

**THE BILL BLACKWOOD
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**An Analysis of How a Law Enforcement Agency's Response to a
Critical Incident Can Eliminate or Reduce Trauma**

**An Administrative Research Paper
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Requirements for Graduation from the
Leadership Command College**

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TABLE OF CONTENTS

Abstract	
Introduction.....	4
Review of Literature.....	6
Methodology.....	13
Findings.....	14
Discussion/Conclusion.....	20
References.....	24
Appendix	

ABSTRACT

Every law enforcement agency and most individuals employed by these organizations will be affected by and challenged to effectively respond to a critical incident. The resulting response will positively or negatively impact and affect the employee's recovery, as well as the agency's recovery. It is therefore critical that individuals and organizations are 1) educated about what an employee or an agency may experience during and after a critical incident, 2) have policies in place to address issues resulting from an incident, and 3) have critical incident stress management procedures in place to effectively respond to the incident. An examination of written material, coupled with information obtained from training seminars and actual on the job experience, resulted in an understanding of the dynamics of how a critical incident and the resulting response affects employees and an organization. An agency is able to influence and control many of these dynamics and can reduce or mitigate the affects of posttraumatic stress. They can affect the recovery time for the employees and the agency, the thoroughness and accuracy of the investigation, leave time utilized by employees, retention of employees, work performance, liability issues, and morale issues. Recommendations for an effective response are included throughout the research paper. The costs associated with an ineffective or insensitive response results in a moral and ethical responsibility for the organization to effectively respond. These costs are such that neither an agency nor it's employees can afford not to effectively respond.

Introduction

The purpose of this administrative research paper is to identify what a law enforcement agency can do to reduce or eliminate the trauma and posttraumatic stress an employee experiences during and after a critical incident. Why is this important to law enforcement? What significance does an agency's response have on the individual involved in the incident and the organization as a whole? Critical incidents affect and challenge each and every agency in this country. Unfortunately, 87% of all law enforcement personnel will, at least once in their career, experience a traumatic incident (Pierson, 1989). How an agency responds to this traumatic incident will not only affect the employee's recovery, but can affect the agency's recovery as well. An agency's response can impact an employee's or an agency's recovery in a positive or negative manner and the degree of these impacts can vary significantly. The effects of trauma can be minimized at different points of progression. Properly addressed, the progression can be broken quickly and effectively, thereby reducing the trauma and stress experienced by the employee and the employee's family (Jones, 1989). In other words, an agency can orchestrate their response to assist in the recovery process. Improperly addressed, an agency can hamper the recovery process and create additional stress and trauma. A secondary purpose of the research is to make recommendations for an effective response by an agency to a traumatic incident.

The research methodology will explore textbooks, law enforcement periodicals, and research papers. Information will also be gathered through interviews with and training provided by mental health professionals and experts specializing in crisis intervention and critical incident stress management. The author's eight years of

experience as the manager of the Arlington Police Department's Peer Support Group and two years as an advisor to the Department's new Critical Incident Stress Management Team will also be utilized in the research process.

Research will focus on four major components of a comprehensive response: 1) the need for written policies and procedures will be explored at length; 2) utilization of qualified mental health professionals who specialize in crisis intervention and critical incident stress management will be examined; 3) the role of peer support and critical incident stress management teams will be discussed; and 4) training needs for various groups affected by trauma and posttraumatic stress will be identified. These groups will include employees, investigators, supervisors, peer support and critical incident stress management personnel, and the employee's family.

Potential policies and procedures will be explored and recommendations for an effective response will be made. Policy recommendations may be included in the following areas: 1) removing an employee from the scene of an incident; 2) replacing an officer's weapon if it is collected for evidence; 3) providing the employee with an option of utilizing recovery time before being interviewed or giving a statement; 4) the use of administrative leave; 5) mandating counseling by a mental health professional; 6) extending critical incident stress management or professional mental health services to the family; 7) reassigning the employee after a critical incident or scheduling a paced return to duty, and 8) the provision of training for employees, their families, investigators, supervisors and administrative personnel.

It is the intention of this research project to educate individuals and agencies about what an employee may experience during and after a critical incident. It is further

intended to establish the need for an agency to educate their personnel in critical incident stress management and guide the agency in providing a more effective and sensitive response to the incident. Based upon the long-term effects of stress and the consequences of prolonged Post Traumatic Stress Disorder (PTSD) 6, research indicates that agencies that provide a critical incident stress management response for their personnel can mitigate the acute psychological distress that is associated with psychological trauma, and may prevent or mitigate adverse posttraumatic stress disorder sequelae (Flannery, 1999). Agencies can potentially affect the recovery time for employees and the agency, the extent and effectiveness of the recovery, leave time utilized by employees involved in a critical incident, the retention of these employees, work performance, the thoroughness and accuracy of related investigations, morale issues, and use of force issues.

