

# Employee Mental Health and Wellness

---

May 2020

The IACP Law Enforcement Policy Center creates four types of documents: Model Policies, Considerations Documents, Concepts & Issues Papers, and Need to Know one-page summaries. Typically, for each topic, either a Model Policy or a Considerations Document is created, supplemented with a Concepts & Issues Paper. This file contains the following documents:

- *Considerations Document*: Offered as an alternative to the bright-line directives found in a Model Policy. Instead of providing exact policy language, the Considerations Document outlines items that agencies should address and provides options that agencies should examine when developing their own policies on the topic.
- *Concepts and Issues Paper*: Designed to provide context and background information to support a Model Policy or Considerations Document for a deeper understanding of the topic.

# Considerations Document

Updated: May 2020

## Employee Mental Health and Wellness

### I. PURPOSE

Law enforcement duties often expose employees to both routine acute stress and highly stressful situations that cannot be resolved through regular coping mechanisms. Unless adequately addressed, these situations may cause disabling emotional, psychological, and physical problems. Preparing for and providing support for daily stress and stress following a traumatic incident will assist in minimizing the chances that employees will experience negative physical, cognitive, emotional, and behavioral reactions.

This document is intended to provide agencies with items for consideration when developing their policies related to employee mental health and wellness, including providing all personnel with access to mental health services and addressing the management of stress resulting from exposure to traumatic incidents.

### II. POLICY

Agencies should develop a policy statement that briefly and concisely explains to agency personnel and the public the agency's commitment to the overall mental health and wellness of its employees.

*Sample 1: It is the policy of this law enforcement agency to provide all personnel with access to mental health services to help them preempt and resolve emotional difficulties and to take those measures necessary in the provision of mental health services to ensure their wellness and safety. It is also the policy of this agency to take immediate action after traumatic incidents to safeguard the continued mental wellness of all involved personnel.*

*Sample 2: Recognizing that exposure to daily stress as well as traumatic situations is an expected part of law enforcement officers' jobs, it is the policy of this agency to build a trauma-informed organization and workforce and to provide personnel with information on reactions to the stress and trauma associated with traumatic incidents and to assist in the deterrence of negative responses.*

### III. DEFINITIONS

*Acute Stress Disorder:* An intense reaction (cognitive, emotional, and/or behavioral) to trauma within a month after a traumatic event.<sup>1</sup>

*Chaplain:* A member of the clergy who serves in a nondenominational capacity to aid employees in their spiritual health as well as other aspects of health and wellness.

*Early Identification System (EIS):* A system designed to assist supervisors and managers in identifying employees whose performance warrants review and, where appropriate, outline intervention procedures in circumstances where the employee's behavior may have negative consequences for the employee, coworkers, the agency, and/or the general public.<sup>2</sup>

*Employee Assistance Program (EAP):* Confidential mental health services provided by a third party and sponsored by the employer.

*Family Orientation:* An opportunity for family members to tour agency facilities, including the communications center; meet the chief executives, chaplains, and peer support team; and learn about available support services, including those related to mental health.

*Impacted Personnel:* Any employee who is identified as being affected by a traumatic incident. This may include employees who are on the scene at the time of the incident, individuals who respond to the scene immediately following the incident, and/or support personnel participating in the response to the incident, such as communications personnel.

*Mental Health Services:* Services provided by an agency-employed and/or agency-contracted qualified mental health professional.

*Mental Health Wellness Consultation:* An opportunity for employees to meet with a qualified mental health professional of their choice for a confidential mental health discussion.

*Peer Support:* A program designed to provide one-on-one emotional, social, or practical support and referrals to additional professional services, when needed. The program comprises specifically trained sworn or civilian colleagues, referred to as peer support persons, who are not counselors or therapists.

*Peer Support Team Members:* A formal group of individuals consisting of agency members who have undergone training in peer support methods.<sup>3</sup>

*Post-traumatic Stress Disorder (PTSD):* An intense and persistent reaction to trauma including intrusive thoughts, avoidance behaviors, negative thoughts and feelings, and/or arousal and reactive symptoms that disrupts one's normal functional ability.<sup>4</sup>

*Psychological Services/Behavioral Health and Wellness Program:* Confidential mental health services provided outside of insurance by a private company with culturally competent mental health professionals.

*Qualified Mental Health Professional (QMHP):* An individual who is licensed as a mental health professional and has an in-depth understanding of trauma-related disorders and the law enforcement culture.

*Resiliency:* The capacity to prepare for, recover from, adapt to, and navigate through stress and adversity, to include applying skills to everyday life to strengthen one's ability to overcome challenges, maintain peak performance, and thrive personally and professionally.<sup>5</sup>

<sup>1</sup> American Psychiatric Association (APA), "What Is Posttraumatic Stress Disorder?" <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>.

<sup>2</sup> This may also be referred to as an early warning system. See the IACP Policy Center documents on Early Warning System available at <https://www.theiacp.org/resources/policy-center-resource/early-warning-system>.

<sup>3</sup> See the *Peer Support Guidelines* developed by the IACP Police Psychological Services Section available at <https://www.theiacp.org/resources/peer-support-guidelines>.

<sup>4</sup> APA, "What Is Posttraumatic Stress Disorder?" <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>.

<sup>5</sup> International Association of Chiefs of Police, "Preventing Violence Against Law Enforcement and Ensuring Officer Resilience and Survivability (VALOR) Initiative," *Bureau of Justice Assistance*, 2019, <https://www.theiacp.org/projects/mental-wellness-of-police-officers>.

*Traumatic Incident:* An incident that may overwhelm an individual's normal coping mechanisms and cause extreme psychological distress.<sup>6</sup>

## IV. PROCEDURES

### A. General Employee Mental Health and Wellness

Agencies should develop policies and programs aimed at promoting employee mental health and wellness. Considerations may include the following:

1. Identifying, vetting, and enlisting QMHPs. This should include determining whether the QMHP is trained in traumatic incident response and is prepared to provide stress management for a number of employees at one time.
2. Making confidential mental health services available to all employees of the agency and their families as allowed by insurance coverage or agency policy.
3. Determining whether employees should participate in a periodic, confidential mental health and wellness consultation with a QMHP.
4. Providing EAPs, psychological services, and behavioral health and wellness programs to all agency employees and their families.
5. Conducting family orientations. Orientations should incorporate these attributes:
  - Be organized by the agency and be provided at minimum to new employees and their families;
  - Be conducted by the agency's employees and a panel of law enforcement family members; and
  - Include information regarding agency EAPs, psychological services, behavioral health and wellness programs, insurance, peer support, and other supportive programs.
6. Providing peer support. This may include the following:
  - Establishing a peer support program.<sup>7</sup>
    - Selecting peer support persons (PSPs) from experienced personnel who have earned the respect and confidence of their fellow employees.
    - Ensuring PSPs demonstrate excellent active listening and interpersonal skills.
    - Removing PSPs from the program for violating the program's confidentiality policy and/or engaging in other behavior that is considered detrimental to the program.
  - Training PSPs on an initial and ongoing basis to provide both day-to-day emotional support for agency employees, as well as participating in the agency's comprehensive response to traumatic incidents.
  - Ensuring the peer support program is supervised by a senior agency employee and works in conjunction with a QMHP familiar with peer support operations.
  - Addressing limits to confidentiality and privileged communications.
7. Providing peer intervention training to all employees.
8. Identifying chaplains for those employees who may prefer an alternative avenue for communication. Depending on the licensing or credentials of the chaplain, this contact could replace contact with a QMHP.
9. Implementing an EIS to aid in the proactive identification of employee wellness concerns.

<sup>6</sup> This may also be referred to as a critical incident or potential traumatic event (PTE).

<sup>7</sup> See the *Peer Support Guidelines* developed by the IACP Police Psychological Services Section available at <https://www.theiacp.org/resources/peer-support-guidelines>.

10. Offering ongoing in-service training and education to agency employees to promote mental health and overall wellness, to include training related to resiliency, mindfulness, and retirement planning.
11. Developing an informational program for family/relationship members concerning available support and counseling services
12. Working with other agencies to identify and access mental health resources.

