

**THE BILL BLACKWOOD  
LAW ENFORCEMENT MANAGEMENT INSTITUTE OF TEXAS**

**CRITICAL INCIDENT STRESS: THE NEED FOR A CRITICAL INCIDENT STRESS  
DEBRIEFING TEAM**

**A Policy Research Project  
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## **ABSTRACT**

Critical incidents such as injuries to innocent persons, violence, conflict and death are common in the police world. Stress from such incidents can lead to adverse reactions, including emotional and behavioral problems and stress related injuries. These reactions can increase employee absenteeism, reduce productivity and increase health care costs.

A Critical Incident Stress Debriefing team can offer cost effective program to decrease these adverse effects. The program, which is peer driven, allows employees to receive immediate intervention in a trusted and controlled environment. The purpose of this project was to determine the need for procedures and policies to develop a Critical Incident Debriefing team within the Victoria Police Department.

The research in this project involved interviews with emergency services personnel and psychologists. Seminars, training records, and various publications are also included in the research.

Research indicated that the Department currently has no effective program for the management of critical incident stress and that development of a critical incident debriefing team is an effective means to deal with these type of situations. Developing a team can be done at a low cost and by joining a network, we can expand our CISD resources and services beyond those currently available to members of the Department. It is therefore recommended that the Victoria Police Department develop procedures and policies to implement a critical incident stress debriefing team.

## **Introduction**

The purpose of this project is to examine the need for a policy to develop a Critical Incident Stress Debriefing (CISD) team. A CISD team is composed of employees representative of all divisions of the Police and Fire Departments, along with a psychologist. The team may also include a clergyman. The team members are trained to function as educators and support for other personnel involved in Critical Incidents. Law Enforcement is considered one of the most stressful of all occupations. "Emotional stress, the real danger in police work, is alive and flourishing...." (Eisenberg 26). Critical incident stress affects up to 87% of all Emergency Services workers at least once during their careers (Ayres 7). The Police Department currently has no policy or assistance available for personnel involved in critical incidents, except for police officer involved shooting. However, critical incidents involve more than shooting situations, such as incidents involving multiple victims, children, suicide and officer injury. Police officers, dispatchers, supervisors, and any other employees involved in an incident can be affected when an incident occurs. The function of the CISD team is to provide immediate support and education to those involved in an incident, in order to assist those involved in coping with a stressful situation and in decreasing potentially adverse affects caused by the incident. The team members are also instrumental in identifying those that may need professional assistance.

Research indicates that stress can lead to many problems, including psychological and physical disorders. This can mean a decrease in productivity, inability to effectively do the job, and increased illness (leading to more absenteeism and higher health care costs). All of this means less service to the public and a higher cost to the tax payers. A CISD team can greatly reduce the chances that these adverse effects will occur.

This project will be presented to the Chief for review and approval. If approved, it will be forwarded to the Professional Standards Section for additional review and assistance. It will also be sent to the Fire Department and any other interested emergency services department.

Research has been conducted in this area, which does indicate a need to develop a CISD team and develop an implementation process. Information has been received from psychologists, police personnel, fire and EMS personnel, and citizens. Information was also received from training seminars and various publications, including books, journals and training materials.

The goal of this project is to develop a policy that will allow us to develop a CISD team. This will allow us to offer better support to our personnel and ultimately, better service to the community.

### **Historical and Theoretical Context**

A "critical incident" is one which is emotional enough to overwhelm a person's sense of control and ability to cope. Critical incident stress has been recognized for many decades. In the World Wars, "shell shock" was a term used to describe a severe stress disorder (Everly and Mitchell 174). Audie Murphy was a classic example of how a critical incident can produce severe effects. Once a war hero, he turned to a bright future in film making. He began to suffer many problems, including psychological, which is said to be attributed to the critical incident stress as a result of being involved in combat situations (Simpson 271). After the Vietnam war, a new term "Post Traumatic Stress Disorder" (PTSD) was used to describe a severe stress reaction associated with critical incidents stress due to being in the same type of situations (Everly and Mitchell 174).