As it was previously stated, all agencies will be affected and challenged by a critical incident. Most law enforcement personnel will also experience the effects of at least one critical incident during their career, and many will manage an incident or be responsible for establishing policies regarding their agency's response. It is law enforcement's duty and obligation to not only ensure the integrity of its response, but to respond in a compassionate and responsible manner and do what is reasonably necessary to reduce or eliminate the trauma and stress experienced by so many employees. It is also an agency's responsibility to reduce the potentially adverse consequences of a known risk (Everly and Mitchell, 2000).

Review of Literature

Prior to analyzing the effect a law enforcement agency's response to a critical incident has on an employee, it is imperative we understand the definition of a critical

incident and the potential impact the incident has on employees. It is also important we understand possible reactions an employee may have to a critical incident and potential traumatic stress symptoms. A significant amount of research has been conducted in this area and many experts have authored books, articles and papers on the subject. In training handouts Dr. Roger Solomon, Washington State Patrol Department Psychologist (1988), defines a critical incident as any situation where one feels overwhelmed by their sense of vulnerability and/or lack of control over the situation. Dr. Jeffery Mitchell (2000) defines it as a situation that causes emergency service personnel to experience unusually strong emotional reactions that may interfere with their ability to function at the scene or later on. Many types of situations can be critical incidents. What constitutes a critical incident for one person may or may not be a critical incident for another. Clarence Jones (1989) sites a survey of the 25 most stressful incidents experienced by employees conducted by James Sewell. They are listed in Table I.

Table I

25 MOST STRESSFUL EVENTS EXPERIENCED BY OFFICERS	
1.	Violent death of a partner in the line of duty
2.	Dismissal
3.	Taking a life in the line of duty
4.	Shooting someone in the line of duty
5.	Suicide of an officer who is a close friend
6.	Violent death of another officer in the line of duty
7.	Murder committed by a police officer
8.	Duty-related violent injury
9.	Violent job-related injury to another officer
10.	Suspension
11.	Passed over for promotion
12.	Pursuit of an armed suspect
13.	Answering a call to a scene involving violent non-accidental death of a child
14.	Assignment away from family for a long period of time
15.	Personal involvement in a shooting incident
16.	Reduction in pay
17.	Observing an act of police corruption
18.	Accepting a bribe
19.	Participating in an act of police corruption
20.	Hostage situation resulting from aborted criminal action

21.	Response to a scene involving the accidental death of a child
22.	Promotion of inexperienced/incompetent officer over you
23.	Internal affairs investigation against self
24.	Barricaded suspect
25.	Hostage situation resulting from a domestic disturbance

A person may experience any number of psychological impacts from an incident, and the degree of the impact can vary dramatically from mild to severe. A study conducted by Solomon and Horn (1986) concluded that 37% of employees experienced mild reactions, 35% had moderate reactions and 28% had severe reactions after an incident. Rider (1997) cites several statistics from an article by K.J. Bettinger. Bettinger states that 20% of employees involved in a critical incident will be divorced within one year. He also states 75% will leave law enforcement within five years of the incident. The most dramatic statistic is if an officer involved in an incident is not afforded counseling and is involved in another incident, they are 70% more likely to be killed or wounded in the second incident. Everly and Mitchell (2000) cite that approximately 10% of individuals exposed to a traumatic event can be expected to develop chronic PTSD. They also found the prevalence of PTSD to be about 13% in a sample of suburban law enforcement officers. Two other significant statistics they cite are that law enforcement officers are 8.6 times more likely to die from suicide than from homicide and are 3.1 times more likely to die from suicide than from accidental circumstances. Most researchers tend to agree on a similar list of potential impacts or responses. There is some variance to the list, as each expert may utilize different semantics or may include a different set of potential impacts. The following table lists the results from a project Dr. Robert Loo (1986) conducted examining post-shooting stress reactions among police employees. It includes the stress reaction and the percentage of employees experiencing the reactions at four time intervals after the incident.