## **B. Mental Health Following a Traumatic Incident**

Agencies should also consider developing guidelines for supporting officer wellness when traumatic incidents occur. Guidelines may include:

1. *Preparation* – When developing policies and procedures related to mental health following a traumatic incident, agencies should consider:
  - a. Training for officers, non-sworn personnel, and all supervisors to identify and manage stress related to traumatic incidents;
  - b. The potential costs of a traumatic incident and psychological response and who will be responsible for assuming them;
  - c. Training simulations that bring together potential participants of responding resources.
2. *Immediate Response* – Immediately following a traumatic incident, agencies should consider:
  - a. Providing proper mental health resources to impacted personnel who may experience physical, cognitive, emotional, and/or behavioral reactions to the incident;
  - b. Developing guidance on how to interact with impacted personnel, which may include requesting that others recognize the potential stress caused by the incident and refrain from passing judgment regarding the traumatic incident or the reactions of individuals;
  - c. Appropriate supervisory response, to include discussing standard investigative protocols that will be followed concerning the incident.
3. *Post-Incident Procedures* – To ensure that involved personnel are treated appropriately following a traumatic incident, agency policy should address the following items:
  - a. Contacting a previously identified QMHP who specialized in traumatic incident response as soon as possible in order to determine the best approach for all involved personnel.
    - i. The policy should designate who is responsible for this notification.
    - ii. The QMHP should be briefed by an individual such as the on-site supervisor or incident commander, where appropriate, on all important and relevant aspects of the traumatic incident.
  - b. Determining the appropriate psychological tools to be utilized.
    - i. Agencies must determine whether participation in post-event mental health follow-up is required and whether they must be in person.
    - ii. Guidelines should be established regarding the information that the QMHP releases to the agency. This may include
      - Whether it would be in the best interest of certain individuals to have time off work, and/or
      - The best continued course of counseling and intervention



- iii. Agencies must determine what information will be provided to impacted personnel prior to the use of psychological tools, such as whether or not the information shared:
      - Is considered privileged or confidential;
      - Will be communicated back to the agency;
      - Will potentially affect their fitness-for-duty;
      - Could impact the investigation of the event, or the rights of accused or others in future criminal or civil litigation;
      - Will impact return-to-work status recommendations.
    - c. Accessing follow-up counseling services. This may include assisting employees or families of impacted personnel to contact available counseling or support services.
  4. *Investigation* – Agencies should address procedures for investigating a traumatic incident, where applicable, in separate policies and procedures. Agencies should consider:
    - a. Stressing that the investigation should be conducted as soon as practical and every effort should be made to expedite the completion of any administrative or criminal investigation with the goal of decreasing the negative stress reactions that involved personnel may experience;
    - b. Assigning a liaison between the investigation and those involved personnel.
  5. *Stress Recognition in the Aftermath of a Traumatic Incident* – Physical, cognitive, emotional, and behavioral reactions or problems might not arise immediately. In addition, involved personnel may attempt to hide their negative responses to the traumatic incident. Therefore, agency policy should:
    - a. Encourage awareness and identification of potential negative responses in others by coworkers, supervisors, and PSP;
    - b. Provide guidance regarding potential responses when these reactions or symptoms are identified, such as contacting a supervisor or PSP and/or mandating that the individual seek assistance or counseling from a QMHP;
    - c. Recognize that effects or trauma are cumulative;
    - d. Recognize that inadvertent re-traumatization can occur from implementing standard organizational policies, procedures, and interventions with individuals who have experienced trauma.<sup>8</sup>

### C. Training

When developing a mental health and wellness training program, agencies should consider:

1. Ensuring training is accredited and routinely evaluated.
2. Deciding who will receive the training. Ideally, this should be all personnel.
3. Determining when training should be provided, such as during the academy, as well as during regularly scheduled in-service training.
4. Establishing whether specialized training for supervisors and administrators will be provided. This may include training regarding identifying physical, cognitive, emotional, and behavioral reactions to traumatic incidents.
5. Delivering training on topics, such as
  - Suicide prevention
  - Resiliency

<sup>8</sup> See “Trauma-Informed Care in Behavioral Health Services,” U.S. Dept. of Health and Human Services, 2014. Available at <https://www.ncbi.nlm.nih.gov/books/NBK207201/>.

- Retirement planning
  - Potential limits to confidentiality
  - Peer intervention
  - Availability of resources, such as the agency's peer support team, chaplains, EAP, psychological services, behavioral health and wellness programs, and employee wellness programs. This should also include resources available to families.
  - Providing specific training related to mental health following a traumatic incident.
6. Providing pre-incident training that may include items such as
- The negative physical, cognitive, emotional, and behavioral reactions that may occur following a traumatic incident,
  - Signs and symptoms that a fellow employee may be struggling with post-traumatic effects of a traumatic incident,
  - The agency's policy on appropriate response to involved personnel following a traumatic incident.



Every effort has been made by the IACP Law Enforcement Policy Center staff and advisory board to ensure that this model policy incorporates the most current information and contemporary professional judgment on this issue. However, law enforcement administrators should be cautioned that no model policy can meet all the needs of any given law enforcement agency. In addition, the formulation of specific agency policies must take into account local political and community perspectives and customs, prerogatives, and demands; often divergent law enforcement strategies and philosophies; and the impact of varied agency resource capabilities, among other factors. Readers outside of the United States should note that, while this document promotes procedures reflective of a democratic society, its legal basis follows United States Supreme Court rulings and other federal laws and statutes. Law enforcement administrators should be cautioned that each law enforcement agency operates in a unique environment of court rulings, state laws, local ordinances, regulations, judicial and administrative decisions, and collective bargaining agreements that must be considered and should therefore consult their legal advisor before implementing any policy.

© Copyright 2020. Departments are encouraged to use this model policy to establish one customized to their agency and jurisdiction. However, copyright is held by the International Association of Chiefs of Police, Alexandria, Virginia, U.S.A. All rights reserved under both international and Pan-American copyright conventions. Further dissemination of this material is prohibited without prior written consent of the copyright holder.

# Concepts & Issues Paper

Updated: May 2020

## Employee Mental Health and Wellness

### I. INTRODUCTION

#### A. Purpose of Document

This document is designed to accompany the Considerations Document on Employee Mental Health and Wellness developed by the IACP Law Enforcement Policy Center. This paper provides essential background material and supporting documentation to provide greater understanding of the developmental philosophy and implementation requirements provided in the Considerations Document. This material may be of value to law enforcement executives in their efforts to develop their own policies that meet the requirements and circumstances of their communities and law enforcement agencies.

In order to develop a more comprehensive approach to overall employee wellness, it is important for agencies to establish policies, procedures, and services designed to address and promote positive mental health and wellness. QMHPs, EAPs, psychological services, behavioral health and wellness programs, peer-support programs, peer intervention programs, and chaplains are all useful resources for agencies to provide their employees in order to create a wellness-focused environment. Agencies should also encourage employees to actively participate in mental health wellness consultations and training on resiliency and mindfulness. Mental health resources and services that support and sustain personnel from traumatic incidents and daily stress are beneficial to the community served, the agency, the employee's family, and the individual employee.

#### B. Background

Police work can be stressful, and stress from the job can impact an officer's mental health and wellness. According to one source, there were 228 known law enforcement suicides in the United States in 2019,<sup>1</sup> making suicide more common than all line-of-duty deaths combined that year (146).<sup>2</sup> This statistic highlights the importance of including officer mental health and wellness in considerations of officer safety on the job.

Personnel are the most valuable assets in a law enforcement agency. The effective performance of employees is essential to the success of an agency's mission to serve and protect the public. The investment in personnel does not stop with the selection and training phase but continues over the course of each employee's career. Mental health

---

<sup>1</sup> Blue H.E.L.P., <https://bluehelp.org/>.

<sup>2</sup> Officer Down Memorial Page, "Honoring Officers Killed in 2019," <https://www.odmp.org/search/year?year=2019>.

services that support and sustain the employee are beneficial to the community served, the agency, the employee's family, and the individual employee.

**Types of Stress** – When an individual is exposed to a stressful or traumatic incident,<sup>3</sup> the body unconsciously reacts by automatically mobilizing to maximize the ability to meet a clear and present danger. The outcome of this response has clear life-or-death implications, which creates a powerful imperative and driving force. These events result in an increased likelihood of producing strong physical and psychological reactions, sometimes referred to as *primary stress*. Primary stress may produce negative emotional, physical, and/or social problems.

Qualified mental health professionals (QMHPs) working with law enforcement agencies have recognized the emotional and psychological impacts that can result in the aftermath of traumatic incidents. However, this phenomenon has been brought to wider public attention in large measure by the significant number of combat veterans who have suffered adverse and sometimes severe emotional reactions to their wartime experiences—in many cases, years after they have returned home.

Traumatic incidents are incidents that overwhelm an individual's normal coping mechanisms and cause extreme psychological distress. They may be unusually violent and/or involve a perceived threat to or actual loss of human life. Officer-involved shootings, child abuse, vehicle accidents, line-of-duty death or serious injury of a coworker, and homicides are just a few examples of such incidents.