Although there are some early studies on stress, focus on occupational stress did not begin until the 1970's. It was not until 1980 that PTSD was formally recognized and listed in the Diagnostic Stastical Manual of Mental Disorders (DSM-IV 424) and ultimately emergency services workers began to be diagnosed with PTSD.

While law enforcement quickly acknowledged the need to provide services to an officer involved in a shooting situation, law enforcement has been slow to acknowledge or encourage the need for emotional or psychiatric help for officers or any other employee involved in other types of critical

incidents. An example of this is when a police supervisor once told me that the only time an officer should feel "stressed" was when an officer was involved in a shooting situation (Confidential source 1992a). Another supervisor once said he didn't understand why officers were always complaining about stress. This same supervisor later reported being "overwhelmed" stating that he now understood (Confidential Source 1994). This is a good example of the theory "if it hasn't happened to me, it won't happen to anyone". Older officers sometimes point out that they handled their jobs as patrolmen without feeling stress. It is important to understand that there have been increased demands and pressures upon the individual officer.

A critical incident can be defined as "any event which is extraordinary and produces significant reactions in emergency personnel." A critical incident overwhelms a person's coping mechanisms and can occur to any employee within the organization (CISD 1995). Examples of this include a death, violent crime, multi-casualty incidents, injury or death of a co-worker, or a suicide. Since perception is a key factor in how one reacts to a situation, many other situations can be classed as critical incidents. Lack of understanding and knowledge in the area of stress, along with fears about asking for assistance have delayed the law enforcement world in offering assistance to those who assist others on a daily basis. Officers are reluctant to get counseling due to fears of being labeled, of not being trusted, and of losing their job. Lack of trust is a major barrier to treatment, which increases the possibility of stress related problems (Daniels 1). Martin cited a retired New York policeman who stated "Police departments are a lot like dysfunctional families: both operate under the rules: Don't talk, don't feel, don't trust, don't express emotion" (51). Many supervisors still say that you shouldn't take it outside the system (Martin 51).

If stress is prolonged, it can drain the body of its resources, leaving it weakened, aged and more susceptible to illnesses (Morgan 2). Much research has shown that stress can lead to emotional, psychological, behavioral and physical problems. Stress related illnesses and their associated costs have

increased over the years (Hendrix 188; Everly 5). In 1988, the U.S. Surgeon General estimated that 80 percent of nontraumatic deaths will be due to stress disease (Bray and Mitchell 3). The National Institute of Occupational Health and Safety rates law enforcement as having a higher rate of suicide, alcoholism and divorce than an other occupation (Daniels 1). Other studies also support these findings. In several interviews with officers and dispatchers, it was learned that following a critical incident (where immediate support was not offered), adverse effects of the associated stress were felt. Most of those indicated a high incident of increase use of alcohol and family problems (Confidential Source 1992a; 1992b; 1994; 1996a; 1996b).

Another statistic states that a police officer will live an average of 12 years less than most people. According to Philip Quinn with South Oaks Hospital in Amityville, NY, the cause for this is stress: "The long hours, working different shifts and the ever present danger of violence wears you thin." (Capiello, 28). Victoria Police Officers Fernando Robles (age 51), Jesse Ramirez (age 52), Edward Locke (age 43), and Bill Hatton (age 48) may be examples of this theory. All of these officers died due to heart related diseases. Although it is not known if the deaths of these officers were directly attributed to job related stress, stress is known to be an important risk factor in heart disease (Beshers 35).

The climate for personnel seeking help with stress problems is changing for the better. One reason for the improvement is better educated officers who tend to better understand the career they are getting into. Another factor is that supervisors tend to be more knowledgeable in the area of stress and stress reduction techniques. Resources also tend to be more available. There is more training in the area of emergency services stress and more professionals who are specially trained in emergency services and in handling critical incident stress.

Early intervention is important in reducing and even preventing adverse affects. Other important considerations are to develop an intervention system that is easy accessible, private and affordable. It is important that law enforcement agencies recognize their responsibility in providing specific procedures to

address employee stress and develop policies to effectively deal with stress that is attributed to the nature of the job (Ivancevich 181). By doing this, the employee and the public are better served. One way to accomplish this is to create policies that enable the Department to establish a Critical Incident Stress Debriefing (CISD) team.

