

CRITICAL INCIDENT TRAUMA

FOR LAW ENFORCEMENT OFFICERS

CRITICAL INCIDENT:

Any situation beyond the realm of a person's usual experience that overwhelms his or her sense of vulnerability and/or lack of control over the situation. *Roger Solomon, Ph.D.*

Any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later. *Jeff Mitchell, Ph.D.*

CRITICAL INCIDENTS

- Are sudden and unexpected!
- Disrupt our sense of control!
- Disrupt beliefs, values, and basic assumptions about how the world and the people within it work!
- Involve the perception of a life-damaging threat
- May involve emotional or physical loss!

REALIZE THAT:

- Many types of situations that can be critical incidents
 - A critical incident for me may not be critical for you...It depends on our perception of vulnerability and our ability to control the situation.
-

THE MYTH:

"It never bothered Dirty Harry or John Wayne, so it shouldn't bother me."

"If it does bother me, it means I am weak and not cut out to be a cop."

THE REALITY:

Officers experience many different and deep emotional reactions, as all human beings do to a critical incident.

THE PHASES OF CRITICAL INCIDENT TRAUMA

I. THE SITUATION EXPLODES

Alarm Reaction: Adrenaline burst
Physiological Arousal
Focus on Action "Auto-pilot"

Perceptual distortions commonly experienced by officers during moments of peak stress:

Time Distortion	83%	Auditory	69%	Visual distortion	83%
Slow motion	67%	Diminished sound	51%	Tunnel vision	67%
Fast motion	16%	Intensified sound	18%	Heightened detail	16%

II. SHOCK\DISRUPTION

The person may be dazed, inattentive and/or confused. This may last up to a few days.

Stress comedown reactions (*These are stress reactions-not signs of weakness*):

- Tremors\shakes
- Confusion
- Crying
- Light-headed
- Nauseasweats
- Rapid pulse
- Chills
- Hyperventilation

Denial:

- Feeling of disbelief
- Numbness with occasional anxiety breakthrough
- Running on "auto-pilot"
- Difficulty remembering details of the event
- Difficulty comprehending significance of what happened
- Upset, emotional
- Mad \ Sad \ Scared
- May feel elated for having survived a critical encounter

Hyper:

- Agitated, irritable, overactive

Feeling of Isolation:

- "No one really cares or understands"

Preoccupation with event:

- "Its all I can think about"

Heightened sensitivity to the reactions of others

COMMON PHYSICAL STRESS SYMPTOMS

- Anxiety
- Change in sex drive
- Constipation
- Diarrhea
- Difficulty concentrating
- Difficulty sleeping
- Dizziness*
- Fatigue
- Headaches
- High Blood Pressure*
- Indigestion
- Irritable
- Muscle aches
- Stomach ache

* *Indicates need for medical evaluation*

III. EMOTIONAL IMPACT

Usually hits within a couple of days. It may continue several weeks or longer depending on the situation, coping skills, and the presence of support.

NORMAL REACTIONS TO ABNORMAL SITUATIONS

(Percentages refer to officers involved in shooting situations)

Heightened Sense of Danger	58%
Anger \ Blaming	49%
Nightmares	34%
Isolation \ Withdrawal	45%
Fear \ Anxiety	40%
Sleep Difficulties	46%
Flashbacks \ Intrusive Thoughts	44%
Emotional Numbing	43%
Depression	42%
Alienation	40%
Guilt \ Sorrow \ Remorse	37%
Mark of Cain	28%
Problems with "System"	28%
Family Problems	27%
Feelings of Insanity \ Loss of Control	23%
Sexual Difficulties	18%
Alcohol \ Drug Abuse	14%
Stress Reactions	No % available

Intensity of reactions tend to wax and wane over time peaking during the first few weeks, then gradually subsiding.

IV. COPING

Facing, understanding, working through, and coming to grips with the emotional impact of the incident.

SOUL SEARCHING...

WHAT IF?

IF ONLY... ..?

WHY ME... ..?

WHAT ABOUT NEXT TIME... ..?

CAN I DEAL WITH IT AGAIN... ..?