Members of law enforcement agencies worldwide experience extreme traumatic incidents for which no amount of training can properly prepare them. All too often, individual coping strategies that are used to deal with normal levels of stress are not adequate to help personnel properly manage extreme stressors such as the ones experienced in a traumatic incident. This inability to properly cope with extreme traumatic stressors can lead to stress reactions unfamiliar to the individual. The potentially traumatizing effects of specific circumstances depend greatly upon the dynamics of the situation and the experiences and mindset of the personnel involved. Unfortunately, some of those who experience more serious reactions, and particularly those who do not receive proper assistance for their concerns, may leave law enforcement in the aftermath and may experience long-term consequences.

To ensure effective response to employees who are exposed to a traumatic incident, agencies should consider the use of evidence-based processes designed to assist individuals or groups who have been involved in a traumatic incident to return to or maintain an effective level of functioning. These processes involve a variety of tools and techniques, such as post-event mental health follow-up. This paper addresses the steps that law enforcement agencies should take and the tools that can be utilized to minimize the potential debilitating effects of a traumatic incident.

In addition to primary stress, *secondary stress*, also referred to as *vicarious trauma* or *compassion fatigue*, may also be present. Secondary stress is not the result of direct exposure to a traumatic incident; rather, secondary stress results from indirect exposure to trauma (through a personal connection, vivid descriptions, media exposure, photographs and visual depictions of the event, etc.). Secondary stress often develops gradually and may be difficult to identify. Symptoms are similar to the symptoms of post-traumatic stress disorder (PTSD),<sup>4</sup> and symptoms are related to the intensity and frequency of indirect exposure to traumatic experiences.

Psychological interventions that mitigate the negative consequences from primary and secondary stress have been the subject of rigorous research. There are advances in the application of psychological, pharmacological, and social treatments of traumatic stress and associated mood and behavioral disorders.<sup>5</sup>

A third area that agencies should be aware of is the *general stress* inherent in everyday life. This may include but is not limited to the death of a loved one, chronic illness, substance abuse, and/or marital discord. While particular attention is often paid to stress resulting from a traumatic incident, agencies should be aware that each of the types of

<sup>3</sup> This may also be referred to as a critical incident or potential traumatic event (PTE).

<sup>4</sup> <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>.

<sup>5</sup> For more information about Evidence Based Treatments (EBT) see U.S. Department of Veterans Affairs, VA/DoD Clinical Practice Guidelines, 2018, <https://www.healthquality.va.gov/guidelines/MH/ptsd/>.

stress mentioned do not occur in a vacuum but are instead interrelated. How an individual responds to a traumatic incident is often directly tied to the level of stress or past history of stress they have encountered and the resiliency they have developed across their lifetime. Thus, reactions to stress can vary greatly from one individual to another, and employee mental health services should be developed that address all three of these types of stress.

A fourth type of stress to consider is an *operational stress injury* (OSI).<sup>6</sup> This term refers to a range of medical conditions that may occur when an individual experiences a shocking, frightening, or dangerous event. OSIs may describe anxiety, depression, and more. Post-traumatic stress disorder (PTSD)<sup>7</sup> is one of the most common OSIs. PTSD can happen to anyone at any age, regardless of profession. About 7-8 percent of the population will experience PTSD at some point in their lives.<sup>8</sup> However, not everyone who lives through a dangerous event develops ongoing (chronic) or even short-term (acute) PTSD, and not everyone with PTSD has been through a dangerous event. Some experiences, like the sudden, unexpected death of a loved one, can also cause PTSD. Symptoms usually begin early, within three months of the traumatic incident, but sometimes begin years afterward. Symptoms must last more than a month and be severe enough to interfere with relationships or work to be considered PTSD.

Personnel with PTSD may experience symptoms such as flashbacks, nightmares, and frightening thoughts, which may affect an individual's daily routine. Avoidance symptoms may include staying away from places, events, or objects that are reminders of the traumatic experience, or avoiding thoughts or feelings related to the traumatic incident. These types of avoidance behaviors may cause a person to change behaviors or routines, which may impact job performance and/or capabilities. Individuals with PTSD may have reactivity symptoms such as being easily startled, feeling tense or "on edge," having difficulty sleeping, and/or angry outbursts. Cognitively, individuals with PTSD may have trouble remembering key features of the traumatic incident and/or experience negative thoughts about oneself or the world, distorted feelings like guilt or blame, and/or loss of interest in enjoyable activities. It is important for anyone with PTSD to be treated by a QMHP who is experienced with PTSD.

**Mental Health Stigma** – Agencies must also address the stigma that may be associated with utilizing mental health services. Employees may avoid taking advantage of mental health services for fear that they will be looked down upon by others or viewed as weak or unbalanced. As part of the overarching organizational culture, agencies should stress that mental health is a key aspect of overall employee wellness, with the focus on mental health couched in positive, as opposed to punitive, terms. Agency executives should exhibit unconditional support for the use of mental health services.

While suicide prevention has been a primary focus for law enforcement agencies for a number of years,<sup>9</sup> the goal of this document is to discuss these additional items identified as important mental health services:

- The role of mental health services, such as an employee assistance program (EAP), in-house behavioral health programs, and consultant-based programs;
- The role of peer support programs, to include the limits of confidentiality offered by these programs and the competence standards necessary to provide services;
- Engaging the families of employees in a manner that recognizes their potentially diverse compositions;
- Developing specific policies and procedures designed to mitigate the psychological effects of a traumatic incident.

<sup>6</sup> Canadian Agency for Drugs and Technologies in Health (CADTH), *Treatment for Post-Traumatic Stress Disorder, Operational Stress Injury, or Critical Incident Stress: A Review of Guidelines*, Rapid Response Reports (Ottawa, ON: CADTH; 2015), <https://www.ncbi.nlm.nih.gov/pubmed/26180857>.

<sup>7</sup> National Institute of Mental Health, "Post-Traumatic Stress Disorder," <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>.

<sup>8</sup> [https://www.ptsd.va.gov/understand/common/common\\_adults.asp](https://www.ptsd.va.gov/understand/common/common_adults.asp)

<sup>9</sup> For more information on suicide prevention, please visit IACP's "Law Enforcement Suicide Prevention and Awareness" resources webpage, <https://www.theiacp.org/resources/document/law-enforcement-suicide-prevention-and-awareness>.

### C. Developing an Employee Mental Health Program

Resources available to a law enforcement agency may have a direct impact on the type of mental health services that are available. Agencies with limited budgets are encouraged to work with their jurisdictions to determine if there are any programs already available through the locality, such as state, provincial, territory, city, or county resources. This may also include exploring cost-sharing programs with neighboring jurisdictions. In addition, agencies may wish to explore no- or low-cost relationships with community organizations.

However, agencies should also recognize the value of investing in these programs. This value extends beyond the immediate response to acute mental health concerns; it also affects the community, as consumers of law enforcement services, and extended families of law enforcement employees.

### D. Identification/Selection of QMHPs

Law enforcement agencies are encouraged to identify professional mental health support services. Since only a few agencies have the capacity to operate an in-house psychological services program, most agencies leverage one or more community-based QMHPs as resources. These QMHPs may operate on a contractual basis, or a more informal relationship may be established. Regardless of how access to services is structured, the key elements of the relationship are the QMHPs' commitment to confidentiality, their cost, their knowledge of trauma-related disorders, and their cultural competence to work with law enforcement and related public safety personnel.

QMHPs used by a law enforcement agency or available through an EAP, psychological services, or behavioral health and wellness programs should meet established standards. The following standards should be considered when selecting a QMHP:

- Direct clinical experience,
- Experience providing EAP counseling,
- Independent license at the highest level of practice in their area of residence,
- License in good standing, with no sanctions,
- Malpractice insurance.

Moreover, it is critical that the QMHP be extremely familiar with the possible psychological effects of traumatic incidents and be specifically trained in the use of psychological tools in these situations. Extreme care must be exercised when selecting a QMHP for this role, as inadequately trained individuals, while well-meaning, could possibly provide an inadequate or potentially harmful response.<sup>10</sup>

### E. Confidentiality

Concerns about confidentiality are typically one of the greatest barriers to accessing mental health resources expressed by law enforcement personnel. A common question asked may be “Will my agency know if I go to counseling?” The answer to this question may influence whether employees utilize the mental health services offered by the agency. Even the perception that counseling sessions lack total confidentiality can undermine a mental health services program.

Mental health services provided by a QMHP should be confidential if the session is voluntary and the employee is self-referred, even if the agency is covering the cost. However, normal exceptions to confidentiality will apply. These may include, but are not limited to, expression of intent to harm self or others, child abuse, or involvement with criminal activity. The agency should normally not be notified that the employee voluntarily sought out mental health treatment.