### **Review of Literature and Practice**

Critical Incident Stress Debriefing (CISD) and its shorter variant, "defusing" is a very widely used technique across the country and around the world (Everly and Mitchell 173). Debriefings are conducted by a mental health professional and veteran peers. The process allows an individual to discuss emotions and thoughts regarding an event which was disturbing to the individual. Debriefings are held in a safe and controlled atmosphere, which allows the individual to normalize feelings (Maggio and Terenzi 14; Pierson 20). Due to this process being primarily peer driven and being a group process, fears of being labeled or having to defend your occupation to the public are often alleviated.

Many studies indicate that counseling helps to reduce absenteeism, decreases employee turnover and reduces health care costs (Turkington 48). Early intervention is essential in reducing the effects of critical incident stress (Seafeld 1992). Debriefings and defusings are designed as early intervention tools. CISD also helps identify those that may need more intense counseling and is designed to provide peer support and encouragement for an individual to seek needed counseling (Mitchell 1992).

Early "CISD" was noted in World War I and World War II. Studies indicated that soldiers who received immediate psychiatric support were more likely able to return to combat than those soldiers who received treatment at a later time in a hospital setting. These early "debriefings" were often conducted in the field, during a lull in battle, giving the soldiers a brief opportunity to talk about the situation. During the 1960's, similar services were provided to Israeli Defense Forces after combat in the Middle East. Research indicated that there was a 60% decrease in psychiatric disorders (Everly and Mitchell 174). It is estimated that over 20,000 debriefings and defusings were held over a 12 year period

using protocols developed by psychologist Jeffrey Mitchell. The "Mitchell Model" is the most widely used protocol, with hundreds of CISD teams employing this method around the world (Tabor, 1996).

Research has shown that preventive programs, such as CISD, help officers to cope with stress and may even lengthen an officer's career (Clemmons 9). CISD programs are specifically aimed at mitigating the psychological impact of a traumatic event, prevent additional adverse effects, and to identify those who may need additional assistance. In addition, CISD programs include teaching employees about stress reactions and how to lessen them (Tabor 1996).

As previously mentioned, there are hundreds of CISD teams internationally. CISD has been used on both large and small scales. CISD protocols have been used in disasters such as the massive Mexico City earthquake in 1985, the mass shooting in Palm Beach, Florida in 1987, the San Francisco earthquake in 1989, the Los Angeles civil riots in 1992, combat in Kuwait in 1992, and the Oklahoma City bombing in 1995 (Everly and Mitchell 174). There are currently 14 regional CISD teams registered with the Texas Critical Incident Stress Management Network (Tabor 1996).

Some departments opt to have their own employee assistance program (EAP), in order to stay within their own department. EAP programs vary and may include staff psychologists, counseling programs and peer driven programs. The Victoria Police Department (VPD) currently does not have an EAP due to lack of trained personnel and lack of financial resources. The VPD does have seven personnel that have received the basic CISD training course through the Texas Department of Health (TDH). One of the participants has received advanced training in CISD. Several area psychologists received the basic CISD training and have expressed interest in continuing their training and in joining a CISD team. These psychologists understand that the training is at their own expense. This not only provides trained mental health professionals for the team, but also provides mental health professionals that have a better understanding of critical incident stress and how it affects emergency services

personnel. In addition, by joining the Southwest Texas CISD, based in San Antonio, we will have additional resources available to us (Alex 1996).

The current policy for structured counseling only applies to officer shooting situations in which the officer is sent to a psychologist at the local Mental Health and Mental Retardation (MHMR) facility. A CISD team is established for immediate preventive intervention and does not replace the need for a professional counseling when needed; however, a CISD process can often decrease or negate the need for professional counseling, thus reducing costs and frustrations of recovery (Mitchell 1992). Sending an emergency services worker to a mental health professional who is not trained in handling these personnel can often be unsuccessful. There is a mistrust of the private sector by police and the police often find themselves defensive, losing primary focus of their treatment. Peers allow anonymity (Daniels 1). An officer involved in a shooting voiced his frustrations at being sent to a psychologist who had no concept of police or of shooting situations. This leads to additional problems for the officer (Confidential source 1992a).