Table II

Percentage of Members Experiencing Psychological Impacts from the Shooting Incident with Various Time Frames					
Stress Reaction		Percentage Experiencing Impacts Time Period			
		1	2	3	4
1.	Sleep disturbances	50	13	16	5
2.	Preoccupation with the incident	36	25	16	23
3.	Attempts to deny the incident occurred	13	7	2	0
4.	Headaches	9	4	2	2
5.	Anger over the incident	18	11	11	21
6.	If a smoker, increased smoking	13	2	0	2
7.	Nightmares	24	4	0	4
8.	Loss of appetite	18	5	2	5
9.	Depression	18	7	7	7
10.	Flashbacks to the incident	27	14	14	11
11.	Wishes that what happened could be undone	16	7	9	13
12.	Loss of interest at work	14	2	4	20
13.	Family/marital problems	2	4	5	9
14.	Increase in alcohol consumption	9	4	4	7
15.	Guilt feelings	16	11	5	11
16.	Reconsideration of policing as a career	13	5	9	14
17.	Irritability	11	7	7	13
18.	Re-examination of personal values	18	14	16	27
1.	Occurred within three days of the shooting				
2.	Between four days and one week				
3.	Between eight days and one month				
4.	After one month				

Mitchell and Every (2003) have identified four groups of traumatic stress symptoms. Physical symptoms not listed above include chills, thirst, fatigue, twitching, weakness, tremors, fainting, crying, increase in heart rate and blood pressure, shock symptoms, grinding of teeth, visual difficulties, nausea, dizziness, pain, cramps, vomiting, sweating, chest pains, and difficulty breathing. Other emotional reactions may include fear, feelings of hopelessness and helplessness, numbness, anxiety, feeling a loss of control, grief, panic, agitation, apprehension, shock, emotional outbursts, feeling overwhelmed, and inappropriate emotional responses. Behavioral symptoms might include changes in appetite, withdrawal, questioning religious values, decreased personal hygiene, antisocial acts, intensified pacing, erratic movements, changes in

activity level, increased difficulty communicating, being hyper-alert to their environment, and changes in speech patterns. Cognitive reactions could include concentration problems, memory distortions, confusion, uncertainty, hyper-vigilance, poor problem solving, poor abstract thinking, poor attention, difficulty making decisions, externalizing blame, increase in suspicion and distrust of people, changes in perceptions of time, difficulty identifying objects or people, and increased or decreased awareness of surroundings.

Artwohl and Christensen (1997) discuss perceptual distortions that employees may experience during a critical incident. These include diminished sound, tunnel vision, automatic pilot, heightened visual clarity, slow motion time, memory loss for parts of the event, memory loss for some of their actions, dissociation, intrusive distracting thoughts, memory distortions, intensified sounds, fast motion time and temporary paralysis. They devoted a significant amount of time to memory impairment and how the impairments relate to and how they can affect the employee's statement, the investigation of the incident, and how investigators and supervisors perceive a lack of memory or memory distortions. They believe an employee may remember things differently and more clearly after they have had time to recover from the trauma. Grossman and Siddle (1998) have also done extensive research on critical incident amnesia and believe the greater the trauma, the greater the impact of post-incident amnesia is likely to be.

Of special interest are negative reactions employees have to stress and posttraumatic stress. Agencies can review the list of these reactions and quickly comprehend the potential impact some of these reactions could have on operations, the

ability to provide professional law enforcement services, civil liability, employee safety, the utilization of benefits and workers compensation, morale, and a host of other issues. Slovak (1996) cites several consequences of stress from articles published by Richard J. Conroy and Russell J. Bonanno. These consequences include employee turnover, extreme aggressiveness, substance abuse, an increase in accidents, increases in use of force complaints, increased medical and disability leave, and decreased productivity. When discussing traumatic stress symptoms, Lozano (2001) lists an increased likelihood of acting violently, an increase in absenteeism; premature resignation and early retirement, an increase in arguments and conflicts with others, increases in anti-social acts, regressive actions and reactions, increased agitation, increases in irritability and anger, an increase in interpersonal conflict and miscommunication, fear of another traumatic event occurring, increased startle reaction, increased illnesses and use of medical services, concentration problems, work productivity problems, increased risk of causing accidents, making poor judgments, difficulty in decision making, short and long-term memory problems, decreased attention span, decreased ability to learn new material, an increase in lack of confidence, increases in externalizing blame for problems, and confusion.

A large number of studies have been completed and a significant amount of research has been conducted in the areas of critical incidents and posttraumatic stress. Based on the research and studies, many recommendations have been made to assist agencies in developing a response to critical incidents. Most agree on the need for education as a preventative tool. Most also recommend the need for assistance from mental health professionals. Other recommendations include the concepts of peer

support, which is the assignment of a peer employee to assist the employee who has been involved in an incident. This peer employee is not a mental health professional, but usually has received some training in crisis intervention and critical incidents.

