

*final approval
9/18/97
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**THE BILL BLACKWOOD
LAW ENFORCEMENT MANAGEMENT INSTITUTE OF TEXAS**

CRITICAL INCIDENT STRESS MANAGEMENT

A Policy Research Project
Submitted in Partial Fulfillment
of the Requirements for the Professional Designation
Graduate, Management Institute

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September 17, 1997

#560

ABSTRACT

Certain events are virtually always traumatic and are called "critical incidences". Among these are child victim related crimes, suicide, and the death or serious injury of a fellow employee. Police officers exposed to one or more critical incident can experience post traumatic stress disorder. This can involve withdrawal from people, activities, and job-related tasks. Other effects may include flashbacks, sleeplessness, depression and drug and/or alcohol abuse.

The purpose of this policy research paper is directed towards the effects of critical incident stress and to assess the need for critical incident debriefing and/or professional counseling after being involved in a critical incident situation. Critical incidents affect at least 90% of all police officers at least once during their careers. Critical incident stress can lead to suspension, dismissal and in extreme case suicide. Police officers and police administrators should recognize that critical incident stress exist, mandate training, and teach supervisors how to recognize signs of critical incident stress.

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INTRODUCTION

A mother is not supposed to kill her child, people are not supposed to take their own lives and police officers are supposed to be immortal.

The purpose of this policy research paper is directed toward the effects of critical incident stress and to assess the need for critical incident debriefing and/or professional counseling of police officers after being involved in a critical incident situation. A critical incident is described as any significant emotional event that has the power, because of its own nature or because of the circumstances in which it occurs, to cause unusual psychological distress in healthy normal people (Solomon 16).

As professionals trained to serve and protect, law enforcement personnel are expected to maintain a poised presence even under the most tragic of circumstances. Their authority and effectiveness would be compromised if they could not control their emotions (Pogrebin, et al 371). An estimated 90% of law enforcement officers are effected by one or more critical incident stress situation during their career (Conroy 20). And yet, handling the aftermath of a critical incident is rarely dealt with in terms of how did this critical incident affect the law enforcement personnel involved.

In many law enforcement agencies there tends to be an informal police culture that causes personnel to repress their negative emotional feelings after a critical incident, causing them to suffer through critical incident stress alone, for fear of being viewed as inadequate or emotionally weak (Shibutani 396). They may experience bewilderment, numbness of emotions, overreaction to ordinary events, depression, rage, withdrawal, anxiety, bad dreams, sleep disturbances, and insomnia. Some departments are without any policy or procedure to assist law enforcement personnel in dealing with critical

incident stress even though they know that critical incident stress can seriously affect the law enforcement personnel in both their work and private lives (Mashburn 5-8).

The intended audience will be police officers and police administrators. This policy research recommendation will consider information received from collected journals books, articles, and surveys. The intended outcome of this policy research recommendation is to educate law enforcement personnel and administrators on positive ways to deal with critical incident stress.

Historical, Legal or Theoretical Context

Since the 1940s government and industry have focused on the principle that the welfare of the people in the organization is highly dependent on the welfare of the organization. Industry was first in assisting those with personal crises through its employee assistance programs. Later programs evolved as an outgrowth of the assistance programs begun in the post-war years of the 1940s. Throughout the 1960-1970s, alcohol education remained the major thrust of almost every employee assistance program (Stratton 31-33). The Chicago Police Department began a program in 1955 as an approach to dealing with alcoholism within the department. At about the same time, the Boston Police Department's stress program began an informal alcoholism-counseling program. New York City established an alcohol program in 1966. Its concept was that when the department recovers a sick member, it gains a highly motivated person, a more compassionate peace officer, and a grateful family. Although individuals with personal problems were helped by the program, the thrust was still on alcoholism. In 1968, the Los Angeles Police Department established an in-house behavioral science unit. It was one of the first departments to develop and implement a fully department-supported peer