V. ACCEPTANCE/RESOLUTION

- The incident happened. I was part of it, and *that's reality*.
- I am vulnerable, and that's part of the human condition - but I'm not helpless.
- I can't control everything, but I can control my response to an incident.
- I did the best I could at the time.
- Fear is a normal reaction to the perception of danger and can be utilized constructively.
- By facing and actively processing my emotional reactions, I will come out stronger.

I CAN RE-EVALUATE MY VALUES, GOALS AND LIFE PRIORITIES:

- I now realize what is important in life.
- I can stop and "smell the roses".
- I can spend more time with people I care about.
- Things that used to upset me just aren't that important anymore.
- After coming to grips with my own vulnerability, I CAN EMERGE STRONGER and utilize this strength when facing life's other challenges

VI. LEARNING TO LIVE WITH IT...

- Experiencing a critical incident is like crossing a fence and losing one's naiveté with no possibility of jumping back. Positive self-realization: *"I'm not unique; I'm normal."*
- Similar future incidents may bring back emotional reactions.
- Similar experiences others experience may bring back memories (I can use these memories to help those involved.)
- Anniversary reactions are common
- We are vulnerable! Use this vulnerability in positive, meaningful, productive ways for others and ourselves.
- We have to accept it and learn to live with it

Not every one will experience a traumatic reaction to the same event. For example, these are the reactions an officer might experience after an officer involved in shooting situation:

1/3...EXPERIENCE A MILD OR NO TRAUMATIC REACTION

1/3...EXPERIENCE A MODERATE REACTION

1/3...EXPERIENCE A SEVERE REACTION

FACTORS AFFECTING MAGNITUDE OF RESPONSE

(Adapted from Eric Nielson, Ph.D.)

- 1) NATURE OF THE EVENT
 - extent of involvement
 - degree of control
 - degree of threat or loss
 - grotesqueness
 - disruption of expectations
- 2) DEGREE OF WARNING
- 3) EGO STRENGTH\COPING STYLE
- 4) PRIOR MASTERY OF EXPERIENCE
- 5) PROXIMITY
 - Physical- The closer one is, the greater the impact.
 - Psychological- emotional link puts one close to the scene.
- 6) THE AMOUNT OF STRESS IN ONE'S LIFE AND HOW ONE IS COPING WITH IT
- 7) NATURE AND DEGREE OF SOCIAL SUPPORT
 - A. Amount of help/support available immediately after the event and the extent to which the person is receptive to that help.
 - B. Support from administration, peers, and supervisors.
 - C. Extent to which person's family was helpful and supportive and openness of person in communicating with loved ones.

TWENTY SIGNALS THAT SAY, "I'M STUCK!"

Some people, particularly those who avoid dealing with their emotional reactions, may find themselves increasingly re-living their trauma. It may seem to them that little is resolved in the first weeks following the incident. An individual should seek professional consultation if the following reactions persist longer than a month and interfere with his or her ability to function:

TWENTY SIGNALS

1. Intrusive images: distressing memories, thoughts, nightmares, and flashbacks.
2. Distress at exposure to events that resemble or symbolize the event.
3. Avoids thoughts and emotions connected with the incident, or activities or situations that arouse memories of the trauma.
4. Numbing or restricted range of emotional responsiveness.
5. Excessive stress reactions.
6. Hyper vigilance
7. Overreaction \ under-reaction \ risk taking.
8. Increased irritability, anger or rage.
9. Obsession with the incident. Thoughts of the incident are easily triggered– one seems stuck in the past and has difficulty looking toward the future.
10. Feelings associated with past events. The combined emotional impact of old and new situations may seem so overwhelming that one's ability to deal effectively with any incident seems to suffer.
11. Self-doubt, guilt, second-guessing of oneself, feelings of inadequacy, obsession with perceived mistakes
12. A growing sense of isolation "No one understands what I'm experiencing...I feel lost, abandoned, and different than others."
13. Intense or sustained feelings of depression, grief, loss of control.
14. Mental confusion: Increased distractibility, difficulty concentrating or making decisions, poor judgement.
15. Development of suspiciousness in dealing with others.
16. Relationship problems. Withdrawal from others, increasing difficulty with peer/supervisory/family relationships.
17. Decline in work performance. Increased absenteeism, burnout, and decline in productivity and quality of work.
18. One may have little or no noticeable initial reaction to the incident, but reactions are triggered months later.
19. Self-destructive behavior: Substance abuse, poor judgement and inappropriate decisions.
20. In rare cases, suicidal thinking may result from feelings of depression, guilt, despair, and anger with oneself.