George S. Everly, Jr., Ph.D., C.T.S. and Jeffrey T. Mitchell, Ph.D., C.T.S. developed a concept called Critical Incident Stress Management (CISM). Everly and Mitchell (2003) define this as a comprehensive, integrated multi-component crisis intervention system. More agencies, schools, businesses, industries and communities are adopting this system as their method of responding and reacting to a critical incident. CISM consists of the following core components: 1) pre-crisis planning/education; 2) individual crisis intervention (one on one); 3) Defusing is a 3-phase small group crisis intervention occurring within 8-12 hours after an incident and lasting 20-45 minutes; 4) Critical Incident Stress Debriefing (CISD) is a 7-phase small group discussion that occurs 1 to 10 days after the incident and lasts 1 and 1/2-3 hours; 5) Demobilization is a large group crisis intervention for public safety, rescue and disaster personnel; 6) Crisis Management Briefing (CMB) is another large group crisis intervention for civilian populations; 7) organizational consultations; 8) family crisis intervention; 9) pastoral crisis intervention; and 10) mechanisms for follow-up and referral (Everly and Mitchell, 2000).

Studies have been conducted that have shown the success in reducing post trauma stress in employees who have been afforded this process. Studies have also been conducted with groups who have utilized the CISM process and the resulting effects on employee's use of sick leave, the number of accident claims, productivity, medical and legal expenses related to personnel involved in a critical incident, and

medical injuries related to a critical incident. Everly and Mitchell (2000) conducted a study of two air disasters, one in San Diego and the other in Cerritos, California. Emergency workers in Cerritos received CISM defusing and debriefing interventions; workers in San Diego did not. Within one year of the disaster, San Diego lost 5 police officers, 5 fire fighters and 15 paramedics. Cerritos lost only 1 paramedic. San Diego workers also experienced a 31% increase in mental health utilization; Cerritos had a 1% increase. Flannery (1999) conducted a study of the Assaulted Staff Action Program (ASAP), a crisis intervention procedure to assist employees who work in hospitals, shelter programs, mental health centers and community residential programs and are victims of assault. ASAP utilizes a CISM approach. Studies show dramatic declines in the assault rate and an equally dramatic decline in the number of employees who leave a facility for reasons related to employee assault.

Methodology

As previously stated, a multitude of research has been conducted in the area of traumatic stress and reactions. Determining if an agency can reduce or eliminate trauma experienced after a critical incident will be explored by examining the many books, studies, research papers, journal and periodical articles, and written material published by experts in the areas of posttraumatic stress and critical incident stress management. Several experts provide training in post trauma stress and critical incident stress management. Instructional materials and lecture excerpts from these courses will be utilized. Interviews will be conducted with mental health professionals who specialize in post trauma stress affecting law enforcement personnel and who utilize critical incident stress management approaches when providing assistance to

personnel involved in critical incidents. Research will be reviewed for effects caused by involvement in a critical incident, prolonged effects of posttraumatic stress, methods of crisis intervention, critical incident stress management, and approaches for eliminating or mitigating the effects of trauma and posttraumatic stress.

It is anticipated the research will substantiate the fact that posttraumatic stress can be impacted by an agency's response. Potential responses by an agency to an incident will be examined and reviewed. Specific recommendations will be made to assist an agency in developing protocols and providing an administrative response that will minimize or eliminate the posttraumatic stress experienced by employees. A sample General Order will also be developed and included as an appendix to this paper. The General Order will include critical incident stress management policies and procedures that should be utilized by employees, supervisors, peer support and critical incident stress management personnel, and the agency. Training issues and assistance for employee's families will also be addressed. It is the purpose of this author to provide a model policy for agencies based on experience and research conducted for this research paper.

Findings

Many factors influence the degree to which an employee may be affected by a critical incident. These include the employee's personality, experience, reputation, status, conditions under which the incident took place, peer responses to the incident, the response by the media and the community, the degree of support or lack of support the employee receives, and the amount of cumulative stress experienced by the employee (Blau, 1994). An agency is able to influence, if not control many of these

factors. Carefully selecting the right people for the profession and the organization is critical. Providing stress management training, training on the psychological and emotional impacts a critical incident can have on an employee, and training on how to psychologically and emotionally survive a critical incident can make a difference.