counseling program in 1981. In 1982, Drs. James Linden and Robin Klein conducted the first peer counseling training program for the Long Beach Police Department. Over 40 departments throughout California have utilized this program, designed to train police officers in basic counseling skills. Additionally, a number of specific subjects that the peer counselor is likely to encounter are included, such as relationship problems, chemical dependency, stress, woman and minorities, suicide, post traumatic stress disorders, and more recently, disaster management. The purpose of the peer counseling training program is to structure the practice of police officers helping one another in a more positive manner. The peer counselor can do much to help an officer who is involved in a critical incident. They are trained to recognize problems and to be at least the first step in the solution of them. This ultimate solution could be provided by the peer counselor or could be in the form of a referral to an outside agency or psychologist (Klein 159). The limited research that has been done in this area indicates that if assistance is provided in a timely manner, the prognosis for a fast recovery and adequately dealing with the event is good. Stress affects the officer, other employees, the department, the public and the officer's family. It can lead to faulty decision making, disciplinary problems, excessive use of sick leave, tardiness, on the job accidents, complaints from citizens, and high officer turn over. All of these cost the department time and money. Nothing is more frustrating to street officers than the belief that they are working on their own, without the support of their administration. They may already feel a lack of public support, believing that their endeavors go unnoticed or are unfairly scrutinized (Mashburn 8). Police agencies can be held liable in court for ignoring the lingering stress-related problems or disciplining workers who exhibit the behavioral effects of

trauma from a job-related critical incident. Officers have sued their departments for failure to offer assistance for post traumatic stress disorder (PTSD) and won cash settlements (Kureczka 12).

Officers should not feel that they must deal with stress or critical incidents alone. Instead, they must be firm in the belief that they will have the support of the department, their peers, and their families (Mashburn 8).

Review of Literature or Practice

Although it is estimated that 90% of law enforcement officers are affected by one or more critical incident stress situations during their careers, psychological services for such incidents have only recently become a generally accepted procedure, at least in larger police departments (McMains 26). Unfortunately, the law enforcement community has been rather slow to accept the fact that critical incident stress can seriously affect police officers in both their work and private lives (Ness 17).

In surveying twenty-five Texas Police Departments, eight had policies and procedures dealing with critical incident stress. Four of these were large cities. Two had in-house psychologist. Eleven acknowledged that should an officer need counseling services after a critical incident it would be made available to them through the department; however they did not have a written policy or procedure. Seven felt that critical incidents were too infrequent for officers to receive counseling and had no written policy. Administrators cited the following reasons for not having written policies: (1) lack of time to write policy, (2) felt they were already covered under a city policy, (3) budgetary constraints and, (4) felt little need for a policy. One administrator from a small department felt that critical incidents are so infrequent that it wasn't worth the time to

implement a policy or procedure. All the written policies dealt with officers involved in highly traumatic events, such as, being shot or having to shoot or seriously injure or kill another person. A great deal of writing has been done on officer involved critical incidents. Many of the studies, articles, papers have focused on emotional outcomes for officers who have found themselves in situations regarding the use of deadly force. Recently, the generally agreed upon definition of critical incident stress has been expanded to include many other situations. In general, the focus of interest and study over the last few years has expanded from postshooting trauma to critical incident (Gentz 35). A critical incident is any event that has a stressful impact sufficient to overwhelm the usually effective coping skills of an individual (Kureczka 11).

Contemporary law enforcement officers must function as counselors, social workers, psychologists, negotiators, and investigators, as well as traditional law enforcement officers. Their work alternates from dull and boring to moments of sheer panic, where life and death decisions have to be made in a matter of seconds (Reese 75). Research indicates without appropriate action following a critical incident, severe and long-term consequences may result. For example, personnel are likely to experience significant withdrawal from important people, activities, job related tasks, flashbacks, suffer from depression, have difficulty sleeping, guilt, feeling numb, divorce, suicide, violent relationships, and alcohol and/or drug abuse (Bergman 102). Research further indicates that if emotional reactions from a previous critical incident are suppressed, a subsequent critical incident becomes more difficult to deal with. Officers who have a traumatic reaction and suppress their emotions may develop long-term emotional problems, such as post traumatic stress disorder (PTSD) (Soloman 42). PTSD has shown

to be very costly to those departments that have not implemented necessary procedures. One study showed that the average cost of intervention when PTSD was detected soon after the event totaled \$8,300 per victim. When detection and treatment were delayed, the cost rose to nearly \$46,000. As a group, employees who received prompt treatment averaged 12 weeks of recovery before returning to work and had a low incidence of permanent disability. In comparison, the delayed treatment group required an average of 46 weeks of recovery time and displayed significant long-term effects (Kureczka 12).

