

Officer-Involved Shooting Guidelines
Ratified by the IACP Police Psychological Services Section
Orlando, Florida 2018

1. Purpose

- 1.1. It is widely accepted that officers involved in shootings or other significant critical incidents require immediate support.¹ The goal of these guidelines is to provide recommendations to public safety agencies, and the mental health providers who provide the service, to prepare and respond to the health and well-being of law enforcement personnel following an officer-involved shooting. The guidelines were developed not to provide a rigid protocol but to offer information and recommendations to public safety agencies and their mental health providers that can be flexibly applied in response to the complex demands that may vary across jurisdictions following these incidents. Many of these recommendations are applicable not only to officer-involved shootings but also other potentially distressing critical incidents (e.g., horrific motor vehicle accidents, grotesque crime scenes, child fatality) and help to identify and assist those individuals at higher risk for experiencing and/or developing resultant mental health problems. Decades of experience by police and public safety mental health professionals, along with scientific research, suggest that following these guidelines can promote positive outcomes following such incidents.

2. Limitations

- 2.1. The term “guidelines” in this context refers to recommended procedures for agencies. Guidelines are not mandatory; they are aspirational in intent. Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every situation. They are not definitive, and they are not intended to take precedence over the judgment of the agency or their mental health provider. Each of the guidelines may not apply in a specific case or in all situations. The decision as to what is or is not done in a particular instance is ultimately the responsibility of the agency.

3. Pre-Incident Preparation

- 3.1. Officers and agencies, and all those involved in investigating and making official determinations about officer-involved shootings, should become informed about the science of human performance factors² that influence behavior during high stress, time pressured, deadly force confrontations.

- 3.2. Command and line staff should be made aware of the residual emotional, psychological, and behavioral effects often associated with officer-involved shootings and other potentially distressing critical incidents. Agencies are encouraged to train all their personnel in both normal and problematic posttraumatic reactions and appropriate ways to respond to employees who have been involved in a traumatic incident. Training should include what to expect personally (including the effect on family members), professionally, departmentally, and legally after a shooting or other significant use-of-force incidents. Such training may occur as part of the initial academy training and/or as part of the department's ongoing in-service training program. The training material should be made widely available to personnel to use as reference material in the event they become involved in a deadly force or other critical incident.
 - 3.2.1. As part of the agency training, personnel should be made aware of specific counseling options offered by their agency, when available, for both the involved officers and their families following an officer-involved shooting or other critical incident.
- 3.3. Prior to any shooting incident, it is recommended that the agency establish a working relationship with one or more qualified, licensed mental health professionals experienced in the law enforcement culture as well as in the provision of post-shooting or other critical incident interventions. The department should notify their mental health resource as soon as possible following an officer-involved shooting or other critical incident, so that an appropriate intervention can be facilitated in a timely fashion.
- 3.4. Agencies should consider developing a regularly updated roster, containing the names and contact numbers of family members and significant others whom such personnel would like to have notified in the event that they are injured on duty and are unable to contact them personally. Officers should also identify two or three fellow officers, in order of preference, whom they would like to have contact their family or significant other when feasible if they are unable to personally make contact after a shooting or comparable critical event. Agencies should make this information readily available at the time of an incident while at the same time taking steps to prevent disclosure to unauthorized personnel. While it is preferable to have contact made by an officer who is known to family members, this may not be feasible and agencies should ensure that contacts with family and significant others are made by personnel trained to make such notifications.

- 3.5. Members of the community, including the media, would benefit from education regarding procedures, protocols, and human performance factors related to police use of force, especially deadly force encounters. It is recommended that police agencies assist these community education efforts by providing information about factors involved in police use of deadly force including officer safety issues and pertinent laws.