Starlane Riddle (1990) cited information from an article written by Martin Reiser who found that if a person is trained to expect the possible reactions to a critical incident, they will be physically and mentally prepared to handle the stress of these situations with little or no adverse emotional or physical problems. Rider (1997) supports this theory with information cited from an article by Maggio and Terenzi that states the amount of training provided to an employee prior to a critical incident will significantly impact the emotional, physical and behavioral reactions experienced by the employee and the organization. Jones (1989) cited research that indicates that if an employee is aware of what they may experience during and after a critical incident, they are less likely to experience trauma and posttraumatic stress. Slovak (1996) cited interviews with Drs. Roos and Greenstone that also support this theory.

Providing training to the leadership of an agency is also important. In a study conducted by Solomon and Horn (1986) regarding the amount of support an employee received after an incident and the relationship of the support group to the amount of trauma experienced, they found that supervisors have the largest impact in terms of how much trauma that individual will experience. Command staff who are fair and supportive, and who are educated on how they and their agency should treat an employee after a critical incident, can make a big difference in how quickly an employee recovers (Artwohl and Chrstensen, 1997).

Peer reaction also has a significant effect. Providing information and training to personnel about how they can assist another employee allows that individual's peers to positively impact the experience and provide support for the employee. Artwohl and Christensen (1997) also discuss suggestions for people on how they can best support a fellow employee who has been traumatized. The suggestions include not congratulating him or calling him nicknames, not encouraging the use of alcohol, not asking for an account of what happened, staying with them for a few days if they live alone, and be positive and non-judgmental. Anderson (1996) interviewed Dr. Reide, staff psychologist for the Houston Police Department, who advises employees involved in an incident to have three stories in their mental library. Complete details can be discussed with a few close friends and family members. A generic version can be used with the thrill seekers at work. A third option is refusing to talk about the incident. Having a supervisor hold discussions of the incident with agency personnel who were not involved can accomplish several goals. It is an excellent venue for discussing specific needs an employee may have. It can also reduce or eliminate the circulation of rumors and inaccurate information. Employees can ask questions and it affords command staff the opportunity to gauge the reactions of their personnel (Artwohl and Christensen, 1997)

Most agencies will conduct two simultaneous investigations: a criminal investigation and an internal investigation. Training for the criminal investigators and Internal Affairs personnel on what an employee may experience during and after an incident will assist them in having a more positive impact on the involved employee(s) and may also help them conduct a more effective investigation. Artwohl and

Christensen (1997) recognize how an investigator can affect the impact of an incident on an employee and offer the following suggestions for investigators: explain the procedures and what will happen, don't confiscate the officer's weapon unless necessary and make sure if it is taken as evidence that a replacement weapon is issued as soon as possible, the employee should not be allowed to drive, interviews should be in a comfortable room, allow an employee to shower and change before the interview, remember other employees may also be traumatized, have appropriate foods available, allow the employee to get up and move around, be cognizant that an employee may not recall specific details and their perceptions may differ from the physical evidence, be sensitive that each employee reacts differently, and be aware that it is not uncommon for an employee to remember details of the incident days or weeks afterwards.

Training for an employee's family can also affect an individual's recovery. It must be remembered that the employee is not the only one impacted by this event. Family members can also experience trauma. Counseling services should be made available to the family of any employee involved in a critical incident. The family is often in a position to assist or hinder the employee in their recovery. Artwohl and Christensen (1997) also recognize the potential impact on the family and advocate support for them.

Table II in *The Review of Literature* section listed a variety of reactions an employee might experience after a critical incident. Most professionals advocate removing an employee from the scene as soon as possible. This creates the question of whether to have an employee return to the scene to do a walk-through with investigators. Pessink (1998) discusses procedures involving walk-throughs after an incident. He cited Stone who suggests that it may actually be beneficial to some

employees to allow them to participate in a walk-through of the scene to fill in missing details of the incident thereby reducing the anxiety level for the employee. For other employees a walk-through can be very traumatic. Some advocate conducting the walk-through at a later time. Another issue that has diverse opinions is when the employee's statement should be taken. In Grossman's and Siddle's (1998) research, they found that after a critical incident, much of the information is still in the brain, but it has not been processed in such a manner that it can be retrieved. They found sleep to be a key factor in retrieving this information which would favor taking statements after the employee has been allowed to go home and sleep.