When a person experiences a traumatic stress reaction, current behavior may change substantially from previous normal behavior.

If the person continues demonstrating effects of traumatic stress, consulting with a mental health professional can help in working through the emotional reactions.

COPING STRATEGIES

1) **Adaptive attitude:**

How we deal with an event is more important than the event itself! It's not life events that make us feel the way we do...it's the view we take of them.

That which does not destroy me makes me stronger!

After I have come to grips with my vulnerability, there's not much else in life to overcome!

Whatever you are trying to avoid will go away until you confront it. What you cannot communicate ruins your life.

2) Your emotions are normal reactions to an abnormal situation– Its OK for you to feel whatever you are feeling.

3) **Talk it out!** As you talk, you tend to feel more and more in control over your emotions; once you capture and articulate your feelings; you have some power over them.

- Talking about your emotions helps let them go.
- Talking reduces emotional intensity.
- Talking helps you define and clarify what you feel, even if the person you are talking to just listens.

4) **Coping with anger:**

- The first step - Acknowledge you are angry.
- Probe your anger: Angry with whom? At what? How come?
- What is underneath your anger? Fear...Vulnerability...?
- What are you doing with your anger? What's it doing to (and for) you?
- What will you do with your anger that is constructive for you?

5) **Responsibility Guilt**

We all want to believe we are in control of situations as they arise. So if something goes wrong, "It must be my fault..." Over-taking responsibility for what happened may be a way to avoid facing the vulnerability that comes with the realization that events were beyond one's control.

You can't always control what's happening, but you can control your response: Acknowledge the reality of what you could/couldn't control. It's not logical to blame yourself for events that were beyond your control.

6) **Second guessing and how to get out of it**

Acknowledge and understand your perceptions before and during the incident that led to your actions - Frame of Mind #1.

Don't judge yourself from Frame of Mind #2: The frame of mind you have when the situation is over, and you know all the previously unknown facts and consequences.

Second-guessing:

You're in Frame of Mind #2. Looking back at your behavior and "zapping" it (and yourself) - without taking into account Frame of Mind #1.

To change this, get back in touch with Frame of Mind #1 and go through the situation **FRAME BY FRAME**. Knowing what was going on in your mind at the time, will help you understand why you did what you did. Differentiate what was and was not under your control; and differentiate what you knew at the time from what was impossible to know.

You may realize *you did the right thing and/or the best you could* given the perceptions of the incident, the information you had at the time, your level of experience, available equipment, and so on...

Feel you made a mistake?

Realize the impact of the time pressure on your behavior. What else could you have done in such a short time?

There are 100 ways to do it right, 100 ways to do it wrong, and 10,000 ways in-between. Situations are shades of gray, not black and white. Give yourself credit for what you did right!

Perhaps your perceptions of the situation were inaccurate or incomplete. Perceptions are modified by experience and you can learn from the experience by examining Frame of Mind #1 and by expanding your perceptions and making them more accurate and complete. Instead of dwelling on the past, focus on what you will do differently in the future.

When you look back at the situation, you can only come to one of three conclusions:

1. YOU DID THE RIGHT THING. ALL RIGHT!
2. YOU DID THE WRONG THING. LEARN FROM IT.
3. YOU DID THE BEST YOU COULD. WHAT MORE CAN ANYBODY ASK?

7) **Dealing with fear and vulnerability**

You may experience tremendous fear and confronted your sense of vulnerability. Realize fear is an automatic response to the perception of danger and is not a sign of weakness. Fear can be utilized to exercise caution, increase alertness, and mobilize great strength.

Dynamics of Fear

Fear can be very useful. Critical incidents can potentially mobilize the tremendous strength of the survival instinct. Under adverse conditions, our response can come from a frame of mind of strength, control over this strength, clarity of mind, and increased alertness: the survival resource.

Critical Incident Trauma, Roger M. Solomon, Ph.D.

Dynamics of a Critical Incident

Here comes Trouble

The situation escalates.

Oh Shit!