Discussion of Relevant Issues

The law enforcement community is unique in terms of an officer's potential exposure to especially traumatizing experiences (Blau 165). The combination of factors in police work dealing with terrible situations and traumatized victims, and working under the threat of physical danger results in overwhelming stress. It is this unusual amount of stress that makes explicable the fact that police officers in the United States have high rates of problem drinking, suicide and divorce (Reese 67). Police officers know they must be in control of any situation to which they respond. They know that the display of any emotion that might be perceived as weak may jeopardize that control. Unfortunately, they continue to hide their feelings and emotions after an event, where there is no longer any need to do so. They fail to take advantage of the opportunity to vent their feelings, which is one of the best ways to relieve both critical incident and normal job stress. Another reason law enforcement personnel have not generally become involved in critical incident stress programs is their fear of any involvement with mental health personnel, or with what the mental health profession purportedly represents. Many officers fear administrators' will find out they are seeking assistance and be fired.

Unfortunately, this is true as some administrators have a misconception about mental health. Finally, people who refuse to acknowledge that their personnel are vulnerable human beings, susceptible to emotional reactions, manage some police agencies (Pierson 32). How an organization perceives and interprets a situation is crucial to the degree to which that organization responds to its personnel and facilitates in the recovery process. Were the leaders of an organization to assume that "everyone handles these things in his or her own way" and, thereby, choose a strategy of inaction, some (if not many) personnel will never be able to put the incident behind them. Administrators thus leave the door open to hostility and resentment towards them from their personnel (Maggio 12). Work related stress claims represent the fastest growing and most costly, per incident, type of worker's compensation claim affecting American commerce (McCarthy 34). Stress affects the officer, other employees, the department, the public, and the officer's family. It can lead to faulty decision-making, discipline problems, excessive use of sick leave, complaints from citizens, and high officer turn over. In the United States, researchers estimate that stress is linked to 65% to 90% of all illness and disease (Jones 1). It cost's approximately \$100,000 to replace a five-year veteran. One study showed that the average cost of intervention is \$8,300 per victim. When treatment was delayed the cost rose to \$46,000 (Kureczka 12). The actual dollar figures will, of course depend on the size of the department. Administrators can use in-service training classes to train officers to cope with stress caused by critical incidents, and emphasize the importance of psychological services. In many cases, just being able to express one's self and unload the excess psychological and emotional baggage is all that is necessary to resolve the problem for the distressed officer, if that is not effective, other interventions become

necessary (Shearer 96). While many agencies cannot afford the expense of retaining services of a mental health professional, there are cost-effective means of providing officer support. For example, police administrators can institute internal peer counseling teams, call upon ministers or priest to serve as volunteer counselors (Mashburn 6). Well planned intervention programs can prevent bad relations between the department and affected employees, reduce compensation cost from potential divisive litigation and in turn build morale and make employees feel valued by the department (Kureczka 11). Each law enforcement department must develop its own standardized procedures for responding to traumatic events. Written regulations, written procedures and training lessen vicarious liability on police departments and could prevent lawsuits for failure to train.

Conclusion/Recommendations

The purpose of this policy research paper was directed toward the effects of critical incident stress and to assess the need for critical incident debriefing and/or professional counseling after being involved in a critical incident situation. Critical incident stress manifests itself physically, cognitively, and emotionally. Clearly, administrators can no longer ignore the issue of traumatic stress caused by involvement with a critical incident. Such stress impairs officers' ability to perform their duties and impacts on the operation of the department. The most important aspect of managing critical incident recovery is for the administration to understand that police duties can result in psychological injury. The expense of prevention and intervention sessions for everyone involved in an incident, especially if conducted as a group, would be significantly less than long-term treatment and/or disability leave for those significantly

involved few. Preventive intervention then appears to be less expensive than waiting until psychological injuries deteriorates to the point where personal and occupational life suffers (Kureczka 11). Command personnel should learn to recognize officers exhibiting symptoms of stress so that intervention can take place. Because so many officers are affected by critical incident stress, all police officers should receive stress management training as part of in-service or re-certification programs. Departments should have a policy that mandates training, procedures for officers involved in critical incidents and counseling/psychological assistance. It is a given that there will be more shootings, riots, and hostage-taking, and yet fewer than 10 percent of all emergency organizations are prepared for their eventuality. Now is the time to form policies and procedures that will help employees deal with the consequences of such events (Van Fleet 107). Larger departments should have available trained peer counselors and mental health staff or consultants. Smaller law enforcement units should develop close ties with larger departments so that trained and experienced intervenors can be borrowed when an emergency situation arises (Blau 177).

Well-planned and well-maintained programs maximize the possibility of preventing long term psychological consequences of duty related trauma. This protection is critical to the life of the institution and the welfare of its personnel (Barnett 194).

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