

**The Bill Blackwood  
Law Enforcement Management Institute of Texas**

---

---

**Requiring Mandatory Psychological Debriefing  
For Officers after Critical Incidents**

---

---

**A Leadership White Paper  
Submitted in Partial Fulfillment  
Required for Graduation from the  
Leadership Command College**

---

---

**By  
James-Joseph Blake Alexius**

**New Braunfels Police Department  
New Braunfels, TX  
October 2020**

## **ABSTRACT**

Law enforcement officers endure and observe a great deal of violence and tragedy throughout their careers. The quick and thorough addressing of the mental issues that can manifest during and after these incidents is crucial to the future of law enforcement. The result of not addressing the mental issues that can arise from not properly dealing with these types of incidents manifests itself in the form of depression, Posttraumatic Stress Disorder, alcoholism, or suicidal ideations. The responsibility of dealing with these manifested issues is not just with the individual officer, but with the officer's agency as well. Therefore, law enforcement agencies should implement mandatory psychological debriefings for officers involved in critical incidents.

When law enforcement agencies require mental debriefings for officers involved in critical incidents, they will be contributing to the overall mental health of their officers. While there are arguments that requiring the debriefings amounts to a fit-for-duty analysis and not a concern for the officers themselves. The involved officers may also feel that they are able to get help on their own. These arguments, while popular, are rebutted by the fact that mental debriefings can help detect and prevent onset of PTSD, depression, and/or alcoholism. Also, officers can be helped mentally, allowing them to possibly have better temper control and reduce excessive use of force. All of these will help maintain, and in some instances, improve the outward image of law enforcement officers.

# TABLE OF CONTENTS

	Page
Abstract	
Introduction . . . . .	1
Position . . . . .	3
Counter Arguments . . . . .	6
Recommendation . . . . .	9
References . . . . .	12

## INTRODUCTION

Law enforcement officers endure and observe a great deal of violence and tragedy throughout their careers. Imagine an officer who is a ten-year veteran of their department and is a crisis negotiator. This officer is called to negotiate with a suicidal subject who has barricaded himself in his house. The officer gets on the phone with the suicidal subject and talks for only five minutes when the person agrees to come out of the house and seek professional help. The officer, feeling a sense of confidence and accomplishment, hangs up with the suicidal person so he can come out of the house. Approximately 30 seconds later all officers at the location, including the now confident and accomplished officer, hear a loud pop from inside the house. Frantic, the officer calls the suicidal person back several times, never getting an answer. Officers enter the residence and find the suicidal person had taken his own life. The negotiator is now upset and mentally shaken. The officer is allowed to walk away from the call with nothing more than a, "you all right?" from a coworker. Not knowing the full affect of the call, the negotiator leaves the area without talking to anyone about it. It is not until a few days later that the negotiator begins to feel the affects of what he sees as a failed negotiation.

There are different ways that this scenario can be handled; however, if it is not handled promptly and correctly, this officer can begin to show signs of depression, aggression, and even suicidal ideations. Entrusting the officer to get any psychological help leaves the officer to realize he needs help. According to Violanti (2004), the American Psychological Association (1994) defines posttraumatic stress (PTSD) as "a unique set of symptoms brought on by exposure to a traumatic event [such as stated

previously] that compromises the physical integrity or life of an individual and causes fear” (p. 278). Violanti further explains that the incidents that a police come into contact with, such as death, sexual assault, abuses, and other traumas suffered by others, can also cause PTSD to manifest itself in officers throughout their career (2004).

Leaving the unresolved mental issues caused by incidents such as this can lead to poor emotional control and thusly to work misconduct or outbursts of violence in the home. Also, leaving any unresolved emotions or feelings about this type of call, leaves the officer open to his own methods of dealing with the trauma, like possibly illicit or illegal substances, or even suicide (Larned, 2010). This would also account for elevated suicide rates among law enforcement officers, according to Violanti (2008).

Critics say that there is a certain stigma with having to see a psychologist while working in the law enforcement profession. This was believed to label officers as crazy or not mentally able to do their jobs effectively. While this stigma is one that has existed in the past, there has been a culture shift in law enforcement and this shift, along with education, has made the stigma of getting psychological help before a problem manifests itself is actually one that has been more widely accepted.

Also, there are those who say that an officer’s own mental health is their business and will seek help if they need it. In most cases, officers either do not see the mental issues they have or they do not see them until it is too late. Officers may then result to negative coping mechanisms such as alcohol, drugs, or other methods that can be destructive to the officer.