The moment of vulnerability awareness; we may feel weak, vulnerable, or not in control.

"I've got to do something"

We must act to survive or gain control over the situation. We acknowledge the reality of the danger and make the transition from an internal focus on vulnerability to an external focus on the danger.

Survival

We focus on the danger in terms of our ability to respond to it. We consciously or instinctively come up with a plan. We start to react and feel more balanced and in control.

"Here goes"

The moment of commitment. With our resolve to act whether instinctual or planned, we mobilize tremendous strength. Our frame of mind is focused; characterized by strength, control over this strength, clarity of mind, and increased awareness: the survival resource.

Response

We go for it, our response fueled by the survival resource.

After a critical incident, it is natural that one may dwell on the moments of "Oh Shit".
But we can get stuck here.

While it is important to face feelings of vulnerability, we must also give ourselves credit for what we did to respond.

Acknowledging what we did in the *survival, here goes* and *response* stages balances out the moments of vulnerability - we are not helpless!

8) **To prepare for the future:**

Learn the tactics you need *well*. Get the training you need and keep up your skills.

Understand the psychological and physical effects of fear.

Acknowledge the reality of what can happen NOW.

Reinforce your will to survive.

Have a mental library of past successes.

Utilize fear to become strong.

Mental rehearsal of critical incident situation will help you: learn your tactics; get them to the point where they are instinctual, reflexive, and second nature; and prepare for future encounters.

Critical Incident Trauma, Roger M. Solomon, Ph.D.

Mental Rehearsal Practice

1. Chose a situation to mentally rehearse. Set up the scene in your mind in as much detail as you can.
 2. Visualize yourself responding to the situation. Keep rehearsing the scene until your performance is perfect.
 3. Jump inside the movie. Imagine how it will look, sound and feel like to respond the way you just rehearsed.
 4. Be sure your tactics are realistic.
 5. Build flexibility - rehearse multiple strategies.
 6. Mental rehearsal supplements, but does not take the place of physical practice.
- 9) **"Why did this happen to me?" "What did I do to deserve this?"**
Probably nothing. It happened because of your role, not because of who you are.
- A better question than "*Why did this happen to me?*" is "*How did this happen to me?*" We can't always answer *why*, but we can answer *how*.
- 10) **Keep it in perspective.** Keep your sense of humor.
 - 11) **Work it out through exercise and learn deep relaxation techniques.**
Can't sleep? To ease stress, alternate periods of exercise and deep relaxation.

- 12) **Eat healthy meals, avoid drinking out and control stimulants**
Drink natural juices or water and avoid caffeine.
- 13) **Reach out to others and get the help you need.**
It's okay to feel rotten for a while and let others know you're feeling that way.
Stay in touch with your support system.
- 14) **Give yourself appropriate time to work through the incident.**
It's normal to take a few weeks or longer to feel like your usual self again,
especially if there's anything particularly upsetting or unusual about the incident.
- 15) **Balance work, intimacy, recreational, spiritual and social needs.**
- 16) **Returning to work after a critical incident.**

Ideal time is after the emotional impact has been experienced and you have begun to work it through.

Get "reacquainted" with work equipment.

Remember that it is okay to have heightened sense of danger. The job may look, sound, and feel different for a while.

We are vulnerable and can't always control a situation,
But we are not helpless.

We can control our response to a situation, with our ability to respond fueled by the
resource frame of mind.

Officer-Involved Shooting Guidelines

*Ratified by the IACP Psychological Services Section
Los Angeles, California, 2004*

These guidelines were developed to provide information and recommendations on constructively supporting officers involved in a shooting. The field experience of members of the IACP's Psychological Services Section suggests that following these guidelines can reduce the probability of long-lasting psychological and emotional problems resulting from a shooting incident. These guidelines are not meant to be a rigid protocol and work best when applied in a case-by-case manner appropriate to each unique situation.