Providing counseling to employees who have experienced a critical incident can impact an employee's recovery, and can potentially impact an agency's recovery. Research has shown that peer support is extremely effective in reducing trauma and the use of a critical incident support team is cost-effective for the agency (Solomon, 1988). Anderson (1996) interviewed Dr. Bissett with the Houston Police Department and he is a strong advocate of providing professional psychological counseling to employees after an incident. Nelson (1996) suggests the use of psychological counseling and peer counseling as a reasonable option for agencies with limited financial resources. The utilization of a Critical Incident Stress Management system can significantly impact an organization and its employees as demonstrated by the studies discussed in a previous section. Anderson (1996) also made a very significant point in that most insurance policies and workers compensation cover psychological assistance. Does an agency have a legal obligation to provide these services? Slovak (1996) cited Kureczka who discussed the legal ramifications for departments who fail to assist employees who

suffer from PTSD. He found that agencies have been sued and cash settlements awarded to employees. The question then becomes: Why would an agency not provide these services to their employees?

Many agencies grant administrative leave with pay to employees involved in an incident. This is a dramatic change from many years ago when it was customary for an employee to complete their shift and return to work the next day as if nothing had happened. A mistake employees often make is not taking enough time to recover psychologically from an incident (Artwohl and Christensen, 1997). They also discuss the fact that it takes the body three to four days to physiologically return to normal after a major adrenalin dump and recommend a minimum of three days off after an incident. Dr. Hill (1984) believes there should be flexibility for leave in the event it is needed, but it should not be mandatory if time off does more harm than good. Administrative leave is also supported by Dr. Solomon (1988). Dr. S. A. Somodevilla, who provides psychological services to the Dallas Police Department, said feedback from officers involved in an incident supports the need for administrative time off of at least 1-2 days. While there is not a consensus from mental health professionals or officers on the amount of administrative leave that should be given, all agree that at least some administrative time off should be granted. Hill's (1984) opinion that the amount of time should be flexible is the most viable, as an agency should take into account the employee's physical condition, their psychological health, the initial findings of the criminal and investigative investigations, media and political scrutiny of the incident, the public's reaction to the incident, and the employee's history of involvement in critical incidents. Allowing the agency's administration, the employee, and the CISM team to

have input into the amount of administrative time off needed will likely produce the most effective decision.

Another controversial decision involves whether to allow the employee to immediately return to their regular duties or re-assign the employee. Geller and Scott (1992) believed the most basic step in assisting employees involved in a shooting is to relieve employees for a reasonable period of time from their field assignments. Artwohl and Christensen (1997) believe an officer should not return to the streets until the shooting has been reviewed and the officer has been fully cleared of any wrong doing. Cindy Bethany, a professional mental health provider and a member of the Arlington Police Department's CISM team, stated in an interview in November, 2003, that she advocates an employee return to regular duties after their return from administrative time off unless there are specific reasons mitigating the employee's return. She believes this facilitates the employee's recovery as they return to their normal surroundings and schedule. In a conversation in June, 2004, Vaughn Donaldson, a CISM certified trainer, expressed the need to be flexible. He suggested taking into account the same issues cited by Hill in the previous paragraph regarding administrative leave. Again, there is no consensus and an even greater division of opinions. Being flexible and reviewing the circumstances discussed for administrative leave is probably the most prudent direction to travel.

Conclusions

Trauma experienced by employees after a critical incident is very real and can have a significant impact on the physical and emotional health of the employees and can result in significant costs to the agency. Can an agency reduce or even eliminate

the trauma experienced by employees? Absolutely! Understanding what an agency can do to reduce or eliminate this trauma not only benefits the employee and the agency, but also benefits the employee's family and the community the employee serves.

Developing written policies and procedures is critical and most effective when done prior to an occurrence of a critical incident. The author offers the following suggestions for agencies to utilize to reduce or eliminate post trauma stress experienced by employees involved in a critical incident in Table III:

Table III

What an Agency Can Do To Reduce or Eliminate Posttraumatic Stress After a Critical Incident

1. Carefully screen police applicants for their emotional and psychological ability to effectively cope with stress and posttraumatic stress.
2. Provide critical incident and stress management training for all personnel. This training should include physical, psychological and emotional reactions one may experience during/after a critical incident and how to positively react with/to employees who have experienced a critical incident. Specialized training should be provided to supervisors, investigators and peer employees to assist them in more effectively and successfully accomplishing their duties. Training should also be made available to family members on how to cope with an incident and how best to assist their family member.
3. Provide a physical and psychological wellness program for employees (Sturrock, 1991).
4. Establish policies and guidelines in the event of a critical incident.
5. Establish a Critical Incident Stress Management plan and develop a trained CISM Team.
6. Identify and work with a mental health provider trained in crisis intervention and CISM.
7. During the first few hours after a critical incident has occurred, explain to the employee what will happen regarding the administrative and criminal investigations.