4. At the Scene and Immediately Following

- 4.1. Immediately after an officer-involved shooting (or other critical incident), involved personnel should receive physical and psychological first aid (e.g., emotional support, reassurance, assignment of a companion officer to any officer who is directly involved in a shooting and is separated from others pending investigative procedures) from qualified mental health and/or designated support personnel. Supportive interventions should focus on reducing physical and emotional stress and restoring and/or reinforcing the officers' sense of safety and control.
 - 4.1.1. Inasmuch as officers who did not fire their weapons are often overlooked in the aftermath of a shooting event, agencies should be mindful that "involved officers" may include not only those who fired their weapon, but also officers who were at the scene and either did not, or could not, fire their weapons. Such witness officers are often strongly impacted. It is possible that similar reactions by such officers may also take place following other critical incidents. This is not intended to expand the scope of rights that witness officers may or may not have with regard to the investigation, but should be strongly considered in providing support and mental health assistance to all "involved" personnel.
- 4.2. After providing needed public safety information, officers who fired a weapon or were directly involved in a critical incident should be encouraged to step immediately away from the scene and be transported to a safe and supportive environment by a trusted peer or supervisor. To ensure officers are not isolated once transported from the scene, whenever possible the agency should ensure there is a companion officer of the officer's choice, a chaplain, or a supportive peer available. Often the best support person is a fellow officer who is trained in peer support (see *IACP PPSS Peer Support Guidelines*) or has previously gone through an officer-involved shooting, who can be assigned to the officer immediately following the incident. If officers have an immediate need to talk about the incident, they should be encouraged to do so solely with individuals with whom they have privileged

communication (i.e., attorney; chaplain; licensed mental health professional; and, in some states, trained peer support personnel).

- 4.3. Following a shooting incident, officers often feel vulnerable if unarmed. If an officer's firearm has been taken as evidence or simply pursuant to departmental policy, a replacement weapon should be immediately provided as a sign of support, confidence, and trust unless there is an articulable basis for deviating from this procedure. Officers should be kept informed of when their weapon is likely to be returned. Care should be taken to process and collect evidence from the officer as soon as practicable to provide an opportunity to change into civilian clothing. This process should consider the psychological impact of having one's equipment and uniform taken and should be conducted in a supportive manner and at a pace comfortable for the officer.
- 4.4. Officers involved in a shooting (or other critical incident) should be provided with the opportunity and encouraged to personally contact their family members as soon as possible after the incident (e.g., by cellphone while being transported from the scene). Timely personal contact may reduce the likelihood of loved ones receiving incomplete or misleading information from the media or other forms of rapid electronic communications. It is prudent that no contact be made with family members before the officers have had this opportunity. Officers should be instructed to limit information to their well-being and not the facts of the incident. If it is not feasible for involved officers to themselves call family members, then individuals who preferably know the families, or have been previously chosen by the officers (see 3.4), or have notification training, or are designated by the department, should call as soon as possible. Offers to call other support people such as friends, family members, chaplains, qualified mental health professionals, and so on, should be made to ensure that the family members have their support system mobilized. Family members who wish to be with injured officers should be offered transportation in lieu of driving themselves.
 - 4.4.1. Officers not involved in the incident, but on duty at the time of the incident, should be allowed, as time permits, to contact their families and advise them that a shooting or other critical incident has occurred, but that they were not involved (or injured).
- 4.5. The investigative process and concerns over legal and administrative consequences are often the most stressful parts of an officer-involved shooting (or other critical incident) for involved personnel. The first few hours after a shooting (or other

critical incident) is a potentially emotional and confusing time so officers may wish to consult their union and legal counsel. Whenever possible, officers should be educated on the protocol of the investigation as well as any potential actions by the media, grand jury, or review board prior to any formal investigative interviews. It is equally important that, over time, officers be made aware of the progress of the investigation in a timely fashion.

- 4.5.1. Administrators, peers, and legal advisors having contact with involved personnel should be mindful that what they say to an officer immediately after a shooting or other critical incident may be long remembered.
- 4.6. Following a shooting or other critical incident, it is helpful to provide officers and their significant others with written information that explains physical and psychological reactions to shootings (or other critical incidents). Topics covered should include what to expect psychologically and physically, how to support each other, coping strategies, resiliency strategies, and identification of individuals who may be contacted for further assistance.
 - 4.6.1 Involved officers should be reminded of the risks inherent in their participation in social media as there may be unwanted others viewing their comments/postings/blogs. They should further be reminded that viewing media and/or community negativity through television and web-based postings may complicate post-incident thoughts and emotions. It may be helpful for a qualified department resource (e.g., Public Information Officer) to aid officers and their families navigate this process.