Others may also say that if an officer has any psychological help that it can be released to the officer’s department and treated as a fit-for-duty analysis. Officers have

to be trusted with the safety of citizens, other officers, and themselves. If an officer is having mental issues and admits these to the clinician they are speaking to, they feel it can be reported back to their agency and they be found unfit for duty; effectively removing them from the career they love.

All of these misconceptions are easily rebutted and the epidemic problem of officer suicide and development of (PTSD). Law enforcement agencies need to take a more proactive approach when it comes to the officers they employ. Law enforcement agencies should implement mandatory psychological debriefings for officers involved in critical incidents.

## **POSITION**

One of the main reasons for the implementation of mandatory psychological debriefings is because these policies could limit and reduce the amount of instances of police suicides and diagnoses of PTSD. Studies show that PTSD and suicide plague the law enforcement profession (Stark, 2016). These studies have made a link between the officer's involvement in critical incidents and their manifestation of PTSD and/or suicidal ideations, as is done by Violanti, et.al (2008).

The job of the law enforcement officer has gained significant amounts of additional duties that can add to the stress of their jobs. For instance, the thought of officers being just people who make traffic stops, arrest people, and drive around in the neighborhood in their patrol cars, while prevalent, is not an all encompassing description of the modern-day law enforcement officer. In reality, police officers are placed in roles as pseudo-parents, psychologists, referees, financial advisors, life coaches, grief counselors, and other duties that may arise in a day. Wearing all of

these hats in their job, police officers see many things that the everyday citizen does not come into contact with. Whether it is a suicidal subject, a fatality crash, murder scene, or other traumatic incident, police officers must process this onslaught of traumatic information and act in a professional and efficient manner to ensure that evidence is preserved, no one's rights are violated, and there is a solid case for any prosecution.

When an officer is not allowed time to process these incidents and their effects on the officers, they begin to develop negative means of handling them, such as alcohol, drugs, violent tendencies, PTSD symptoms, and suicidal ideations (Larned, 2010). In fact, McCommon points out that line of duty deaths are less likely than officer suicides (2015). Agencies have an obligation to their employees and the people they serve to ensure they have officers who are mentally stable and able to do the best job and provide the best service to the public as possible.

The best way for agencies to ensure the sound mental health of their officers is to set policies that require mandatory psychological evaluations in their post incident debrief processes. This ensures that a clinician is meeting with the involved officers and that the officers are able to process the incident in a clinical and more complete way and possibly preventing them from relying on other unhealthy means of coping.

Another important reason for the implementation of these types of policies is in an effort to assist officers who have been involved in critical incidents and are not able to control their emotions as well as others. Recent studies have proven that there is a correlation between a lack of emotional control and poor management of the mental health of those involved in critical incidents. A study by Kirschman found that officers who had been involved in critical incidents were not only emotionally removed, they

found themselves reflecting this on their families, causing further stress and anxiety among spouses and children (as cited in Zemlok, 2013). Officers who are allowed to move forward with their lives without being able to clinically process the stressors of such incidents are more prone to lack emotional control than those who are not involved in critical incidents.

Officers who are not able to control emotion are then provoked more easily by people into losing their cool and committing acts of excessive force against those who provoked the officer, to include a spouse or child. These types of interactions not only set a negative light on the profession and agency the officers represent, but it also places the freedoms, marriages, and careers of the officers in jeopardy. One of the few studies on police officer marriage relationships, completed by Roberts and Levinson, also shows how the stress of the police jobs evokes a greater level of negative emotion (as cited in Alvarez, 2015). Agencies that are willing to implement the types of policies that help officer mental health make a two-fold investment in the future of law enforcement.

First, by enacting these policies, agencies are investing in their image and the image of the law enforcement profession. Anytime there is a complaint of excessive force made by a citizen on an officer it shines a negative light on the agency and law enforcement. If agencies can limit excessive force by enacting mental wellness policies for the officers involved in critical incidents, they cannot just protect their image, but possibly improve it over time.

Second, the agencies would also be investing in the wellbeing of the officers in their employ. Officers' mental health is a priority which if focused on actively and



positively, can lead to a greater ability for officers to control their emotions and not lose their temper with citizens they deal with; reducing excessive force issues and officer complaints for mistreatment. Finn and Tomz found that mental health services and counseling being provided to officers mitigated other negative behaviors. These negative behaviors included: missing work, leaving the workforce before retirement, and even mitigating excessive force law suits (as cited in Zemlok, 2013). Also, with better mental health, officers can better handle the stress of their jobs, improving the emotions that are taken back into the home. This makes a better home life, which can translate into a better work product.