8. Provide the employee with a peer employee. This employee should ensure the employee's family is notified, an attorney is contacted, and any other significant contacts are made for the employee. If possible, a peer employee should be assigned to the family. This facilitates communication with the family and the peer employee can attend to any needs the family may have.
9. If available and needed, CISM mental health professionals may be utilized, as well as spiritual counselors (such as a chaplain or pastor).
10. "Create a psychological break" (IACP, 1998) by removing the employee from the scene of the incident as soon as possible. Have a peer employee stay with the employee involved in the incident. Take the involved employee to an area of a non-stimulant nature with discretionary use of food or drinks with caffeine.
11. If the employee's weapon is collected as evidence, it should be replaced immediately or as soon as possible. The employee's behavior should be taken into consideration. If he's very agitated or depressed, it may not be prudent to replace his weapon.
12. Make a group decision on when to do a walk-through. The employee, his attorney, the peer employee or counselor, supervisors and investigators should all have input into this decision.
13. The same procedure should be followed when deciding when to take the employee's initial written statement.
14. A high-ranking supervisor should personally contact the employee. The supervisor does not have to comment on the situation, but can be sympathetic and show concern.
15. The employee should be given at least three days of administrative leave with pay to recuperate physically from the incident and begin to deal with the emotional impact. Additional time may be warranted. Other personnel affected by the incident should be afforded leave on a case by case basis.
16. There should be a mandatory confidential session with a mental health professional.
17. Counseling should be made available to the employee's family.
18. Counseling should be made available to any employee affected by the incident.

19. A peer employee should be assigned to stay with the employee if needed. This may be appropriate if the employee lives alone, is depressed, is expressing dramatic emotional reactions, or the media has access to the employee's home phone number or address,.
20. The employee should be informed of all media announcements before they are made.
21. Agency personnel should be informed about what happened, the status of the employee, and what will happen next. This will alleviate many rumors and anxiety about the employee. It also affords supervisors the opportunity to review training pertaining to critical incidents and ways employees can assist the employee. The employee's wishes about being contacted should be communicated to agency personnel.
22. The decision to reassign an employee before returning to regular duty should be made with input from the employee, supervisors, the mental health provider and the peer employee. An employee should be allowed a paced return to duty if needed.
23. The criminal and administrative investigations should be completed as soon as possible. The employee should be kept apprised of the status of both.
24. A peer employee should be made available to accompany the involved employee to any and all court or administrative hearings involving the incident.

A sample General Order is also included as an appendix.

Given the fact that most agencies and most law enforcement personnel will experience a critical incident, it is essential that both prepare for one. The field of CISM is becoming more educated and sophisticated in their knowledge of and response to critical incidents. Resources are readily available to assist in developing a program. Failure to prepare, or failure to adopt a program or policies regarding crisis intervention is becoming inexcusable. The costs are such that neither an agency nor law enforcement personnel can afford not to.

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APPENDIX

Sample General Order

Critical Incident Stress Management Team

- A. The Critical Incident Stress Management (CISM) team is a partnership between mental health professionals and emergency or other high risk workers who are interested in preventing and mitigating the negative impact of acute stress on themselves and other workers. They are also interested in accelerating the recovery process once an emergency person or a group has been seriously stressed or traumatized. Team members must possess the following qualifications:
1. Mental Health Professionals- Must have at least a master's degree in psychology, social work, psychiatric nursing or mental health counseling. They are specially trained in crisis intervention, stress, post traumatic stress disorder and the critical incident stress debriefing process.
 2. Team Support Members- Public Safety Employees trained in the critical incident stress debriefing process and individual peer support.
- B. The goal of the CISM Team is to provide all public safety employees the opportunity to receive emotional and tangible peer support through times of personal or professional crisis and to help anticipate and address potential difficulties.
- C. While the primary purpose of the CISM Team is to provide support to employees who have been involved in the use of deadly force or other critical incidents, the team is also available to provide confidential and positive support to members of the department and their families who are experiencing other stressful situations. Team members are available 24 hours a day to assist with issues including but not limited to:
1. Critical Incidents*
 2. Family Issues
 3. Anxiety
 4. Depression
 5. Alcohol and Drug Dependency
 6. Grief and Loss Issues
 7. Workplace Burnout
 8. Referrals and Resources
- *Any event with a stressful impact sufficient enough to overwhelm the usually effective coping skills of either an individual or a group.
- D. Administration
1. The CISM team will receive general guidance and direction from an advisor, appointed by the Police Chief.
 2. The advisor will appoint one member to coordinate routine administrative matters.
 3. Members of the team will be diversified by race, gender, assignment, experience and rank.