5. Investigative Period

- 5.1. Shootings (and other critical incidents) can result in heightened physical and emotional reactions for the participants that require a brief respite from work to marshal natural coping skills and manage the emotional impact of the incident prior to a return to duty. Consequently, agencies should develop a policy that addresses post-incident time off before an officer's return to his or her pre-incident assignment. Crafting such departmental policies for individuals involved in shootings and other critical incidents should be done with some flexibility in that some officers may be minimally impacted and may find prolonged leave counterproductive while others may require more time off. For those officers directly involved in a death or serious injury to another person, a minimum of three days leave, using either administrative leave or regular days off, should be granted.

Agencies should also be mindful of those personnel who were present at the scene but, for example, did not discharge their weapons, as they are frequently emotionally impacted by the incident and may, in some cases, benefit from a period of administrative leave. It is important that officers and the public understand that administrative leave is a routine procedure and not a disciplinary suspension.

- 5.2. While officers may be asked to provide pertinent information soon after a shooting to aid the initial investigative process, whenever feasible, officers should have some recovery time before providing a full formal statement. Depending on the nature of the incident, the demands on the agency, and the emotional and physical status of the officers, this can range from a few hours to several days. An officer's mental and physical wellness are dependent upon sufficient sleep, and thus officers will often benefit from at least one sleep cycle prior to being interviewed.^{3,4,5,6,7} Providing a secure setting, insulated from the press and curious coworkers, is important during the interview process.
- 5.3. Talking with trained peers who have had similar experiences can be quite helpful for officers involved in deadly force and other critical incidents. Often these personnel respond immediately on scene to provide support and psychological first aid. Trained peer support personnel may also be an asset by advising involved officers of the purpose, format and benefits of a critical incident intervention, and participating in post-incident group interventions in conjunction with a mental health professional trained and experienced in working with law enforcement. Family members of officers involved in shootings and other critical incidents may also benefit from contact with a trained mental health professional and/or peer support, particularly from the family members of those who have previously been involved in shootings or other life-threatening events. The formation and administrative backing of peer support and outreach teams for officers and family members may prove to be a wise investment prior to an officer-involved shooting and other critical incidents. Only peer support team members who have received specialized training in crisis intervention and the rules of confidentiality promulgated by the department should be utilized. Peer support should only be ancillary to intervention by a mental health professional trained and experienced in law enforcement and officer-involved shootings or other critical incidents and should never take its place. (Please see *IACP PPSS Peer Support Guidelines* for information concerning the development and use of peer support teams.)
- 5.4. Timely communication from high-ranking administrators down to immediate supervisors of their personal concern and support for officers involved in significant

use-of-force and other critical incidents can provide an extra measure of reassurance and comfort. The administrator or supervisor does not have to comment on the situation or make further statements regarding legal or departmental resolution but can show concern and empathy for the officers during this stressful experience. These contacts, whether in person or via telephone, should be made as soon as possible after the incident.

- 5.5. Significant use-of-force investigations are complex events and may involve an array of law enforcement and other government agencies. Continued communication among all parties throughout the course of an investigation protects involved officers by mitigating misunderstandings and conflict among the different interests and concerns.
- 5.6. To promote the dissemination of accurate information and quell unfounded rumors, as soon as practicable and to the extent allowed, a designated and informed person should brief the officers' supervisors and unit, followed by the agency as a whole, about the shooting and other critical incidents. Efforts should be taken to ensure distributed information is accurate. Furthermore, agencies should make every effort to expedite the completion of administrative and criminal investigations, keeping the officers informed in a timely manner, and notifying officers of the progress and outcome as soon as possible.
- 5.7. Given that lengthy investigations cause undue distress to officers, agencies should make every effort to expedite the completion of administrative and criminal investigations. Departments that do not conduct their own criminal investigations and cannot control the length of time required to complete the investigation should meet with the investigating agency and prosecutor before a shooting and other critical incident occurs to work out the logistics in advance. While investigations are pending, supervisors should maintain regular contact with officers and keep them apprised of any pertinent developments.