Agency Protocol Recommendations

1. Prior to any shooting incident, agencies are encouraged to train all officers, supervisors, and family members in acute stress and traumatic reactions and what to expect personally, departmentally, and legally after a shooting incident.
2. Prior to any shooting incident, it is in the agency's best interest to establish a working relationship with a trained, licensed mental health professional that is experienced in the law enforcement culture as well as in providing post-shooting interventions. The department should notify the mental health professional as soon as possible and facilitate a post-shooting intervention by the mental health professional. Some guidelines for the mental health professional's intervention are addressed below.
3. Immediately after an incident, provide physical first aid and communicate emotional support and reassurance to involved officers and other personnel.
4. Offer the officer an opportunity to step away from the scene and away from media attention (by waiting at a remote location, for instance). When possible, place the officer with supportive peers or supervisors and return the officer to the scene only if strictly necessary. Personnel on the scene should help the officer follow departmental policies regarding talking about the incident before the initial investigation interviews. If the officer has an immediate need to talk about the incident, he or she should be provided with a resource that offers the officer confidentiality or privileged communication.
5. Ideally, the officer should be provided with some recovery time before detailed interviewing begins. This can range from a few hours to overnight. Officers who have been afforded this opportunity are likely to provide a more coherent and accurate statements. Providing a secure setting, insulated from the press and curious officers, is desirable during the interview process.
6. Explain to the officer what is likely to happen administratively during the next few hours and the reasons behind the planned actions. Within two days, explain the entire process of the investigation as well as any potential actions by the media, grand jury, or review board. Also, discuss any concerns raised by the officer. A summary of procedures

can be provided in a written format that the officer can refer to during the first few hours after the incident.

7. It may be helpful to provide an information sheet or booklet that reviews the body's response to shooting incidents and what the officer can do to facilitate recovery. The officer can refer to this information after the post-shooting intervention, and perhaps share it with significant others.

8. If the officer's firearm has been taken as evidence, it should be replaced as soon as possible. When this is not possible, the officer should be told why and when the weapon is likely to be returned. Officers, especially those in uniform, may feel vulnerable when unarmed and become concerned that an administrative action has been undertaken. It is desirable to assign an armed companion officer to stay with the officer under these circumstances.

9. If the officer has not been injured, the officer or a department representative should contact the family to inform them of the occurrence before other sources are able to do so. If the officer is injured, a department member, preferably one known to the family, should meet family members and drive them to the hospital. An offer to call friends, chaplains, etc. should be made to ensure that the family has an adequate support system available to them.

10. It may be desirable to provide the officer with a few days of administrative leave to protect him or her from possible retaliation by the suspect and to allow the officer to marshal his or her natural coping skills to deal with the emotional impact of the incident. Make sure that the officer understands that this is an administrative leave, not a suspension with pay.

11. It may be in the best interest of the officer and the agency to modify the officer's duties until the initial criminal investigation, internal shooting review board investigation, grand jury investigation, coroner's inquest, and district attorney's statements have all been completed. This practice protects the officer from potential legal and emotional problems that might arise from involvement in another critical incident before the first one has been resolved or from coming into contact with suspects or witnesses to the shooting while on the job.

12. Agencies, in cooperation with the affected officer, should consider the readiness of an officer to return to regular duties. For example, it may be preferable to work a different shift or a different beat for a period of time. It may also be helpful to permit an officer to team up with a co-worker for several shifts.

13. If the officer has a published home telephone number, it may be advisable to have a friend or telephone answering machine screen telephone calls to prevent any annoying or threatening calls from reaching the officer or family members.

14. Whenever possible, an administrator should inform the rest of the department, or at least the officer's supervisors and his or her team, about the shooting. This practice will

reduce the number of questions asked of those involved and will also help to deal with any rumors that may have arisen as a consequence of the event.

15. Agencies should make every effort to expedite the completion of administrative and criminal investigations and advise the officer of the outcomes as soon as possible. Lengthy investigations can cause distress to the officer.

16. Departments should assess the reactions of any other involved emergency service personnel (including dispatchers) and provide appropriate interventions as described above.

17. The option of talking to peers who have had a similar experience can be quite helpful to personnel at the scene. Peer support personnel may also be an asset participating in group interventions in conjunction with a mental health professional, and can be an asset in providing follow-up support. Family members may also greatly benefit from the peer support of family members or other officers who have been involved in shooting incidents. The formation and administrative backing of peer support and outreach teams for officers and family members may prove to be a wise investment after a shooting incident. However, peer support should never take the place of an intervention by a mental health professional.