---

<sup>10</sup> The IACP Police Psychological Services Section provides specific items for consideration when selecting a QMHP. Please refer to the Psychological Services Section's *Consulting Police Psychologist Guidelines* found at <https://www.theiacp.org/working-group/section/psychological-services-section>.

There may be some situations where confidentiality is not complete, and the agency may be informed of information divulged by the employee during the meeting with the QMHP. Examples of this include a mandatory fitness-for-duty evaluation. In addition, if the QMHP and/or peer support personnel is employed by the agency, they may be required to report any serious misconduct. To address privacy concerns, agencies may consider utilizing two distinct mental health providers, one who may serve to determine fitness for duty, while another provides anonymous, confidential counseling and services.

Confidentiality is generally extended to interactions with peer support personnel and chaplains as well. Agencies should consult with the QMHP associated with the peer support program to confirm confidentiality requirements. In all situations, mental health service providers, whether QMHPs, peer support personnel, or chaplains should advise the employee of any limits to confidentiality prior to beginning any interactions. The best way to encourage the use of resources is to develop a culture in which asking for assistance or experiencing a mental health concern are not stigmatized.

## II. MENTAL HEALTH SERVICES

### A. Employee Assistance Programs (EAPs)

An EAP is an employee benefit program, typically administered by an agency or jurisdiction's human resources function, that assists employees with personal and/or work-related issues that may impact the employee's job performance, health, and mental and emotional wellness.<sup>11</sup> EAPs generally provide free counseling, referrals, and follow-up services for employees and their families. The EAP may serve an important role when supervisory referrals are the impetus for an employee seeking treatment and may also encourage the employee to refer themselves for counseling. Research indicates that EAPs are associated with direct cost savings from reduced medical, disability, and workers' compensation claims, as well as reduced costs related to poor worker performance.<sup>12</sup> However, there are limitations to EAPs, including concerns about confidentiality and the cultural competence of EAP counselors. In addition, EAP services are typically restricted to a few meetings.

EAPs may be the law enforcement agency's primary resource for mental health training and crisis response services. Therefore, the law enforcement agency is an important stakeholder in the selection of an EAP provider. For agencies with limited resources, collaborating with other agencies who may be able to extend their EAP services can be beneficial.

All agencies should be familiar with the specific resources that are available from their EAP, to include the number of sessions available, who is covered (e.g., the employee's spouse, children), qualifications for use of services, and any associated costs. Agencies may wish to develop printed or digital resources to distribute to employees or to post in common areas providing information regarding the EAP and the resources it provides.

### B. Psychological Services/Behavioral Health and Wellness Program

A comprehensive health and wellness program can entail contracting services to outside private companies. Agencies can then use the company's providers, which are not affiliated with the agency's EAP. Doing so can help agencies access culturally competent clinicians and provide complete confidentiality to agency employees and their family members. This will provide employees with confidence to utilize the services and eliminate some of the concerns they may have toward the EAP.

<sup>11</sup> Mark Attridge, *The Value of Employee Assistance Programs: Updated Report* (Norfolk, VA: Employee Assistance Society of North America, 2016), <https://archive.hshsl.umaryland.edu/handle/10713/11203>.

<sup>12</sup> Rick Selvik et al., "EAP Impact on Work, Relationship, and Health Outcomes," *Journal of Employee Assistance* (2nd Quarter 2004): 18–22, <https://foh.psc.gov/whatwedo/EAP/outcomepaper.pdf>.



### C. Peer Support Programs

Peer support occurs when a coworker provides knowledge, experience, and emotional, social, or practical help to another employee. This concept now primarily consists of specially trained employees who are available to provide one-on-one support and make referrals to additional professional services. However, peer support services are not intended to replace counseling by a QMHP.<sup>13</sup>

Peer support persons (PSPs) should be trained to provide both day-to-day emotional support for agency employees, as well as participate in the agency's comprehensive response to traumatic incidents. Their goal is to prevent, intervene, and respond to mental health concerns. PSPs should be selected from experienced personnel who have earned the respect and confidence of their fellow employees and should demonstrate excellent listening and interpersonal skills. PSPs are often personnel who have personal experience with the impact of traumatic incidents and have an interest in helping fellow law enforcement members who may experience similar problems. To encourage use of peer support services and ease officer confidentiality concerns, agencies may also elect to use external peer support teams, or retired officers who are partnered with physicians. Peer support teams should be formed to address the unique needs and capabilities of the agency.

The peer support program should establish strict guidelines regarding confidentiality and procedures for PSPs to follow. The program should be supervised by a senior agency officer and overseen by a QMHP familiar with peer support operations who specializes in working with law enforcement. In the event a PSP violates these guidelines or procedures and/or engages in other behavior that is considered detrimental to the program, that PSP should be removed immediately from the program. Agencies should seek PSPs who are mentally capable, supportive, fully trained, and cognizant of all the resources at their disposal.

Statutes governing peer-support programs may vary across jurisdictions. Therefore, agencies should familiarize themselves with the relevant case law pertaining to protections afforded to PSPs, consult with their legal advisor when considering peer support teams, and be fully advised of the limits to confidentiality of peer support work for their specific jurisdictions.<sup>14</sup>

In addition to a peer support program, agencies should consider providing peer intervention training to employees. Some employees might not know what to say or do when they recognize a colleague struggling, and so they miss a valuable opportunity to provide support. This training may help employees identify when intervention can help a colleague and give them the tools to intervene safely and effectively. Peer intervention training is a preventative tool that strives to empower employees to be active bystanders and provide each other with support and guidance.

### D. Chaplains

Chaplains, whether paid or volunteer, are intended to provide support to employees and their families. Chaplains should serve in a non-denominational capacity, regardless of their individual faith.

Most volunteer chaplains receive outside training by virtue of their position. However, many chaplains do not have experience working with law enforcement. Many agencies elect to introduce chaplains to the field of law enforcement by having the chaplain observe various agency functions, such as the communications center, agency substation, or academy. Policies and procedures should state whether a chaplain will work alongside officers at all times, or only for specific occasions, and whether they will participate in special events, such as award ceremonies,

<sup>13</sup> For more information, see the IACP's Psychological Services Section's *Peer Support Guidelines* available at <https://www.theiacp.org/resources/peer-support-guidelines>.

<sup>14</sup> For example, Virginia Code § 19.2-271.4., under "Privileged communications by certain public safety personnel," indicates that with specified limitations to confidentiality, peer support team members "shall not disclose nor be compelled to testify regarding any information communicated to him by emergency medical services or public safety personnel who are the subjects of peer support services regarding a critical incident." In Colorado, Revised Statute 13-90-107 states that a "law enforcement or firefighter peer support team member shall not be examined without the consent of the person to whom peer support services have been provided..." In 2017, Colorado voted to expand privilege to group peer support. Hawaii's Title 7, §78-52, under "Public Service. Peer Support Counseling Sessions" indicates that communications in law enforcement peer support sessions are "privileged and may not be disclosed by any person participating in the peer support counseling session." Some states offer no such statutory safeguards.



memorials, or funerals. As applicable, each chaplain should receive specific instructions regarding use of agency equipment, such as radios, as well as any documentation requirements. Chaplains should wear attire or a symbol of faith that clearly identifies them as a member of the religious community.

Candidates for chaplain should meet identified requirements, such as the ability to pass a criminal history and background check conducted by the agency. In addition, chaplains should be available on a 24-hour, on-call basis, as determined by the agency.<sup>15</sup>

## E. Psychological Tools Following Traumatic Incidents

No two traumatic incidents are exactly alike; the same can be said for the responses to a traumatic incident. Accordingly, there are a variety of tools that fall under the umbrella of traumatic incident psychological response. Individuals such as QMHPs must be familiar with each of these tools and have the ability to determine which tool(s) is appropriate for each situation. To follow is a brief overview of some such commonly used tools.<sup>16</sup> It should be stressed that these tools are not intended to replace formal counseling or other services provided by QMHPs.

***Pre-Incident Education*** – Perhaps one of the best ways to address the potential psychological effects of a traumatic incident is to prepare individuals prior to an incident occurring. This may take the form of education regarding common physical and psychological reactions following a traumatic incident and resiliency training for both employees and their families.

One example of pre-incident education is a resiliency workshop. These workshops attempt to assist agencies and officers in becoming more capable of overcoming difficult situations and adapting to adversity. They provide resiliency concepts, practices, and skills to prepare them for stressful or traumatic situations and to allow them to cope with strong or challenging emotions.

