Critical Incident Stress Management

Concepts and Issues Paper

July 2011

I. INTRODUCTION

A. Purpose of the Document

This document is designed to accompany the Model Policy on Critical Incident Stress Management developed by the IACP National Law Enforcement Policy Center. This paper provides essential background material and supporting documentation to provide greater understanding of the developmental philosophy and implementation requirements for the model policy. This material will be of value to law enforcement executives in their efforts to tailor the model to the requirements and circumstances of their communities and their law enforcement departments.

B. Background

For many years, qualified mental health professionals (QMHPs) working with law enforcement agencies have recognized the emotional and psychological impact that can result in the aftermath of life-threatening, catastrophic events. Over the last several decades, however, this phenomenon has been brought to wider public attention in large measure by the significant number of war veterans who have suffered adverse and sometimes severe emotional reactions to their wartime experiences, in many cases, years after they have returned from combat.

These and other factors have increased the understanding and appreciation of the psychological and emotional effects of traumatic experiences on survivors in a variety of contexts. Officer-involved shootings, child abuse, vehicle accidents, death or serious injury of a co-worker, line-of-duty death, and gruesome homicides are just a few examples of such events, referred to as critical incidents.

Members of law enforcement agencies worldwide experience extreme traumatic events 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 traumatic stressors such as the ones experienced in a law enforcement critical incident. This inability to properly cope with extreme traumatic stressors can lead to critical incident stress reactions unfamiliar to the individual.

The potential traumatizing effects of specific circumstances depends greatly upon the dynamics of the situation and the experiences and mind-set of the personnel involved. Most of what is known about post-traumatic stress disorder (PTSD) and acute stress disorder (ASD) among law enforcement officers comes from research and QMHPs who have worked with officers in critical incident situations. A critical incident may be defined as any incident that is unusual, violent, and involves a perceived threat to, or actual loss of, human life. It is a significant emotional event and one that breaks through the individual’s normal coping mechanisms and causes extreme psychological distress. In addition, law enforcement personnel who are not directly at the scene of a critical incident may also be affected to some degree. Dispatchers, investigators, or other officers who were involved in the tragic event may encounter reactions similar to those who directly responded to the scene.

Unfortunately, some of those who suffer from the more serious reactions, and particularly those who do not receive proper assistance for their mental distress, leave law enforcement in the aftermath and may experience long-term consequences. This paper addresses the steps that law enforcement agencies should take to minimize the potential traumatic and sometimes debilitating effects of a critical incident.
II. REACTIONS TO CRITICAL INCIDENTS

In the wake of a critical incident, many personnel may react to an abnormal situation in predictable ways. These include physical, cognitive, emotional, and behavioral reactions. The following descriptions of such responses usually apply to any situation where an officer feels overwhelmed by his or her sense of vulnerability, lack of control, or helplessness.

In a critical incident, it is easy for the department to single out personnel it believes are impacted and provide support to them. It is hard to make such a judgment when the personnel involved in the critical incident may not even know they need help. It is important that the department acknowledge and provide support to all personnel who are involved in the critical incident. All involved personnel have the potential to experience stress reactions, and targeting only those who demonstrate an obvious need for the support can create issues. It is better for the department to treat all employees consistently. Family members should also be offered and provided support, if necessary.

The traumatic experience begins when there is a perception that a situation is life-threatening or when the situation renders the officer 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 personnel exhibit the reactions described here and those who do may not experience them in the order in which 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 interpret responses following a critical incident and in later work situations. It will also provide a basis for understanding the model policy recommendations.

A. Immediate Reactions

During a critical incident, it is quite common to experience 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. For most, sound diminishes, or other sounds may be muffled or unheard, while others may experience intensified sound depending on the circumstances.

Visual distortions may also occur. In these cases, officers may experience “tunnel vision,” a condition where the individual’s visual attention is so focused as to exclude all or most peripheral objects that would normally appear in the field of vision. Tunnel vision is generally accompanied by a heightened sense of detail about the event. If a child has been the victim of abuse, the officer may fixate on the child’s injuries, or a part of the environment where the abuse took place.