## **COUNTER ARGUMENTS**

When speaking of mandatory psychological evaluations, some say that an officer being evaluated by a clinician will not be honest about their mental wellbeing. Officers and their peers depend on each other to be there when the situations they are involved in turn critical. For instance, during an active shooter incident each responding officer is depending on the other officers on scene to be physically and mentally able to handle their responsibilities. If an officer is not mentally able to handle him or herself on a scene like that, it places others in danger as well as that specific officer. Critics can say an officer who is mandated by policy to sit for a psychological debriefing will not be honest with the clinician because they don't want to be seen as unable to do their jobs (Redman, 2018).

While it may seem like officers would rather seek their own mental services, Carlier *et al.* conducted a study in which the results showed that officers did not have as much issue with the specific incident that they were involved in, but they were more

traumatically injured by the perceived lack of support from their agencies (as cited in Chae & Boyle, 2013). Officers have to be able to trust in their agencies to have their best interests in mind when making policy decisions. With the results of the above mentioned study, it is clear that if agencies are going to gain the trust of their officers while simultaneously ensuring their mental health, they need to ensure they have policies in place to protect the officers who are involved in critical incidents. This protection not only benefits the agencies, it benefits the officers. The officers who can mitigate the mental damage from critical incidents are able to try and lead longer and more fruitful careers. Also, if an officer is able to receive counseling services and learn coping mechanisms related to these services, that officer is able to help other officers and direct them to services that might keep them mentally healthy.

Another seemingly legitimate counter argument against policies mandating psychological debriefing is that officers should know when they do or don't need professional mental health treatment and it is not for the agencies to determine (Redman, 2018). Police officers are a prideful group and mandating that they see a psychologist can seem like the agencies do not trust their officers with their own mental health. Building a sense of distrust can be detrimental to the agency-officer relationship that is paramount for an officer's successful career.

Relying on officers to seek out and use specific resources available to them, such as Employee Assistance Programs (EAP), is not a good strategy for agencies to employ. One study, for instance, found that a stark few of participants utilized EAP as a means of getting psychological relief from work stress. This study points out that approximately 16% of the study's participants used an EAP when faced with depression

from work-related stress (Donnelly, Oehme, & Valentine, 2015). With the EAP being an agency-provided resource for officers in crisis to find psychological help, officers being mandated to seek this help after critical incidents creates hope the officer's would be able to prevent getting to the point they become suicidal (Donnelly et al., 2015). Further countering this counter argument, the same study reported officers knew their agency provided EAP services and still would not seek out the assistance they provide (Donnelly et al., 2015). Officers should not, then, be relied upon to seek psychological help for their mental issues when subjected to work-related stress.

Finally, critics of mandatory psychological debriefings for critical incidents say that if an officer is forced to go see a clinician, they are being forced into going for a fit-for-duty examination (Redman, 2018). Instead of attempting to maintain officer health, it is seen as an attempt to either get rid of officers, or label them as crazy so that they will leave the department. This stigma of having to see a psychologist for anything dealing with a law enforcement officer's job is perceived to outweigh the need to actively maintain the officer's mental health for a long career and fruitful personal life. With the stigma associated with receiving mental health services and serving in a profession where the main group of employees has a machismo, going to see a mental health professional is seen as weakness. Further, an officer who is going to see a professional can be seen or assumed to be in a mental state that they cannot be able to be trusted in stressful situations.

Mandating clinical debriefing after any critical incidents prevents any singling out of officer for a fit-for-duty examination. If this is an across the board requirement for anyone who is involved, there is less of a way to be seen as singled out for anything

specific. The stigma of seeing the clinician is avoided by the mandate to see them after each critical incident. Police officers see a type and amount of stress that is “beyond the realm of normal human experience” (Anderson, Litzenberger, & Plecas, 2002, p. 400). That amount of stress can cause reactions that officers do not see until it is too late.

If agencies rely heavily, or solely, on an officer’s ability to detect when they are in mental crisis, it could, and most likely will, be too late. This leaves the agency liable for not providing the officer the resources needed to remediate his crisis and possibly save the officer’s marriage, career, and even their life. Calling the examination a fit-for-duty test takes away from the importance of mental health evaluations for officers exposed to that level of stress and can, in some cases, prevent the healing an officer needs to be able to be a productive officer and civilian.