18. Personal concern and support for the officer involved in the shooting, communicated from high-ranking administrators, can provide an extra measure of reassurance and comfort. The administrator does not have to comment on the situation, or make further statements regarding legal or departmental resolution, but can show concern and empathy for the officer during this stressful experience.

19. Shootings are complex events often involving officers; command staff; union representatives; internal affairs units; peer support teams; district attorneys; investigators; city, town, or county counsel; personal attorneys; city, town, or county politicians; the media; and others. Potentially involved parties may benefit from establishing locally acceptable procedures and protocols on handling these stressful, high profile events to avoid conflict among the many different interests. Continued regular communication will help ensure smooth functioning and necessary adjustments.

Recommendations for Post-shooting Interventions by a Mental Health Professional

20. A post-shooting intervention should be conducted by a licensed mental health professional trained to work with law enforcement personnel. Care should be taken in selecting a mental health professional to ensure that he or she has a strong educational background, knowledge and experience in the treatment of trauma, and a full spectrum of clinical experience with law enforcement in all types of mental health issues. The credentials and experience of the mental health professional are crucial in conducting post-shooting interventions. Law enforcement administrators are encouraged to examine the mental health professional's background for training and experience with interventions in a law enforcement setting.

21. The initial post-shooting intervention should occur within one week after the shooting incident. The initial goal should be to reduce arousal and provide an opportunity for education and support. Your mental health professional may wish to break up an initial contact to provide information first, and then make a contact later to help the officer process what happened during the shooting. Other experienced police mental health professionals prefer an integrated contact initially.

22. Each agency must decide if the post-shooting intervention will be voluntary or mandatory. Despite progress in the recognition of the place of mental health professionals in the field of law enforcement, many officers would still decline to participate if post-shooting interventions were offered solely on a voluntary basis. If the post-shooting intervention is mandatory and part of the standard operating procedure, this may help reduce the stigma of seeking help for the officer involved. However, voluntary interventions can reduce resentment and leave an officer feeling more in control at a time when the officer may feel he or she has lost control over what happens to him or her. An alternative is to require that an officer report to the department mental health professional and obtain any information or education that is available, but leaving the officer the option to participate, postpone or decline any intervention that requires sharing his or her personal experience. People reach the point of wanting to process an emotional experience at different times after an event. This can be dependent on other events and activities in an officer's life, the previous experiences with emotionally arousing events, or the individual's personal survival strategy and emotional defenses.

23. It is recommended that post-shooting interventions be done during on-duty time.

24. A single contact with a mental health professional may prove to be inadequate for officers who have been severely affected by an event. Also, a subset of officers may experience delayed onset of problems. Follow-up sessions should be made available to every officer involved.

25. It should also be made clear that the post-shooting intervention is a privileged communication between the mental health professional and the officer involved. There should never be an attempt to gain information about what is said in these sessions by anyone without the permission of the officer.

26. During the post-shooting intervention, there are numerous opportunities for the mental health professional to screen for unusual circumstances (past or present) that could intensify the impact of this particular incident on the officer. The mental health professional should also informally assess, for the sole purpose of voluntary referral, which officers may need additional or alternative types of assistance as part of their recovery process. If appropriate, referrals should then be offered to chaplains programs, peer support programs, additional counseling, and so on. Much of the time, the normalization process during the post-shooting intervention provides sufficient support to facilitate individual coping mechanisms. Frequently, after a life-threatening incident, officers are most concerned about how they reacted physiologically and emotionally, and whether these reactions were normal. Receiving reassurance during the post-shooting intervention frequently reduces worry, anxiety, and negative self-assessment. If not

addressed, these reactions can frequently lead to more severe and chronic problems, and the need for treatment oriented services.

27. All interventions that did not lead to ongoing contacts with the mental health professional should have follow-up contact or a phone call from the mental health professional within four months.

28. Opportunities for a conjoint or family counseling session with the spouse, children, or significant others should be made available when appropriate.

29. It should be made clear to all involved personnel and their supervisors that post-shooting interventions are separate and distinct from any fitness-for-duty assessments or administrative or investigative procedures. This does not preclude a supervisor from requesting a formal fitness-for-duty evaluation based upon concerns about the officer's ability to perform his or her job due to emotional or psychological issues. However, the mere fact of being involved in a shooting does not necessitate such an evaluation prior to return to duty.