B. Physical Reactions

Immediate responses to a critical incident are physiological: muscle tremors, nausea, chills, vomiting, rapid heart rate, hyperventilation, faintness, crying, or sweating. All of these responses represent the body’s attempt to de-escalate the amount of stress that sometimes occurs when an individual is involved in a high-impact situation and are not a sign of weakness. These physical reactions can become a problem for the officer if not acknowledged or dealt with in a healthy manner.

Some physical reactions are delayed and may manifest in several days or sometimes even 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, stomachaches, indigestion, diarrhea, increase in the occurrence of colds and the flu, and sore muscles.

C. Cognitive and Emotional Reactions

Initially, involved personnel may be dazed and upset. There may be a feeling of disbelief or difficulty comprehending the reality or significance of the critical incident. A gruesome homicide involving a family of five can be difficult for an officer to understand, making it difficult to remember some of the details. From a few hours to a few days following the incident, individuals may show signs of depression, tension, agitation, irritability, and tiredness. This may cause some officers to sleep too much and have less energy. This lack of energy can impact the involved personnel in a negative way by causing them to become more withdrawn. They may be very sensitive to others’ callous comments such as “What did you do?” or “Why are you upset?” These statements can magnify the trauma, whereas a supportive response such as “That sounds horrible…” or “Are you okay?” shows support and can help mitigate the stress reactions.

There is also 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 is a feeling that they are just going through the motions. Indeed, an individual may not experience the full emotional impact of a critical 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 full emotional impact of the situation is realized. Those involved 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 officer felt during the incident, the greater the emotional impact of the situation.

Personnel involved in a critical incident may experience many kinds of cognitive or emotional reactions that, although normal, make some 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 critical incident. Many officers involved in a child abuse case will be angry at the perpetrator of that abuse.

There are other ways individuals will signal they are having a difficult time processing the critical incident. Some will describe reliving the event over and over—like watching a video stuck on “replay.” The memories are haunting. It is not uncommon for an officer to feel sorrow, guilt or remorse if they believe their actions caused injury or death. Training in this area provided by the department will help personnel realize these are normal reactions to an abnormal situation, not signs of mental illness.

### D. Behavioral Reactions

Individuals involved in a critical incident 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. Their supervisors may notice an increase in absenteeism or a drop in work productivity. It is not unusual to have coworkers notice an increase in aggression towards situations that resemble the critical incident in question or the sudden appearance of family or relationship problems. Substance abuse problems are a clear sign of an officer in distress and need to be handled delicately and with compassion.

Sleep difficulties may begin when the individual attempts to avoid any emotional reaction to the critical incident. This inability to effectively cope with and process the stress responses often manifests itself through sleep problems such as nightmares, disturbing dreams, sleeping too much or too little, and grinding of the teeth. In instances where officers handle a gruesome crime or work an unexpected death of a close family member or friend, for example, they can 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, short- fused anger, and excessive behavior.

The physical, cognitive, emotional, and behavioral reactions 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 the individuals are determined to be experiencing extreme stress reactions, they should be given administrative leave and not be allowed to return directly to normal duty assignments, even if they express to the department that they are doing well. The officer may be experiencing a denial of emotion. For obvious reasons, an officer should not be on active duty, particularly in a street enforcement capacity, when the emotional impact takes effect. If possible, the department should give affected individuals time off to relax, regain their composure, and spend time with their families.

### III. DEPARTMENT SUPPORT

Initially, a supervisory officer should be immediately assigned to any critical incident. The first order of response in such situations is to identify any injured persons and to ensure that medical attention is secured.

Personnel involved in the incident who have been removed from the immediate scene may be accompanied by a peer support team member, companion officer, chaplain, or personal friend based on a supervisor’s appraisal of their needs. A companion officer is a member of the peer support team who often has experience in a similar critical incident. The companion officer can assist by answering questions and explaining the departmental critical incident stress management process. Many jurisdictions, either individually or in combination with neighboring law enforcement agencies, train law enforcement personnel to serve as peer support team members who may assist a QMHP in these situations. Such individuals are often personnel who have personal experience with the impact of critical incidents and have an interest in helping fellow law enforcement members who may experience similar problems. If a trained peer support team member, 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.