According to Paul Tabor with Texas Department of Health, a concern is that the peers involved in the CISD process will not be able to be effective, due to not having dealt with their own critical incidents (Tabor 1996). In order to avoid these types of problems during a CISD process, team members must be chosen carefully and must receive intensive training in CISD. Those who have difficulty handling their own events should not be involved in this process as team members (CISD 1996; Tabor 1996).

Through careful selection of departmental members and by proper training of all team members, including the mental health professional, we will be able to provide immediate effective intervention for our employees. Through this process, we will also increase our resources in order to provide additional services when needed that will be more effective, more cost effective and more trusted by the employee.

### **Discussion of Relevant Issues**

Critical Incident Stress can lead to emotional and behavioral problems. The effects from critical

incident stress can also lead to decreased work productivity and can lead to stress related illnesses (Hendrix 188; Ayres 4). Counseling helps to reduce adverse effects of stress, which can reduce employee absenteeism, turnover and health care related expenses (Turkington 48). Early intervention is vital to recovery. Debriefings and defusings offer these kind of interventions (Seafeld 1992).

The absence of a stress program can lead to negative effects. Several employees in the Department have had heart problems, strokes, and other illnesses which can be classified as stress related illnesses. Several have died at young ages, supporting the statistics that police officer will die at an earlier age (Capiello 28). One officer was diagnosed at having Post Traumatic Stress Disorder and forced into medical retirement after 16 years of police service. He was later diagnosed with cancer. Others have suffered family problems and some have quit due to feeling "burned out." A variety of other emotional, behavioral and physical problems have also manifested themselves in VPD personnel.

The Victoria Police Department currently has no employee assistance programs available for any employees other than officers involved in shootings. The range of critical incidents spans beyond shooting situations and can involve personnel other than patrol officers, such as dispatchers (Pierson 19). The formation of a CISD team will allow intervention for employees when any critical incident strikes.

One example of how a debriefing process can work involves a dispatcher who worked a call where an officer was killed. The call lead to a dangerous vehicle and foot chase of an armed subject and involved several agencies. The dispatcher recalled having a lot of stress related symptoms following this call, but recalls that a debriefing held later alleviated the symptoms and allowed her to return to work without any ill effects (Confidential source 1996a).

Although we cannot give certainty to the fact that stress caused the symptoms described in the above situations, we must consider that stress may have at least been a contributing factor. If effective intervention can be given, perhaps a few can be helped and we will have happier, more productive and effective personnel.

Some constraints to the formation of a CISD program do exist; however, with proper planning, those can be reduced and to some degree, eliminated. These constraints include personnel, training issues, selection of team members, understanding by departmental members of stress and the CISD process, and budgetary considerations. These issues are discussed below, along with suggestions to overcome these associated difficulties.

In order for CISD teams to be effective, a sufficient number of employees must express interest and participate in training. Training was offered in April 1996 to departmental members for the Basic Critical Incident Stress Debriefing course. The course was presented by the Texas Department of Health. Since many Departmental employees were unaware of what CISD entailed, only seven employees signed up. In order to be effective, additional employees may be needed as team members (Everly and Mitchell 1975). This problem can be eliminated when additional team members are recruited by better explanation of CISD and by contacting employees in order to make them aware of the CISD team and training (Victoria Police Training Unit 1996). In addition, by teaming up with a pre-existing team, we can "borrow" other team members, thus decreasing the burden on our department.

Another issue is the availability of qualified trainers. Qualified trainers to teach the "Mitchell Model" are now available through the Texas Department of Health (TDH), who have been approved by the International Critical Incident Stress Foundation (ICISF) to conduct basic CISD training. The basic training can be conducted in Victoria at a low cost. Advanced training will also be available at a low cost, as it will be conducted by TDH (Tabor 1996).

Selection of CISD team members must be made carefully. Team members must be able to control their own stress, be willing to respond when called, and be willing to undergo training. Team members should be from all divisions within the department and must be able to function in a CISD process as a peer, regardless of rank (Tabor 1996; Mitchell 1992).