## **RECOMMENDATION**

Police officers, peace officers as they are called in the state of Texas, are tasked with acting under several unofficial titles as they perform their many duties. From being a makeshift psychologist, pseudo parent, confidant, community leader, coach, friend, or law enforcer, the modern police officer is tasked with being whichever of these their job requires at any certain moment. As with the negotiator from above, these tasks take their toll on officers on a daily basis. What happens when the officer is at a point mentally, or has just been involved in a critical incident, such as a failed negotiation, or officer involved shooting (OIS), needs but does not receive mental health services that can be instrumental in the complete recovery of the officer. This is exactly why agencies need to enact policies that require officers involved in critical incidents see a mental health clinician.

In addition to this policy, the agencies should also be able to form and mandate the formation and use of peer support groups for officers to seek on their own if the officer feels a need to talk to someone who knows what they have been through. Police officers, moreover law enforcement as a whole, are a private group. The use of peer-support groups help perpetuate this but are a good way for officers to get help before their mental struggles get to a tipping point. He, *et al.* point out that agencies can form 24-hour support hotlines or other groups, such as police organization providing peer assistance (POPPA) or Cop2Cop (as cited in Chae & Boyle, 2013). Chae and Boyle further point out that these types of programs allow for officers to speak to someone who knows the inner workings of police work and does not cause any power struggle with the officer (Chae & Boyle, 2013).

Lastly, agencies should enact and maintain a chaplains program for the department. Police chaplains can assist officers and agencies in several ways. One important way they can assist officers is by being a supportive figure for officers who need spiritual guidance or a shoulder to lean on should the officer find them self in some sort of mental crisis. While chaplains are not licensed clinicians typically, they are an entrusted figure in the agency that has the ability to help counsel someone through a small crisis, or direct them to somewhere the person in crisis can receive help.

There is no one-size-fits-all approach to mental health in law enforcement. As the struggles in the world become more frequent, so does the stress of the job of law enforcement. Implementation of mandatory mental debrief policies should reduce instances of depression, PTSD, alcoholism, and other mental disorders associated with the involvement in critical incidents. Furthermore, these policies will allow for the officers

not to rely on their own self-diagnosis or understanding that they have a problem. There are arguments that debriefs are considered a fit-for-duty analysis, that the officers may not be honest during the evaluations, and that the agencies really have no right to require debriefs. Those arguments can be rebutted easily by pointing out that officers feel more supported when the agency provides this support, there are programs to augment the debriefs, such as EAPs, and because they are mandatory, it removes any singling-out of specific officers. Therefore, it is the duty for all law enforcement agencies to protect the officers they employ by enacting policies and practices to ensure they can work through the mental anguish and stress caused by the job of law enforcement.

## REFERENCES

- Anderson, G. S., Litzenberger, R., & Plecas, D. (2002). Physical evidence of police officer stress. *Policing*, 25(2), 399-420.
- Alvarez, N. (2015). *Law enforcement officers' perception of their stressors and coping styles and the effect on the family unit (Doctoral dissertation)* (Order No. 3724906). Available from Criminal Justice Database. (1732168225)
- Chae, M. H., & Boyle, D. J. (2013). Police suicide: Prevalence, risk, and protective factors. *Policing*, 36(1), 91-118.
- Donnelly, E., Valentine, C., & Oehme, K. (2015). Law enforcement officers and employee assistance programs. *Policing*, 38(2), 206-220.
- Larned, G. (2010, Fall). Understanding police suicide. *The Forensic Examiner*, 19(3), 64-71.
- McCommon, A. J. (2015). *Law enforcement officer performance, education, and risk for suicide (Doctoral dissertation)* (Order No. 3701060). Available from Criminal Justice Database. (1680835338)
- Redman, J. (2018, January 23). *Why do cops avoid counseling? Eight myths about law enforcement officers and mental health treatment*. Retrieved from <https://ct.counseling.org/2018/01/why-do-cops-avoid-counseling-eight-myths-about-law-enforcement-officers-and-mental-health-treatment/>
- Stark, E. (2016). *Post-traumatic stress: A deadly secret*. Huntsville, TX: The Bill Blackwood Law Enforcement Management Institute of Texas.
- Violanti, J. M. (2004, Fall). Predictors of Police Suicide Ideation. *Suicide and Life Threatening Behavior*, 34(3), 277-283.

Violanti, J. M., et. al. (2008). Suicide in Police Work: Exploring Potential Contributing Influences. *American Journal of Criminal Justice*, 34, 41-53. DOI

10.1007/s12103-008-9049-8

Zemlok, R. (2013). *The impacts of police work on law enforcement families (Doctoral Dissertation)* (Order No. 3558041). Available from ProQuest Dissertations & Theses Global: Health & Medicine. (1347340607).