Typically, involved personnel will express a desire to contact their families at such times. This is an important
IV. COPING AND ACCEPTANCE

In most cases, after the emotional impact is experienced, the individuals begin the coping and acceptance process. At this stage they start to understand, work through, and come to grips with the emotional impact of the situation. The emotional intensity tends to wax and wane over time. There is often much introspection during this period and officers 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 an inordinate amount of guilt or anguish.

Acceptance is usually achieved within two to twelve weeks, but 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, the officers 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, a dispatcher may be reminded of the stressful call he or she took when having to work a similar call at a later date.

Involved personnel who are returning to a healthy and balanced emotional state come to understand these and other underlying emotions and are capable of dealing constructively with them. With proper support and coping skills, the individual may even become stronger.

However, some individuals do not progress normally along this path to emotional stability and get stuck going through the healing process. 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 critical 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. This professional should be offered by the department and should be familiar with law enforcement culture and critical incidents involved with law enforcement work.

Not all personnel involved in a critical 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 officers are relatively unaffected or have strong emotional control. First, they may be mentally prepared for the potentiality of a critical incident. They have anticipated what can happen, thought it through, and accepted the reality of what they might have to face and the actions they may be required to perform. Second, some individuals are better able to maintain an objective, detached point of view and accept the reality of law enforcement work and the law enforcement role. Thirdly, they may have accessed support prior to the critical incident or they may have talked to peer support team members or QMHPs when they were having difficulties. These coping skills can make a difference when an individual is faced with handling a critical incident. Fourth, as a result of coming to grips and working through their negative feelings or behavior problems resulting from previous involvement in critical incidents, individuals may experience little emotional reaction after a subsequent event. After successfully working through one critical incident, it is often easier to go through another. On the other hand, if emotional reactions from a previous critical incident have been suppressed rather than resolved, a subsequent critical incident becomes more difficult to deal with. Officers who have a traumatic reaction and suppress their emotions may develop long-term emotional problems, such as PTSD or ASD.

---

1 Emergency contacts are noted on the “Emergency Notification Form” provided by the department. This form should be filled out by every employee upon hire, updated annually, and included in his or her personnel file.

2 Please refer to the IACP Model Policy on Line-of-Duty Deaths and Serious Injuries for more information on notifications.
V. STRESS AND THE INVESTIGATIVE PROCESS

A. Post-Incident Procedures

Law enforcement agencies, recognizing the impact a critical incident can have on involved personnel, should make every effort to complete any necessary investigations at the earliest possible time. This is not to suggest the department 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 critical incident. As soon as available, that decision should be made known to all members of the department and the public.

1. Critical Incident Stress Debriefing. For the personnel directly involved in the critical incident, a mental health intervention consisting of a one-on-one or group debriefing should be a requirement. It also should be completed within 24 hours of the incident. The mandated requirement for this intervention will remove much of the stigma normally surrounding interactions with a QMHP and much of the typical speculation from others who may question the emotional well-being of those involved.

The group debriefing should follow either the Mitchell Model or the Law Enforcement Model for critical incident stress management. The Mitchell Model consists of seven phases, as described below.

- **Introduction Phase** - the QMHP introduces confidentiality and his or her role in the process, as well as the roles of peer support personnel and chaplains. During this phase, the participants introduce themselves and are encouraged to interact with one another throughout the debriefing.
- **Fact Phase** - the QMHP elicits what activities the participants of the debriefing performed during the critical incident. Were they the first on scene? Did they interact with the family of a murder victim? Were they the driver of a vehicle involved in an accident? This includes what they heard, saw, smelled, and did during the incident.
- **Thought Phase** - the participants are encouraged to share what they were thinking during the incident and whether they have ever had these thoughts before.
- **Reaction Phase** - the participants share with others the feelings they had at the scene, their current feelings, and whether or not they have ever had these feelings before.
- **Symptom Phase** - the QMHP focuses on the psychological and physical effects that the participants have experienced since the incident.
- **Teaching Phase** - the participants are reminded that the symptoms they have experienced are normal responses to extraordinary circumstances and the rationale for their stress response is explained.
- **Reentry Phase** - the debriefing is concluded, any questions that the participants have are answered and all participants are given the opportunity to develop a plan of action, if necessary.