Education for the entire department will need to be conducted. This will allow departmental

members to understand critical incident stress and to understand the CISD process (Maggio and Terenzi 12). The VPD Training Unit can assist in this process. The Texas Department of Health can also provide training in this area.

Budgetary considerations must also be examined. Seven employees have already been trained in the Basic CISD course. One of these employees has been trained in the Advanced CISD course (VPD Training Unit 1996). If the advanced training course must be obtained through the International Critical Incident Stress Foundation (ICISF), the cost will be \$350 per person plus expenses. Total cost for six members to obtain this training will be approximately \$2,850.00. If Training can be obtained through the Texas Department of Health, which can be held in Victoria, the total cost will be approximately \$35.00 per student, with the total cost being \$210.00. Several options are available to pay for the training: 1) utilize the regular training budget; 2) utilize the state funds allocated to the Department for training; or 3) ask the "100 Club" for assistance.

Clear guidelines must be defined for additional expenses such as travel expenses and overtime pay. Most departments are willing to pay for expenses associated with calling in a CISD team (Mitchell 1992). Guidelines will need to be set for the distance that our employees will travel and the length of time they will spend on a given CISD process. Since being a member of a CISD team should be voluntary, the decisions regarding compensation of team members should consider the advice of team members, as well as existing laws and policies.

Joining the Southwest Texas Critical Incident Stress Management Team will reduce our costs and allow us access to more resources. In addition, this will allow us to slowly add to the number of members on our team (Alex 1996).

The benefit to this program is to have ready access for assistance when it is needed by our employees. The program is confidential, cost effective, and easily accessed by employees. It also encourages education of our employees, CISD team members and mental health professionals in

understanding and coping with stress associated with emergency services work. This type of program is also proven to be an effective method to reduce the effects of stress.

### **Conclusion and Recommendations**

The purpose of this project was to examine the need for procedures and policies to develop a Critical Incident Stress Debriefing (CISD) team. The purpose of a CISD team is to educate and to assist individuals involved in critical incidents. Critical incidents are common occurrences in the police work. Current statistics indicate that our department responds to over 5,000 calls for service every month (VPD Statistical Report September 1996). Many of those calls deal with violence, injuries, conflict and death, which can create stress for police personnel.

The Victoria Police Department currently does not have an effective program to help personnel deal with critical incident stress. Research indicates that law enforcement is a very stressful occupation. Research also indicates that stress can lead to many problems, including psychological and physiological disorders. Our own department history indicates that stress may have contributed to some problems experienced by our personnel in the recent past.

From research, it is apparent that a CISD team can be of great benefit to the Victoria Police Department. An effective critical incident stress program can decrease adverse affects caused by a critical incident and can also decrease the cost for health care due to stress related illnesses.

Although the Department has provided training to some employees in stress management and the CISD process, the Victoria Police Department has not implemented an actual CISD team. A review of critiques from the CISD training indicated that our employees felt that the CISD process was not only needed, but also wanted by departmental members.

It is recommended that the Victoria Policy Department develop policies to implement a CISD team. All CISD team members should be carefully chosen. Joining a CISD team should be a voluntary choice for the members. Much of the needed training can be obtained through the Texas

Department of Health. Financial resources for implementation and deployment of the team can be obtained through the VPD training budget, the state allocated training funds and possibly through the "100 Club". The VPD's CISD should join with the Texas Critical Incident Stress Management Network in order to expand our resources and available services for our personnel.

By developing a CISD team, our own personnel become better educated in the area of stress management. We will also be able to offer immediate intervention which has been shown to be effective in reducing or preventing adverse reactions to critical incident stress. Area psychologists will also be better trained in how critical incident stress affects emergency services personnel and how to effectively deal with our personnel. This allows for better, more cost effective and more trusted services for our personnel.

A CISD program will encourage our employees to seek assistance in dealing with critical incident stress without fears of labels or publicity. By developing a CISD team, we can offer an effective stress management program which can increase productivity, reduce employee absenteeism and turnover, reduce negative behavioral problems and decrease health care costs, all at a reasonable cost to Victoria Police Department.

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