4. Applications to join the team are routed to the advisor through the applicant's chain of command. The applicant will be interviewed by a panel consisting of the advisor, the coordinator and at least one team member. The panel will make a recommendation to the Police Chief who will have final authority over the appointment.
5. Personnel assigned to the Internal Affairs and Crimes Against Persons Sections will not be eligible for membership but should receive the same training as CISM Team Members.

E. Training

1. Training of the CISM Team Members will be coordinated by the Team Coordinator with approval of the Police Chief.
2. Team members will be trained under the International Critical Incident Stress Foundation's (ICISF) Critical Incident Stress Management (CISM) System.
3. Training will be provided by an instructor certified in the CISM System by the ICISF.
4. The following minimum entry level training courses are required to be part of the team:
 - Basic Group Crisis Intervention
 - Individual Crisis Intervention and Peer Support
5. Additional ICISF courses recommended are:
 - Advanced Group Crisis Intervention
 - Suicide Prevention
 - Line of Duty Death
 - Law Enforcement Perspectives
6. This does not preclude the group from attending additional training or seminars outside of the ICISF model.

F. Responsibilities of the CISM Team.

1. Personal Contacts- One on one consultations
2. Referrals-Referral to an outside service agency if needed
3. Critical Incidents
 - Individual- In cases where an individual employee is involved in a traumatic incident the following procedures will apply.
 - a. The on call CISM Team will respond immediately to the incident scene when requested. One team member will be designated as the companion officer. The remaining team members will be available to assist with logistical issues.
 - b. The team leader will contact the scene supervisor prior to anyone on the team contacting the involved employee. The team is subject to orders of on duty supervisors at the scene. Supervisors will allow the companion officer as much freedom as possible to stay with and assist the involved employee.
 - c. The companion officer will stand by the involved officer while operational and investigative units perform their duties unless the scene supervisor exercises discretion to have the involved officer removed from the scene of the incident. The companion officer will accompany the involved officer who is removed from the scene. Once at the Public Safety

Building, the involved officer(s) may advise immediate family members of their welfare. A team member will advise the family of the ongoing investigation and what procedures they can expect the officer to go through in the immediate and near future. The team member will evaluate the needs of the family members for possible additional assistance.

- d. The companion officer will not be present during any criminal or administrative investigative interview but will remain available to render support and assistance after the interview.
 - e. If it becomes apparent that the involved officer needs assistance beyond the capability of the CISM Team, the companion officer will accompany the officer on the initial visit to the selected service agency. The companion officer will accompany the involved officer thereafter to further interviews, meetings, or counseling sessions only if requested by the involved officer(s).
- Groups- Traumatic Incidents involving three or more employees will receive the same support as individuals involved in an incident. However, in the case of an incident involving groups, the CISM Team Advisor and Coordinator will evaluate the incident and determine the need for a group intervention. Group interventions will generally fall into one of the following categories:
 - a. Demobilization- Quick informational and rest session applied when operations units have been released from the scene of a major incident involving over 100 personnel. It serves as a secondary function as a screening opportunity to assure that individuals who may need assistance are identified after a traumatic event. Examples when demobilization might be used are after a natural disaster, plane crash or any event which involves multiple casualties and requires an extended police presence.
 - b. Crisis Management Briefing-A large group crisis intervention technique. Designed for use with large groups of primary victims (up to 300 at a time). May be implemented with civilians after mass disasters, students after school related incidents and employees after work related crisis.
 - c. Critical Incident Stress Debriefing- A group meeting or discussion about a traumatic event or a series of traumatic events with the individuals who were involved in the traumatic incident.
 - d. Defusing- A shortened version of the CISD usually implemented within 8 hours of a critical incident. Used to determine if a full-scale debriefing is warranted.
- G. Team member names, phone numbers and pager numbers will be posted at each police facility and placed on the department Intranet. An employee may access any of the provided services by contacting a member of their choice.
- H. Confidentiality
1. No mention will be made in any department report of the presence of a CISM Team Member at the scene of or as a result of a traumatic incident.

No CISM Team Member will discuss with anyone any details about contacts or time spent with an employee or family member who received services from The CISM Team. Exceptions may be made as necessary for proper functioning of The CISM Team or as permitted by the involved employee or family member to an outside agency the person has been referred to for assistance.

2. No member of the CISM team will keep formal or private records of supportive contacts. Any member of The CISM Team who violates the confidentiality order will be removed from the team.