Following the Mitchell Model is the Law Enforcement Model. This particular model adds two additional phases. The first additional phase is known as the Unfinished Business Phase, where the participants discuss those past emotional experiences that have not been resolved. The second additional phase is the Round Robin Phase. Here, participants of the group make any last comments to each other and no one responds.

These services should be provided by the department and conducted by QMHPs who are familiar with the law enforcement culture and have experience dealing with law enforcement personnel who have been involved in critical incidents. Participants should be reminded that all interactions with the QMHP are confidential. In addition, involved personnel should be advised that, while the QMHP may make suggestions related to return-to-work status, any recommendations or feedback provided to the department will not be included or considered during future fitness-for-duty examinations. Whenever possible, the QMHP who provides critical incident stress management services should not conduct fitness-for-duty examinations.

Following the debriefing, the QMHP should advise the department verbally as to if and when the involved personnel should be returned to duty. If the individuals are deemed emotionally unstable and consequently not ready to return to their normal duties, they 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. Unless there is compelling reason to the contrary, the affected personnel should be returned to their regular assignments when they return to work.

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

2. Family/Relationship Counseling. The model policy also recommends that law enforcement agencies provide the family of the involved personnel with advice and guidance. The individual’s family plays a significant role as
an emotional anchor during crises and can be instrumental for emotional readjustment. Departments can help the officer’s family understand and appreciate the significance and potential impact of the experience. These services can also make family members aware of the symptoms of PTSD and ASD and their role in providing support to the individual during the period of emotional accommodation and adjustment. It is also necessary to help family members deal with their own stress resulting from the incident. Many simply do not know what to expect and why specific department procedures are necessary. Therefore, the department should ensure that family members are kept informed and provided the opportunity to clarify any of their questions or resolve misgivings.

B. Stress Recognition and Training

The model policy states that supervisory personnel have the primary responsibility for identifying employees under their supervision who may be suffering from some form of stress-related disorder. As noted, traumatic stress disorders may develop in relationship to a wide variety of incidents, some of which may not become apparent to the department in any official capacity. Following a critical incident, law enforcement personnel may attempt to hide such symptoms from colleagues and supervisors for fear that it will be perceived as a personal weakness, adversely affect their performance review, or result in an unwanted fitness-for-duty appraisal.

Supervisory personnel, therefore, must be aware of the potential for such traumatic reactions following a critical incident and be in a position to order involved personnel to seek assistance or counseling if it is believed that their job performance is being affected. Law enforcement personnel must be aware of the potential for traumatic reactions and be prepared to seek assistance for themselves or recommend aid for a colleague who they believe is affected in this manner. In order for law enforcement personnel to be capable of making such judgments, their department and immediate supervisor should provide the training necessary to make them knowledgeable about the potential reactions to critical incidents and the department’s policy and procedures for prevention and treatment following a critical incident.

C. Employee Screening

It is important to be able to respond effectively to those who may suffer from PTSD and ASD symptoms and to take all measures possible to avoid the incidence of this problem among department personnel. However, a large share of preventive efforts must also be directed at the selection process for police personnel. Law enforcement work is obviously not suited for all individuals. The use of psychological screening tests for the selection of recruit candidates can help to identify those persons who are more likely to be vulnerable to these types of disorders.

Acknowledgment

This document was developed by the IACP National Law Enforcement Policy Center in cooperation with Nancy K. Bohl, Ph.D., Director, The Counseling Team, Southern California.