***Psychological First Aid*** – This type of support is designed to be delivered immediately following the critical traumatic incident. It includes basic information-gathering techniques to identify the immediate concerns and needs of impacted personnel. The goal is to provide physical and emotional comfort, calm overwhelmed or distraught personnel, connect personnel with additional support services as quickly as possible, and provide information to help impacted personnel cope with their reactions to the critical traumatic incident.<sup>17</sup>

***Defusing*** – A defusing is an informal, initial debriefing that usually occurs within a few (up to 12) hours of the traumatic incident and can be conducted by peer support team members. During a defusing, there is no pressure for impacted personnel to discuss the incident unless they wish to do so. The goal of the defusing is to assess the immediate needs of impacted personnel, determine if additional tools are necessary, and attempt to mitigate any immediate stress reactions. Defusings are normally conducted one-on-one or in small groups of two or three individuals. The main role of the peer support team member in a defusing is to listen.

***Individual Psychotherapy*** – Agencies may consider providing individual psychotherapy sessions to affected individuals who they believe may benefit from more personalized care. When reviewing this option, the agency should determine whether this will be mandatory, address any confidentiality concerns, and outline what information will be shared with the agency, to include any discussions related to the individual's fitness for duty.

***Family Counseling*** – The families of affected individuals should also be included in the post-incident psychological response. The goal is to address both the direct effects on family members, as well as to provide a support structure for affected employees.

<sup>15</sup> For additional potential chaplain requirements, see “Law Enforcement Chaplain Qualifications and Qualities” from the International Conference on Police Chaplains at <http://www.icpc4cops.org/chaplaincy-intro/chaplain-qualifications.html>.

<sup>16</sup> One such tool is a critical incident stress debriefing (CISD). See the Appendix for a discussion of the debate in the professional community regarding their efficacy and whether they are an appropriate response following a traumatic incident.

<sup>17</sup> Melissa Brymer et al., *Psychological First Aid: Field Operations Guide* (National Child Traumatic Stress Network and National Center for PTSD, 2006), [https://www.ptsd.va.gov/professional/treat/type/psych\\_firstaid\\_manual.asp](https://www.ptsd.va.gov/professional/treat/type/psych_firstaid_manual.asp).

### III. PROCEDURES

#### A. Family Orientations

An employee's family plays a crucial role in the overall mental health and wellness of a law enforcement employee. In addition, family members may be exposed to stressors from the employee's role in the agency. Therefore, it is important that family members are provided with information regarding the agency's available mental health services in both an initial and ongoing basis. This may consist of a family orientation event at the beginning of the employee's career. During this orientation, family members should be provided with an opportunity to meet with the chief executive and be provided with information related to mental health services, to include EAPs, a private company's psychological services/behavioral health and wellness programs, insurance, peer support, and other available programs. Family members should be encouraged to remain active participants in the employee mental health process and should be provided with updated or refresher information on a regular basis.

Agencies may also wish to hold regular "family days." These loosely structured events provide a chance for family members to learn more about the employee's job assignment through shadowing opportunities; be exposed to other agency functions, such as the canine unit; and meet agency EAP providers, or a private company's psychological services/behavioral health and wellness programs, QMHPs, peer support personnel, and chaplains.

#### B. Confidential Mental Health Services

Confidential mental health services should be available to all employees of the agency and their families as allowed by insurance coverage or agency policy. Employees who identify a need for professional mental health treatment should be provided a sufficient number of sessions with a QMHP. Confidential mental health services should be used any time an employee, for personal or family reasons, identifies the need for mental health services.

#### C. Mental Health Wellness Consultations

Employees should be encouraged to participate in periodic, confidential mental health wellness consultations with a QMHP, especially when involved with a traumatic incident. These consultations can take various forms and can be a valuable resource to agencies attempting to provide assistance to employees who are affected by either professional or personal issues. Agencies can promote proactive, as opposed to reactive, response to mental health and wellness by encouraging regular mental health consultations. While employees might not immediately buy in to the benefits, regular consultations may help ensure that all employees are aware that they have access to this service and may destigmatize participation in consultations. Agencies should consult with their QMHP regarding the frequency of these consultations. Additional consideration should be given to individuals in specialized assignments that may expose them to additional stressors, such as child abuse or exploitation units.

Unlike confidential mental health services, these consultations are not ongoing treatment, but instead may help an employee determine whether they would benefit from engaging in some form of mental health treatment to assist them in dealing with personal or professional issues. Consultation with a QMHP provides the employee with the opportunity to determine which services would be appropriate. These consultations should be totally confidential with the QMHP reporting back to the agency only that the employee attended the consultation. It is suggested that agencies form a relationship with a QMHP to provide this service for their employees, and that the agency be responsible for the cost of the consultations.

### D. Early Identification<sup>18</sup>

Early Identification Systems (EIS), sometimes referred to as early warning systems, are data-based systems designed to assist supervisors and managers in identifying employees whose performance warrants review and, where appropriate, outline intervention procedures in circumstances where the employee's behavior may have negative consequences for the employee, coworkers, the agency, and/or the general public. The goal is to provide an agency with a mechanism to identify areas of concern and intervene before the situation warrants formal action. The overall focus of an EIS should be the promotion of employee wellness. Therefore, the EIS should be structured in a way that encourages positive intervention, as opposed to concentrating solely on punitive measures. An EIS may allow for a reduction of liability for the agency, as well as an opportunity for the employee to proactively address life stressors before they worsen.

### E. Referrals for Mental Health Services

First-line supervisors are in a unique position to be able to identify and respond to mental health concerns in employees. Supervisors should be trained to recognize indicators of potential mental health issues. Ideally, supervisors should encourage employees to seek confidential mental health services voluntarily when they are exhibiting problematic behavior. However, in some instances, involuntary referrals may be required. In these situations, mandatory fitness-for-duty evaluations may be necessary.<sup>19</sup>

Coworkers may witness behaviors that are not apparent to supervisors. Once again, in these cases, encouraging the employee to access voluntary mental health resources is ideal. However, employees should be provided with guidance regarding when they should report others' potential misconduct to a supervisor.

### F. Retirement Planning

While significant focus is often placed on teaching recruits and new employees about the importance of mental health and wellness and informing them of available resources, those nearing the end of their careers can be overlooked. Retirement can be a particularly stressful period in an individual's life, especially if they have devoted their entire career to law enforcement. In many cases, the individual's identity and sense of self may be directly tied to the job they performed. When this employment ceases to exist, the individual may experience negative reactions, to include those related to their mental health and wellness. Agencies should be aware of this and incorporate retirement planning as a part of their training and provide corresponding mental health services. This may include financial planning, as well as identifying other interests that the individual can devote their time and energy to after retirement.

## IV. TRAUMATIC INCIDENTS

### A. Reactions to Traumatic Incidents

In the wake of a traumatic incident, personnel may react to an abnormal situation in a variety of ways. These include physical, cognitive, emotional, and behavioral reactions. The following descriptions of such responses usually apply to any situation where an individual can feel overwhelmed by their sense of vulnerability, lack of control, or helplessness.

Following a traumatic incident, it is easy for an agency to single out personnel who admit they are negatively impacted and then provide those individuals with support. It is more difficult to make such a judgment when the personnel involved in the traumatic incident may be unaware that they need help. It is important that an agency

<sup>18</sup> For more information, see IACP Policy Center documents on Early Warning Systems available at <https://www.theiacp.org/resources/policy-center-resource/early-warning-system>.

<sup>19</sup> For detailed information regarding fitness-for-duty evaluations, please see the IACP Psychological Services Section's *Psychological Fitness-for-Duty Evaluation Guidelines* at <https://www.theiacp.org/sites/default/files/all/p-r/Psych-FitnessforDutyEvaluation.pdf>.

acknowledge and provide support to all personnel who are involved in the traumatic incident, herein referred to as impacted personnel. This may include officers who are on the scene at the time of the incident, individuals who respond to the scene immediately following the incident, and/or support personnel participating in the response to the incident, such as communications personnel. All impacted personnel have the potential to experience stress reactions; targeting only those who demonstrate an obvious need for the support is not recommended. It is preferable for an agency to treat all employees consistently. Family members should also be offered and provided support, if necessary.

A traumatic experience may begin when there is a perception that a situation is life-threatening, or the situation renders the individual helpless to change the outcome. Many physical, psychological, and emotional phenomena may occur during the brief moments of peak stress, many of which may be confusing to the individual.

Not all impacted personnel exhibit the reactions described here, and those who do may experience them in a different order than they are presented. This document is meant to provide a general understanding of the range of reactions and their interrelationships. Recognition of these reactions will better equip law enforcement administrators to respond appropriately to these responses following a traumatic incident and in later work situations.