30. If a fitness-for-duty evaluation is required, it should not be provided by the mental health professional who did a post-shooting intervention with the officer. A department may choose to enlist the mental health professional who did the post-shooting intervention to help the officer make decisions about returning to duty. In that situation, the department must understand the officer has the right to privilege and confidentiality for anything said in the session that does not pose an imminent threat to self or others.

31. In large-scale operations or incidents, group interventions may be beneficial. It is essential that the groups be screened so they contain individuals who responded to the same event, and that individual counseling referrals be available for those needing or wanting additional assistance. It is often not advisable for the primary officers (those who discharged their weapons) to be included in groups unless they truly desire it. The mental health professional and department administrators should consider legal ramifications caused by the changes in confidentiality and privilege that occur when information is processed in group settings. Legal considerations will vary from state to state.

PREVENTION: Train all employees in critical incident reactions and what to expect personally, departmentally, and legally.

GUIDELINES FOR OFFERING SUPPORT

- 1) Learn about critical incident trauma. Know that people respond to critical incidents differently.
- 2) Be available! Take responsibility for initiating contact, but avoid intruding.
- 3) Accept the response you get from the person. Do not judge their feelings. Be interested in the person, not just the situation. Be empathic and supportive.
- 4) Listen to what is being said. Active listening is letting the other person know you hear what is being told to you by reflecting back, in your own words, what is being said and felt, without judgement or criticism.

Avoid "biased questioning" - Asking questions that reflects your interests, and takes the person off track from his/her experience.
- 5) Be a resource. Listening and validating emotional reactions is very helpful. Sharing your feelings and experiences can help to legitimize another person's reactions. Avoid "laying a trip" on the person - inundating them with your experiences and reactions telling them how they are going to, or supposed to, react.
- 6) Advice giving? It may be helpful to offer suggestions as to what you think may help or share what has worked for you and others you know. Avoid relating in a condescending way and telling the person how to handle things.
- 7) Be sensitive to changes in behavior and mood that indicate a person is not coping well. Gently challenge effectiveness of maladaptive behavior.
- 8) You are not responsible for how the person handles the critical incident, the person is. You are there for support, encouragement, and validating emotions, not treatment.
- 9) Know your limits! Steer the person to appropriate help when you notice a lack of resolution, maladaptive behavior, declining emotional condition, and other heavy reactions that let you know he/she needs professional help. As a peer supporter, you are not a mental health professional.

CRITICAL INCIDENT TEAMS

- 1) The purpose of a critical incident team is to support a peer who has just experienced a critical incident. The team can support the person in talking about his/her feelings and reactions to the incident, letting the person know that he/she is not unique or alone in what is being felt or experienced, and realizing that his/her reactions are normal reactions to an abnormal situation.
- 2) There should be a team coordinator. A peer who is in a neutral position, with no conflict of interest, who has experienced and worked through a critical incident. Someone who is well liked and trusted, and otherwise has personal and professional credibility. Other team members should likewise have critical incident experience, be mature individuals with a caring attitude, good social skills, and have a healthy respect for confidentiality.
- 3) All team members should have training about critical incident trauma and how to respond appropriately to a peer who has just been involved in a critical incident. All members should have dealt with and resolved their own situations to the point they can comfortably listen to others' feelings and reactions.
- 4) After a critical incident, the team coordinator can get together with the involved officer, or assign another member of the team to provide the support. It is important that the involved officer have a choice as to whom he/she will talk to. If the situation involves an investigation (e.g., officer involved shooting), it is important not to talk about what happened until after the preliminary investigation is completed and formal statements have been given.
- 5) Proceedings are confidential. If nothing is written down, there is nothing to subpoena.
- 6) Do not bombard someone with your experience. It is more important to be a good listener. However, a team member being open and honest in disclosing his/her personal experience may help create an atmosphere of trust and openness that lets the involved person know he/she is not alone or unique.
- 7) For ethical and legal reasons, it is important to have a mental health professional as a back-up resource and to supervise the process. At a group debriefing, it is important to have the mental health professional present.
- 8) It must be remembered - The team is a support group and not a bunch of elitists.
- 9) By all means, stay out of company politics.