Many law enforcement officers will display anger very quickly and take it out on their spouse so to speak for something that would not have been issue before. Other law enforcement officers will begin to become distant from friends while others find it

hard to concentrate at work and feel they are disappointing their co-workers. The sooner the officer can recognize the stressor reaction the better it will be to find a coping strategy. If family or friends become affected by the officer's reactions than family and friend support can be provided to them from the critical incident stress management team.

There are many strategies in helping to cope with stresses from a critical incident. Many of these allow the law enforcement officer to continue a state of normalcy to their life. The officers are advised to continue a healthy lifestyle such as eating a balanced diet, working out, and sleeping 7 to 8 hours a night. Other ideas advised would be keeping a journal about what you are experiencing or seeking support from a friend, church or counselor they are comfortable with. Having the tools needed to allow officers to counter act these symptoms will assist in preventing "burn out" and having a better control of a critical incident in the future.

Having a critical incident stress management unit will help officers recognize symptoms of post-traumatic stress disorder and strategies on how to manage it. According to the American Psychological Association (2017) guideline for treatment in post-traumatic stress disorder is characterized by four core symptom clusters: (1) recurrent, involuntary, and intrusive recollections of the event, (2) avoidance of stimuli associated with the trauma, (3) negative alterations in cognitions or moods associating with the event or both, and (4) alterations in arousal and reactivity, including a heightened sensitivity to potential threat.

The clusters must persist for more than a month and cause significant distress or problems functioning for a diagnosis of the disorder. Recollections of the event may

include having vivid flashbacks or distressing dreams. Avoidance may include avoiding certain situations, places, people or something that is bringing about distressing memories. Negative alterations may include fear, shame, anger or feeling detached. Arousal and reactivity may include behaving recklessly, having problems concentrating or having problems sleeping.

Many police officers observing that they are dealing with these symptoms will abuse alcohol or drugs to help overcome them. Many with PTSD use alcohol and drugs to get temporary relief from their situation but began to use it so much that they began to abuse their self-medicated treatment. Brosnan (1999) found that several studies found that 23 to 76 percent of general population PTSD victims abuse alcohol and suffer from alcoholism while 60 to 80 percent are substance abusers.

Critical incident stress management team members will continue to do follows with those involved in critical incidents to help deter the stressors that will evolve into post-traumatic stress disorder but for some PTSD will develop. Mandated interventions with follow ups will help recognize PTSD symptoms such as a change of attitude/mood, fatigue, and flashbacks. From there strategies such as breathing exercises, healthy food dietaries and a personal journal will be explained and provided but most importantly a referral will be made to a professional counselor or psychiatrist.

COUNTER ARGUMENTS

Many law enforcement agencies have an Employee Assistance Program also known as an EAP, in existence so why implement a critical incident stress management unit. Many law enforcement agencies strive to achieve accreditation in excellence for standard practices through the Commission for the Accreditation of Law Enforcement

Agencies (CALEA). Because of the importance of an employee assistance program CALEA has set that an agency must have this standard under 22.2.6 (CALEA, n.d.).

Many EAP programs allow police officers to seek voluntary professional counseling with a psychiatrist or other licensed professional on topics which include: stress, burnout, marital problems, financial problems and legal issues. As many of these programs are volunteer based unless being mandated by a supervisor for instance after an officer has shot someone there is still the stigma of seeing a “head doctor”, not trusting someone they do not know, and being open to someone that they have never met which is why many employee assistance programs are not being utilized.

In a recent study by Donnelly, Valentine, and Oehme (2015), a survey was conducted of 934 law enforcement officials that resulted in the following: 16% said they have accessed their EAP; 56% said they knew enough about their program and how to access it; 23% said that they would access it if necessary. Given this overall impression a critical incident stress management unit should be implemented to assist officers. Having a peer support team along with mandating employees to attend the interventions and then doing follow ups with the police officer involved leads to a greater chance of success. Law enforcement officers rarely speak to others outside the thin blue line about what is really going on with them because of trust, not wanting to appear weak, and the idea of it takes one to know one so it would be pointless to vent to someone that wouldn't understand anything mentioned.