***Immediate Perceptual Reactions*** – During a traumatic incident that is dangerous or sudden, it is common for an individual to report perceptual distortions of various types. Some people may experience time distortion in which events appear to occur in slow motion. Under such conditions, a few seconds may seem like a minute. For others, time accelerates. Auditory distortions are also common. Some may describe sound as diminished, or other sounds may be muffled or unheard, while others may experience intensified sound.

Visual distortions may also occur. In these cases, individuals may experience “tunnel vision,” a condition where their visual attention is so focused that all or most peripheral objects that would normally appear in the field of vision are excluded. Tunnel vision is generally accompanied by a heightened sense of detail about the event. For instance, when responding to a call for service involving child abuse, an officer may fixate on the child’s injuries or the environment where the abuse took place.

***Physical Reactions*** – Immediate responses to a traumatic incident may be physiological: muscle tremors, nausea, chills, vomiting, rapid heart rate, hyperventilation, faintness, crying, or sweating. These responses represent the body’s attempt to mobilize for extreme stress. The physical reactions to a traumatic incident are the way the body attempts to de-escalate the amount of stress that sometimes occurs when an individual is involved in a high-impact situation. However, these physical reactions can become a problem for the individual if not acknowledged or dealt with in a healthy manner.

Some physical reactions are delayed and may manifest in several days or sometimes even in the weeks following the incident. Such physical reactions may include but are not limited to increase in thirst, fatigue, twitches, chest pains, dizziness, elevated blood pressure, profuse sweating, headaches, stomach aches, indigestion, diarrhea, increase in the occurrence of colds/flu, and sore muscles.

***Cognitive and Emotional Reactions*** – Initially, impacted personnel may be dazed and upset. There may be a feeling of disbelief or difficulty comprehending the reality and significance of the traumatic incident. From a few hours to a few days following the incident, impacted personnel may show signs of depression, tension, agitation, irritability, and tiredness. This may cause some individuals to sleep too much, have less energy, and become more withdrawn. They may be very sensitive to others’ inquiries regarding their current behavior. Questions from others regarding impacted personnel’s response to the incident can magnify the trauma. Instead, a response indicating understanding and support may help mitigate the stress reactions.

There may also be a shock reaction period where the emotions concerning the incident and the awareness of these emotions become blunted. Individuals may generally feel emotionally detached and numb but also experience occasional anxiety attacks. There may be a feeling that they are going through the motions of life involuntarily. Indeed, an individual might not experience the full emotional impact of a traumatic incident immediately after the event. Psychological defenses, such as denial, automatically intervene to temporarily shield the individual from what

may otherwise be overwhelming. Additional emotional reactions may include but are not limited to confusion, impaired decision-making, loss of judgment, irritability, and slowness of thought.

At some point in the process, the individual will be confronted with the full emotional impact of the situation. Impacted personnel typically experience an emotional and physical letdown. This usually occurs within three days of the incident, although some individuals may have delayed reactions ranging from six months to a year or more after the incident. The individual may confront feelings of vulnerability and helplessness stemming from a perceived lack of control over the incident. Generally, the more vulnerable the individual felt during the incident, the greater the emotional impact of the situation.

Impacted personnel may experience many kinds of reactions that, although normal, make them feel they are losing emotional control. Some of the more common reactions experienced are fear, anxiety, anger, rage, or blaming those responsible for the outcome of the traumatic incident. Some individuals may describe reliving the event over and over—like watching a video stuck on “replay.” It is not uncommon for impacted personnel to feel sorrow, guilt, or remorse if they believe their actions caused injury or death. Training in this area provided by the agency may assist personnel in understanding that these are normal reactions to an abnormal situation.

**Behavioral Reactions** – Impacted personnel may obsess about the incident and seem to talk about nothing else. They may make poor decisions or show signs of inattention when they did not previously exhibit these behaviors. There may be an increase in absenteeism, drop in work productivity, increase in aggression toward situations that resemble the traumatic incident, or the sudden appearance of family or relationship problems. Substance abuse concerns are a clear sign of distress and should be handled delicately and with compassion.

An inability to effectively cope with and process the stress responses may manifest itself through sleep problems such as nightmares, disturbing dreams, sleeping too much or too little, and grinding of the teeth. Impacted personnel may also isolate themselves by withdrawing from others. Additional signs of negative behavioral reactions may include but are not limited to restlessness, confusion, sudden change in hobbies or activities, and short-fused anger.

The physical, cognitive, emotional, and behavioral reactions to a traumatic incident may last anywhere from a few minutes to a week or longer, depending upon the individual, but usually last two to three days. For this reason, it is important to evaluate personnel in order to ensure that they may safely and adequately return to their typical work duties. If it is determined that specific individuals are experiencing extreme stress reactions, they should be given administrative leave and not be allowed to return directly to normal duty assignments. For obvious reasons, an officer should not be on active duty, particularly in a street enforcement role, when the emotional impact following a traumatic incident takes effect. If possible, the agency should provide impacted personnel with time off to relax, regain their composure, spend time with their families and interpersonal support networks, and restore their psychological resiliency.

## **B. Coping and Acceptance Following a Traumatic Incident**

In most cases, after the emotional impact is experienced, the impacted personnel begin the coping and acceptance process. At this stage, they may start to understand, work through, and come to grips with the emotional impact of the situation. The emotional intensity may wax and wane over time. There is often much introspection during this period and impacted personnel may mentally recreate the incident, repeatedly wondering if they made the correct decision, took the appropriate action, or if there was anything else that could have been done to prevent the incident from happening. If the individuals allow themselves to work through the emotional impact, and do not try to suppress or deny it, they will normally come to accept the incident without inordinate guilt or anguish.

Acceptance is usually achieved within two to twelve weeks, but it may take longer depending on the incident; legal and/or administrative aftermath; amount of peer, mental health, and family support; and individual coping skills. Once achieved, impacted personnel should understand and acknowledge what happened and what had to be done. There may still be occasional nightmares, flashbacks, and anxiety, particularly those triggered by situational



reminders while on the job. For example, communications personnel may be reminded of the stressful call they received when having to work a similar call at a later date.

However, some individuals do not progress normally along this path to emotional stability. Supervisors should be aware of some of the signs of this inability to deal effectively with the incident. If an individual who has been involved in a traumatic incident develops a pattern of work problems, such as repetitive excessive uses of force or an emotional withdrawal from normal activities that they did not exhibit before the incident, it may be a sign of trauma. It is important to be able to recognize these problems and be prepared to refer the individual to an appropriate QMHP for assistance rather than merely administering discipline.

Not all personnel involved in a traumatic incident will experience a serious or even moderate traumatic reaction. This does not suggest they are insensitive or uncaring individuals. There are typically several reasons why these individuals are relatively unaffected or have strong emotional control. First, they may be mentally prepared for the potentiality of a traumatic incident. They may anticipate what may happen, accept the reality of what they might have to face, and understand the actions they may be required to perform. Second, some individuals are better able to maintain an objective and detached point of view. Third, some individuals may have accessed support prior to the traumatic incident, or they may have spoken with peer support team members or QMHPs when they were having other difficulties. These coping skills can make a difference when an individual is faced with a traumatic incident. Fourth, as a result of coming to grips and working through their response to previous traumatic incidents, some individuals may experience little emotional reaction after a subsequent event. After successfully working through one traumatic incident, it is often easier to go through another. On the other hand, if emotional reactions from a previous traumatic incident have been suppressed rather than resolved, a subsequent traumatic incident can become more difficult to process. Individuals who have a traumatic reaction and suppress their emotions may develop long-term emotional problems such as PTSD or acute stress disorder.

### C. Responding to Traumatic Incidents

**Preparation** – Agencies should not wait for a traumatic incident to occur to develop policies and procedures designed to outline the psychological response. Instead, several items should be taken into consideration in preparation for a traumatic incident.

First, agencies should develop and regularly evaluate accredited training programs for officers, civilian personnel, and all supervisors designed to teach these individuals how to identify and manage the stress that may follow a traumatic incident. This training should include an overview of potential stress reactions and resources that are available through the agency, such as peer support, an EAP, or a private company's psychological services/behavioral health and wellness programs, if available. The agency should also identify appropriate QMHPs. They should be vetted in advance, and any other contracts or other legal agreements between the QMHP and the agency should be established prior to an incident occurring.