6. Post-Shooting Interventions

- 6.1. Post-shooting and other critical incident interventions should be conducted only by licensed mental health professionals trained and experienced in working with law enforcement personnel and familiar with officer-involved shootings and other critical incidents. Care should be taken in selecting a mental health professional to ensure that he or she is well versed in the normal range of human reactions to critical

incidents and is competent in the education and treatment of trauma in a law enforcement population.

- 6.2. Some officers would choose not to participate in the post-shooting interventions provided by qualified mental health professionals, yet when required to participate, often find such contacts helpful.⁸ In addition, some may be unaware of the potential impact of the incident and/or be sensitive to the stigma of seeing a qualified mental health professional, and thus choose not to participate. For these reasons, it is recommended that officers be required to participate in a minimum of one individual post-shooting (or other critical incident) intervention with a qualified mental health professional so they can, at a minimum, be provided with basic education and coping skills to better manage their reactions. This does not mean that it should be mandatory for them to discuss the event with the mental health professional. Participation in the initial session is driven by the nature of the event, not the attribution of a manifest problem by the officer, and it should be emphasized that this session is not a disciplinary action but rather psychoeducational. Any participation beyond attendance of the first session should be voluntary on the part of the officers.
- 6.3. After a life-threatening incident, officers are often concerned about how they reacted physiologically and emotionally and whether these reactions were “normal.” Post-shooting and other critical incident interventions should be primarily educative as this reassurance reduces worry, anxiety, and negative self-assessment. Much of the time, the normalization and education provided during the post-shooting and other critical incident intervention regarding common changes to perception, attention and memory⁹ affords sufficient support to facilitate resilience and individual coping abilities. If not adequately addressed, however, these reactions may lead to more severe and chronic problems requiring treatment services.
- 6.4. The initial post-shooting and other critical incident interventions should occur within one week after the shooting incident. Unnecessarily delaying the initial intervention can cause undue distress to officers. Agencies should make every effort to expedite the scheduling of interventions so that they occur within one week of the shooting incident. The initial goal should be to reduce stress, assess and “normalize” any problematic post-incident reactions, and provide education regarding the management of any problematic post-incident reactions. Particular attention should be paid to maintaining sleep functioning, accessing social support, and avoiding excessive alcohol use. Officers should be assisted in preparing

themselves and their loved ones for inaccurate, negative or inflammatory comments in the media, including TV, print media, and the Internet.

- 6.5. It is recommended that officers not be required to return to work immediately following a post-shooting or other critical incident intervention session.
- 6.6. A single contact with a mental health professional may prove to be inadequate for officers who have been severely affected by a shooting or comparable event. Also, some officers may experience delayed onset of problems. The qualified mental health professional should informally assess, for the sole purpose of a voluntary referral, which officers may need additional or alternative types of support to further their recovery process. Follow-up sessions should be made available to every involved officer and, if appropriate, voluntary referrals may be offered for counseling and/or to peer support or chaplaincy programs.
- 6.7. Because delayed reactions may occur, all officers receiving an initial post-shooting and other critical incident intervention should receive follow-up contact by the mental health professional either via phone or e-mail sometime within the first month, and at four months post-incident. In addition, contact should be made prior to the first anniversary of the incident (and the potential for anniversary reactions should be discussed in the initial intervention).
- 6.8. It should be made clear that the individual post-shooting intervention is a confidential communication between the mental health professional and the officer involved. No information about the content of these sessions should be released without the officer's written authorization. The usual legal exceptions to confidentiality should be explained to all participants, including whether or not the confidentiality is legally privileged. The mental health professional should include an informed consent process before the intervention commences that contains a description of the possible benefits and risks of the intervention. In the case of an agency-required intervention, it should include a statement giving the mental health professional limited permission to verify the officer's attendance at the intervention session to the agency without revealing any further details of the intervention.
- 6.9. Life-threatening use-of-force and other critical incidents also have the potential to emotionally impact an officer's family and significant others, who often can provide valuable support to officers following these incidents. As long as confidentiality and privilege can be maintained, it can be beneficial for all concerned to include such family members and significant others in the post-

incident intervention process. If family members or significant others are invited, officers may have specific preferences about individual versus joint sessions, and mental health providers should give serious consideration to such preferences. The decision to conduct individual interventions followed by joint interventions, or joint interventions alone, should be decided by the officer and mental health provider.