Knowing the stigma involved with law enforcement agencies personnel in asking for help, some may still question the benefit of having a critical incident stress management team if no one is going to use it. Many police departments have policy in

place that require police officers to be on restrictive duty when seeking treatment for mental health (Olson & Wasilewski, 2016). This will keep many officers from asking for help having the administration looking as if the officer is no longer cut out for the job and needs to be restricted. Many police officers will hide their stress symptoms because they don't want to look weak in front of their co-workers or feel that they cannot be trusted.

Law enforcement officers are trained to handle the toughest situations while being on the job so to many they feel that they have disappointed their employer, their co-workers and themselves. Others feel that even one situation of having a stigma over mental health will keep them from gaining experience in police training they wish to explore, getting a position in a specialized unit or even promoting. Many law enforcement agencies are implementing critical incident stress management units to help overcome the stigma of asking for help and educating their personnel that they are not alone on what they are going through. Because of these barriers being broken down police officers can get back to work more efficiently without being judged and many will ask for help they would not have asked before which will keep many from committing suicide.

The non-profit organization, Badge of Life, keeps statistical data on police officer suicides which states a police officer commits suicide every 81 hours which averages to about 130 per year and for every suicide there are 1000 police officers suffering from symptoms of PTSD ("Police," n.d.). Breaking down the stigma of getting help will help reduce the amount of police officer suicides and bring to light a dark topic that must be discussed.

RECOMMENDATION

Law enforcement agencies should establish and implement a critical incident stress management unit. Team members who have been trained in the peer support group will help law enforcement personnel in recognizing symptoms in stress and strategies on how to deal with them. Being peer support there is a greater chance that those involved with critical incidents will open up and be honest of what they are going through. It also allows police officers to feel more at ease that interventions will be confidential and not have to worry so much about gossip being spread as much is the culture in law enforcement agencies. It lets personnel know that they are not the only ones going through certain reactions or emotions. It makes those that have been through a critical incident be mandated to attend an intervention rather than to ask for help from an employee assistance program. It allows follow up from team members that law enforcement personnel feel truly care about them and can relate on some circumstance due to being in the same profession and experiencing the thin blue line.

Establishing a critical incident stress management unit will help break down the stigma of the words “mental health”. Far too many police officers are still under the impression that mental health means being “crazy” and fear that association. They are reluctant to ask for help because of the stigma of not being able to do the job, that they are losing it mentally, or that they cannot be trusted or relied upon by those they work with it. “The World Health Organization advised stigma as the most significant barrier to overcome in seeking mental health services” (Tomasulo, 2015).

Many police officers encounter the public with mental issues with some of those being severe and feel that if they open up about their issues that they are opening a

Pandora's Box and will become like those people they encounter. Police officers make many transports of taking citizens to a psychiatric institution due that person being a danger to them self or others, so the officer is now wondering if someone would take them if they brought anything up with mental health. Many police officers not only deal with public citizens who have challenges with mental health, but many have family and friends that have mental health, social, or physical issues and feel that they must stay strong for them.

The point of "serve and protect" that law enforcement officers take a sworn oath begins to lose its status and many feel they have disappointed their profession, their department, and their citizens if something is wrong with them. A critical incident stress management team would allow those officers that the reactions or emotions they are having is normal and it allows them to keep their dignity. A team that would be available twenty-four hours a day would keep all positions and all those working on different hours access to the intervention. Far too many times law enforcement officers feel distant from the administration or chain of command they work for due to scheduling flexibility, not seeing their supervisor regularly, or meeting them only on a negative level such as discipline but having someone there to speak with them immediately after an incident allows them to feel included.

Follow up with those involved with critical incidents allows team members to look for PTSD symptoms that otherwise that police officer is ignoring or not noticing. This in turn will allow for referrals with mental health professionals that will be mandated for the benefit of the officer. If law enforcement personnel get mandated to attend interventions be that of critical incident stress management or seeing a mental health professional,

there is a greater chance of overcoming their symptoms than not seeing anyone at all. Because of this there is a greater chance of police officers not self-medicating themselves through the abuse of alcohol or drugs but even better it will save lives by lowering the amount of police suicides.

Saving lives of law enforcement is the ultimate reason for implementing a critical response team. For this and the other reasons mentioned is why law enforcement agencies should establish and implement a critical incident stress management unit.

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