The agency should also determine the availability of other support resources, such as those related to peer support. This support includes enlisting the assistance of individuals who have undergone training related to peer support methods.<sup>20</sup> These individuals can assist by answering questions and explaining the agency's response process. If a trained PSP, chaplain, or QMHP is not readily available, a fellow officer may serve in this supportive role. They should show concern and compassion, whether the individual chooses to talk or remain quiet. The mere fact of having another person close at hand can serve as a strong emotional support function until the QMHP is available.

In addition, the limits regarding confidentiality and privileged communications should be discussed regarding QMHPs and PSPs. The attorney for the agency or jurisdiction should provide a legal framework to outline the limits of confidentiality for this process. Confidentiality should be clearly outlined in training to all personnel.

---

<sup>20</sup> See the *Peer Support Guidelines* developed by the IACP Psychological Services Section available at <https://www.theiacp.org/sites/default/files/all/p-r/Psych-PeerSupportGuidelines.pdf>.

The welfare of family members and other loved ones of impacted personnel should also be taken into consideration. Agencies may wish to develop an informational program aimed at providing information to these individuals regarding agency response to traumatic incidents and available support and counseling services. Agencies should also consider conducting family orientations for prospective employees and for retired families.

Finally, before implementing a psychological response program, agencies should consider the potential costs. An agency must determine who will be responsible for assuming these costs prior to an incident occurring.

**Immediate Response** – Law enforcement agencies should develop procedures that should be implemented immediately following a traumatic incident. Initially, a supervisory officer should be assigned to any traumatic incident and assume the role of the incident commander (IC). The IC should ensure that any injured persons are identified, medical attention is secured, and incident command protocols established by the agency are implemented.<sup>21</sup>

In addition, the agency should have in place a mechanism to ensure that the appropriate mental health resources are provided to impacted personnel. Guidance should be provided to individuals who are involved in the provision of mental health resources regarding how to interact with personnel. This may include information regarding how to recognize potential stress reactions and instructing these individuals to refrain from passing judgment regarding the traumatic incident or the reactions of impacted personnel.

Personnel involved in the incident who have been removed from the immediate scene may be accompanied by a PSP, companion officer, chaplain, or personal friend based on a supervisor's appraisal of their needs. In addition, typically, involved personnel will express a desire to contact their families at such times. This is an important courtesy that is sometimes overlooked and one that can be facilitated by the trained PSP or companion officer. In addition, contacting family members may help relieve some of the stress symptoms. If not injured, the officer should contact their family by telephone to let them know what happened before they hear rumors, news reports, or get the information from some other source.<sup>22</sup>

The supervisory officer, as well as all other individuals who have contact with the involved personnel, whether at the scene or at a later point, should attempt to be reassuring and supportive. At all times they should act in a manner that reflects an understanding of the potential stress the individual may be experiencing.

**Post-Incident Procedures** – To ensure that impacted personnel are treated appropriately following a traumatic incident, law enforcement agencies should develop policies and procedures directly related to traumatic incident psychological response. As soon as possible following an event, the previously identified and vetted QMHP should be contacted by a designated individual. The QMHP should be briefed by the on-site supervisor or the IC on all important and relevant aspects of the traumatic incident. Based on this information, the QMHP should determine the best approach, including which psychological tools should be utilized.

Since psychological response tools are based on direct interaction between impacted personnel and the QMHP or other support individuals, agencies must determine in advance whether attendance will be required and if these interactions must occur in person. One argument for mandating participation is that this policy statement removes the stigma normally surrounding interactions with a QMHP and can minimize the typical speculation from others who may question the emotional wellness of impacted personnel. In addition, a time frame should be established for the delivery of psychological response tools.

Specific guidelines should also be established regarding the information that the QMHP will release to the agency. This information may include whether it would be in the best interest of specific individuals to have time off work and/or the best continued course of counseling and intervention. Agencies should consider whether any recommendations or feedback provided to the agency will be included or considered during future fitness-for-duty examinations. Ideally and whenever possible, the QMHP who provides services directly related to a traumatic

<sup>21</sup> See the IACP Policy Center documents on Incident Command available at <https://www.theiacp.org/resources/policy-center-resource/incident-command>.

<sup>22</sup> For information regarding family notifications for line-of-duty deaths or injuries, see the Policy Center documents on those topics available at <https://www.theiacp.org/policycenter>.



incident should not conduct fitness-for-duty examinations. If the QMHP indicates that specific individuals are not ready to be returned to their normal duties, these individuals should be given an opportunity to use their sick or vacation leave. The length of the leave should be determined based on the recommendations of the QMHP.

Depending on the individual and the circumstances involved, it may also be preferable to gradually return the officer to their normal duty assignment. In this case, as in other aspects of post-traumatic incident procedures, there is need for some flexibility. Not all personnel will react in the same fashion to similar circumstances, and agency administrators need to be able to work with individuals in shaping appropriate responses to best meet their mutual needs and responsibilities.

Personnel receiving psychological services following a traumatic incident should be aware of what information will be shared with the agency prior to interacting with the QMHP or PSPs. In addition, they should receive specific guidance regarding what information is considered privileged or confidential and whether it will potentially affect their fitness-for-duty or return-to-work status recommendations. They should also be made aware that any information shared could impact the investigation of the event or the rights of the accused or others in future criminal or civil litigation. It is essential to include this information in the training provided to all agency personnel prior to a traumatic incident occurring, as the heightened stress response immediately following a traumatic incident might not be conducive to full understanding.

Once the QMHP has determined which tools are appropriate and delivered the appropriate response to impacted personnel, agency policies and procedures should ensure that access to follow-up counseling services is provided. This may include assisting employees or families of impacted personnel to contact available counseling or support services.

**Investigation** – It is not within the scope of this document to discuss the procedures related to investigating a traumatic incident. However, law enforcement agencies, recognizing the impact a traumatic incident can have on impacted personnel, should make every effort to complete any necessary investigations as soon as practical. Agencies should strive to expedite the completion of any administrative or criminal investigation with the understanding that it can decrease the negative stress reactions that impacted personnel may experience. This is not to suggest the agency should rush to judgment, but it should do all that is possible to expeditiously yet professionally gather the necessary information to decide whether any improprieties were involved in the traumatic incident. As soon as available, that decision should be made known to all members of the agency and the public.

Since the investigation itself can become an additional stressor to impacted personnel, agencies may wish to assign an individual to serve as a liaison between investigative personnel and impacted personnel. By providing a means through which impacted personnel can make inquiries or receive updated information as it becomes available, the agency can help minimize additional negative stress reactions.

#### **D. Stress Recognition Following a Traumatic Incident**

Law enforcement agencies should be aware that not every individual will react to a traumatic incident in the same way. However, the lack of an initial reaction does not mean that the individual is not experiencing some type of negative response. In addition, impacted personnel may attempt to hide symptoms from colleagues and supervisors for fear that they will be perceived as weak, it will adversely affect their performance review, or it will result in an unwanted fitness-for-duty appraisal. For this reason, it is critical that agencies develop procedures for recognizing negative stress responses in impacted personnel.

Supervisory personnel are often in the best position to notice adverse reactions and symptoms in personnel under their command. However, all employees should receive guidance on how to respond when these reactions are identified. This may include mandating that the individual seeks assistance or counseling from a QMHP. In addition, all law enforcement personnel should be aware of the potential for negative reactions following a traumatic incident

and be prepared to seek assistance for themselves or recommend aid for a colleague who they believe may be affected in this manner.

Agencies should also recognize that the effects of trauma are cumulative. While a single incident might not result in a severe response from impacted personnel, repeated exposure to these incidents may take a significant toll. Therefore, supervisors, in particular, should be vigilant in assessing their employees for these potentially negative reactions on a regular basis—not just following a single traumatic incident.

When developing their policies and procedures related to traumatic incidents, agencies should be aware that their existence may inadvertently re-traumatize employees. For this reason, the creation and adoption of these policies should be done with care and in recognition that the effects of involvement in traumatic incidents can be both far-reaching and easily overlooked.

## V. TRAINING

Ongoing in-service training and education should be offered to employees to promote overall wellness. Training about mental health can be viewed as an opportunity for primary prevention.

Mental rehearsal and skills-based training may prevent problems from emerging. This training should be developed in partnership with QMHPs, PSPs, and chaplains to ensure a multidisciplinary, holistic approach. In addition, agencies should consider having these individuals present the training. This provides an opportunity for agency employees to become familiar with these individuals and may help foster a level of trust. Employee wellness services and programs should be a part of training and should include information on family services, as well as the limits to confidentiality. Whenever possible, these topics should be interwoven with existing training.