- 6.10. Officers' fitness-for-duty should not be brought into question simply by virtue of their involvement in a shooting or other critical incident. Post-shooting and other critical incident psychological interventions are separate and distinct from any fitness-for-duty assessments or administrative or investigative procedures that may follow. This does not preclude an agency from requesting a formal fitness-for-duty evaluation based upon objective concerns about an officer's ability to perform his or her duties due to a suspected medical or psychological condition. However, the mere fact of being involved in a shooting does not necessitate such an evaluation prior to return to duty. (Please see *IACP PPSS Psychological Fitness-for-Duty Evaluation Guidelines* for information concerning the criteria and procedures for these evaluations.)
- 6.11. If a fitness-for-duty evaluation is requested, it should not be conducted by the mental health professional who provided the post-shooting intervention, or any other post-incident counseling. However, as part of the post-shooting intervention, the mental health professional can assist officers in making decisions concerning returning to duty.
- 6.12. Group psychological interventions may be beneficial following incidents involving multiple personnel. All officers directly involved in the shooting incident should receive an initial individual intervention prior to the group session. Participants should be limited to persons who were involved in the event and attendance should be strictly voluntary but encouraged. Additional individual counseling referrals should be available and encouraged for those needing or wanting further assistance. Agencies should also consider the impact of deadly force events and other critical incidents on all other involved emergency service personnel (e.g., dispatchers) via vicarious traumatization and provide appropriate interventions consistent with these guidelines.
- 6.13. Group sessions may be jointly facilitated by one or more mental health professionals experienced in working with law enforcement and trained peer support personnel. The confidentiality of group sessions should be respected, and some jurisdictions provide a degree of legal privilege to sanctioned peer support

groups. Regardless of local laws, when information is processed in group settings, the risk of a breach of confidentiality is greater than in individual sessions conducted by licensed mental health professionals with whom officers have legal privilege. Although it is recommended that attendance at group sessions be voluntary, if attendance is mandated, any participation should be at the discretion of each officer (see 6.2).

Endnotes

¹ Best, S., Artwohl, A., & Kirschman, E. (2011). Critical Incidents. In *Handbook of Police Psychology* (pp. 491-507). New York, NY: Routledge, Taylor and Francis Group.

² Honig, A., & Lewinski, W.J. (2008). A survey of the research on human factors related to lethal force encounters: Implications for law enforcement training, tactics and testimony. *Law Enforcement Executive Research Forum*, 8(4), 129-152.

³ Geiselman, R. E. (2010). Rest and eyewitness memory recall. *American Journal of Forensic Psychology*, 28(2).

⁴ Diekelmann, S., Landolt, H.P., Lahl, O., Born, J., & Wagner, U. (2008). Sleep loss produces false memories. *PLoS ONE*, 3(10), e3512. <https://doi.org/10.1371/journal.pone.0003512>.

⁵ Ellenbogen, J.M., Hulbert, J.D., Stickgold, R., Dinges, D.F. & Thompson-Schill, S.L. (2006). Interfering with theories of sleep and memory: Sleep, declarative memory, and associative interference. *Current Biology*, 16(13), 1290-1294.

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⁷ van der Helm, E., Gujar, N., Nishida, M., & Walker, M. P. (2011). Sleep-dependent facilitation of episodic memory details. *PLoS ONE*, 6(11), e27421.

⁸ Honig, A., & Sultan, S. (2004). Reactions and resilience under fire: What an officer can expect. *The Police Chief*, 71(12), 54-60.

⁹ Artwohl, A. (2002). Perceptual and memory distortions in officer-involved shootings. *FBI Law Enforcement Bulletin*, 71(10), 18-24.