As part of both a proactive and reactive response to employee mental health wellness, agencies should consider resiliency training.<sup>23</sup> Resiliency relates to an individual's ability to cope with or adapt to adverse life events, such as trauma or significant sources of stress. Resiliency includes a person's ability to effectively bounce back from negative life events and return to normal functioning. Resiliency is made up of numerous factors, including but not limited to promoting thinking styles that encourage optimism over cynicism; conducting self-talk that focuses on what is controllable; recognizing and avoiding traps of negative thinking, such as a tendency to catastrophize; avoiding counterproductive thinking; and strengthening the ability to plan, develop, and commit to goals aimed at reducing and/or coping with stress. By providing resiliency training on a regular basis, agencies can encourage the development of the coping skills necessary to respond to stressful or traumatic incidents in a healthy, adaptive manner.

Resiliency is not something that a person either does or does not have; rather, resiliency exists along a spectrum and can be developed through training. For both proactive, as well as reactive purposes, resiliency training can help to foster adaptive coping mechanisms that help individuals bounce back from negative life events. Agencies can take a proactive approach to resiliency by including training to recruits during the academy or to existing employees during routine training. Resiliency training can also be reactive, delivered to employees following critical incidents or in the face of extraordinary life stressors, such as the death of a loved one or marital discord. Agencies are encouraged to explore available resiliency training opportunities to foster adaptive coping skills in their employees.

In addition to training related to resiliency, agencies should also encourage the development of mindfulness practices designed to help employees live fully in the present moment, while countering the tendencies to relive past events or to worry about potential events.<sup>24</sup>

<sup>23</sup> For more information, see the Shield of Resilience Training Course available from the U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration at <https://www.samhsa.gov/dtac/shield-of-resilience-training-course> and "Building Your Resilience" from the American Psychological Association available at <https://www.apa.org/topics/resilience>.

<sup>24</sup> See Richard Goerling, "The Role of Mindfulness Training in Policing a Democratic Society," Officer Safety Corner, *Police Chief* (April 2014): 10–11, <https://www.policechiefmagazine.org/officer-safety-corner-the-role-of-mindfulness-training-in-policing-a-democratic-society/>; and Steve Gladis, "The Mindful Cop," *FBI Law Enforcement Bulletin*, July 13, 2017, <https://leb.fbi.gov/articles/perspective/perspective-the-mindful-cop>.

To support effective training, agencies should incorporate aspects of employee mental health and wellness into existing programs offered during their academies, specialty in-service training and everyday training. For instance, PSPs or QMHPs could be incorporated into use-of-force training simulations. By providing personnel with the opportunity to engage with these individuals and normalizing their presence in these situations, agencies can work to seamlessly incorporate mental health and wellness.

By providing employees with training and information prior to a traumatic incident, they will be better prepared to respond to future events. When developing pre-incident training, agencies should include information regarding the negative physical, cognitive, emotional, and behavioral reactions that may occur following a traumatic incident. Employees should also be provided with a copy of the agency's psychological response policy and be familiar with the outlined response to impacted personnel following a traumatic incident, including limits on confidentiality and privileged communication. Information related to the agency's peer support program, chaplains, and other mental health service programs, such as the EAP or a private company's psychological services/behavioral health and wellness program should be made available to employees.

Ideally, all personnel should receive this overall training. However, agencies may elect to provide additional, specialized training for supervisors and administrators on how to identify potentially negative reactions in impacted personnel and suggested responses.

## APPENDIX: The Debate Surrounding Critical Incident Stress Debriefings (CISD)

A critical incident stress debriefing (CISD) is a formal group or one-on-one discussion held after a traumatic event, designed to help participants understand the emotional reactions they may be feeling in order to mitigate further compounded stress reactions. In general, CISDs are conducted between one and ten days after the traumatic incident.<sup>25</sup> However, there is significant debate in the professional community regarding the efficacy of CISD and whether they should be recommended as an appropriate psychological response following a traumatic incident.

Support for CISD-type interventions is not universal. Some studies express concern regarding the lack of evidence in support of CISD. For example, reviews performed by the Cochrane Collaboration concluded that current evidence is drawn from small samples and is of variable methodological quality and that further well-designed trials are necessary to determine whether psychosocial interventions such as CISD have value.<sup>26</sup> Moreover, some studies have concluded that there is no noticeable benefit to providing CISD—that impacted personnel have the same outcome whether they participate in a CISD or there is no intervention. In particular, studies noted that CISD and similar debriefings do not significantly reduce the occurrence of PTSD. In addition, some studies indicated that debriefings may be harmful to some individuals.

One such study recommends that CISDs should not be mandatory and that treatment should only follow a psychological screening. The World Health Organization recommendations also suggest that bereaved adults without a mental disorder should not be subject to routine use of structured psychological interventions. The National Institute for Health and Care Excellence National Clinical Guideline number 123 strongly recommends that psychological debriefing should not be used to reduce the risk of stress-related symptoms for people recently exposed to traumatic incidents. Rather than routinely following a CISD model after a traumatic incident, these studies recommend performing screenings to determine who is in need of treatment, providing CISD only to the individuals who would benefit, and ensuring that interventions are voluntary.

Alternately, there are others who stress that, if performed correctly by appropriately trained QMHPs, CISDs can prove beneficial. They argue that many of the studies that provide negative evidence regarding CISDs are inapplicable, as they do not utilize emergency personnel as subjects, the personnel providing the debriefings were not properly trained, and that randomization failed to achieve equal representation in the comparison groups.

It is not the goal of this document to state unequivocally whether CISD should be used as a tool in psychological response to traumatic incidents. The following sources are provided as a small sampling of the literature available on the topic. Agencies are encouraged to review these documents and, in conjunction with their QMHP, decide whether to utilize CISD in their agency's psychological response. As part of this decision, agencies should take into account the any potential legal ramifications should the CISD result in a negative outcome.

- Amy B. Adler et al., “Battlemind Debriefing and Battlemind Training as Early Interventions with Soldiers Returning from Iraq: Randomization by Platoon,” *Journal of Consulting and Clinical Psychology* 77, no. 5 (2009): 928–940.
- Amy B. Adler et al., “Group Randomized Trial of Traumatic Incident Stress Debriefing Provided to US Peacekeepers,” *Journal of Traumatic Stress* 21, no. 3 (2008): 253–263.
- Martin Deahl et al., “Preventing Psychological Trauma in Soldiers: The Role of Operational Stress Training and Psychological Debriefing,” *British Journal of Medical Psychology* 73, no. 1 (2000): 77–85.
- International Society for Traumatic Stress Studies, *Posttraumatic Stress Disorder Prevention and Treatment Guidelines*, [https://www.istss.org/getattachment/Treating-Trauma/New-ISTSS-Prevention-and-Treatment-Guidelines/ISTSS\\_PreventionTreatmentGuidelines\\_FNL.pdf.aspx](https://www.istss.org/getattachment/Treating-Trauma/New-ISTSS-Prevention-and-Treatment-Guidelines/ISTSS_PreventionTreatmentGuidelines_FNL.pdf.aspx).

<sup>25</sup> George S. Everly, Jr., and Jeffrey T. Mitchell, “A Primer on Critical Incident Stress Management (CISM),” The International Critical Incident Stress Foundation, 1997, <http://icisf.org/a-primer-on-critical-incident-stress-management-cism/>.

<sup>26</sup> Suzanna C. Rose et al., “Psychological Debriefing for Preventing Post Traumatic Stress Disorder (PTSD),” *Cochrane Database of Systematic Reviews*, no. 2 (2002), <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000560/full>.

- Neil P. Roberts et al., “Early Psychological Interventions to Treat Acute Traumatic Stress Symptoms,” Intervention Review, *Cochrane Database of Systematic Reviews*, no. 3 (2010).
- Society of Clinical Psychology, “Psychological Debriefing for Post-Traumatic Stress Disorder,” <https://www.div12.org/treatment/psychological-debriefing-for-post-traumatic-stress-disorder/>.
- Michelle R. Tuckey and Jill E. Scott, “Group Critical Incident Stress Debriefing with Emergency Services Personnel: A Randomized Controlled Trial,” *Anxiety, Stress, and Coping* 27, no. 1 (2014):38–54.

© Copyright 2020. Departments are encouraged to use this policy to establish one customized to their agency and jurisdiction. However, copyright is held by the International Association of Chiefs of Police, Alexandria, Virginia, U.S.A. All rights reserved under both international and Pan-American copyright conventions. Further dissemination of this material is prohibited without prior written consent of the copyright holder.



**International Association of Chiefs of Police**  
44 Canal Center Plaza, Suite 200  
Alexandria, VA 22314  
703.836.6767 | FAX 703.836.4743  
**[www.theIACP.org](http://www.theIACP.org)**