

Critical Incident Management - Recommendations for Law Enforcement Agencies

Law Enforcement Agency and Officer Preparation. Critical incident management begins prior to the occurrence of a critical incident. To best prepare officers and other police employees (hereafter referred to as “employee”) for the possibility of exposure to a critical incident, and to lessen the probability of secondary injury as a result of critical incident exposure, it is recommended that law enforcement agencies: (1) develop an association with a mental health professional experienced in police and trauma psychology, (2) develop a peer support team that operates in conjunction with the mental health professional, (3) include stress and trauma inoculation training in the agency academy, and (4) include instruction in the agency’s critical incident policies, procedures, and protocols in the basic academy curriculum. Following completion of the basic academy and during field training, participation in the Psychologist and Training/Recruit Officer Liaison (P.A.T.R.O.L.) program is recommended.*

Concept of Secondary Injury. Secondary Injury occurs when an employee is treated poorly following a critical incident, even if unintentionally. Secondary Injury is especially likely if the poor treatment comes from the employee’s own department. Remember, you don’t have to intend harm to do harm. One way to virtually insure secondary injury is to treat involved officers or other police employees as suspects following a critical incident without reason to do so.

Agency support - supporting police employees following a critical incident:

1. Remove the employee from the scene: Remove involved employees from the scene as soon as possible to a gatekeeper-controlled environment. Do not isolate the employee. Utilize the agency peer support team and the department mental health professional for on-scene and continued support.
2. Spouse and family notification: The way in which an employee’s spouse and other family members are notified of an employee’s involvement in a critical incident is important, especially if the employee has been injured. When capable, it is normally best for the employee’s family if the employee contacts them directly. If an employee is incapacitated, department notification policies should be followed. In either circumstance, the peer support team and other department support services should be made available to family members to insure they receive appropriate assistance and support.
3. Spouse transportation and access to the officer: Once the employee has been transported to a secure location, and if the employee wishes to be joined by his/her spouse, the department should offer to transport the employee’s spouse to the location. The spouse should be given unrestricted access to the employee. When necessary, spouses should be advised that the employee may be a source of evidence yet to be collected and personal contact is to be avoided.

4. Employee and family support immediately following the incident: The peer support team and department mental health professional continue support for the employee and family throughout the immediate investigative process.
5. The employee's weapon and badge: If applicable, replace the employee's firearm if it is taken as evidence. When possible, replace it with a similar firearm. If the employee's clothing is taken as evidence, allow the employee to retain the badge. If the badge is also taken as evidence, provide a replacement badge.
6. Contact from the Chief: In person contact from the chief, sheriff, or department top administrator as soon as practical is recommended. Although the incident facts may not have been determined at the time of contact, a recognition of the risk confronted by the employee and assurances of department support from the department head has been determined to be a factor in reducing the probability of secondary injury. Experience has shown that although contact from other high-ranking department officials is much appreciated by employee that have been involved in a critical incident, it is no substitute for contact by chief, sheriff, or top administrator. Telephone and other means of contact helps when in-person contact is not possible. Ongoing periodic contact from the top administrator is also recommended.
7. Employee blood sample without probable cause: Mandating the taking of a blood sample without probable cause and solely because an employee has been involved in a shooting or other force-related critical incident is unwarranted and may contribute to secondary traumatization. Agencies may offer to take a blood sample, and employees may request that a blood sample be taken.
8. Criminal and administrative investigations: Make a clear distinction between the criminal investigation and the administrative investigation. Investigators should consistently clarify their investigative role when interviewing employees involved in critical incidents.
9. Appoint a department contact: Appoint an employee to act as the involved-employee's department contact. The contact employee is assigned the responsibility of keeping the involved employee apprised of the investigation progress, new case developments, and any planned incident-related press releases. The contact employee may also be called upon by the involved employee to discuss any issues involving the department and ongoing case investigation.
10. Social media: Make a department social media specialist or public information officer available to the involved employee and the employee's family to assist with them with any social media questions, difficulties, or protection of their social media accounts.

11. Prepare the employee for negative comments: Prepare the employee for possible criticism and negative information from the print press, segments of community, family members of the suspect, social media, and other sources. Such information is often generated from rumor, limited information, and inaccurate observations. Employees must remain grounded in what they know to be true to positively cope with false accusations that, due to the ongoing investigation and restrictions on releasing case information, they cannot comment upon.
12. Employee and family security: Evaluate the need for employee and family security. Make arrangements for family and residence security if necessary.
13. Offer continued family support: Following an employee involved critical incident, especially those involving firearms or employee injury, families are frequently impacted by an increased sense of danger and employee vulnerability. Additionally, the incident and subsequent press releases may generate issues for the spouse and children. Ongoing department support can do much to help family members to positively cope with the stressors that may arise out of an employee's critical incident.
14. Group debriefing and other support interventions: Incident group debriefings and other department-sponsored support interventions should be utilized as warranted.
15. Administrative leave and policy: Maintain or develop policies that place employees involved in shootings and other select critical incidents on paid administrative leave. Employees should receive written notification of this status. Administrative leave allows the employee a break from job demands while the employee and family are supported throughout the incident and aftermath. Employees normally remain on administrative leave during the course of the incident investigations and several components of the Return to Duty Protocol.
16. Mental health professional counseling support: Place the employee in an ongoing confidential counseling support program with the department mental health professional as soon as practical. This program is designed by the department mental health professional to meet employee-specific needs. It normally consists of regularly scheduled support meetings during the period of administrative leave, return to duty, and beyond as needed, and may include spouses and other family members.
17. No psychological fitness for duty evaluation without reason: Employees that have experienced a critical incident should not be made to undergo a formal psychological fitness for duty evaluation solely because they were involved in a critical incident. Such an evaluation is unjustified and unnecessary unless there are specific concerns about an employee's psychological fitness for duty.

18. Incident investigation: Expedite the criminal and administrative investigations in order to expedite closure for the employee.
19. Employee specific and incident-specific concerns: Address any specific employee and incident issues that were generated from the incident, exacerbated by the incident, or that arise as a result of being placed on administrative leave. Specific concerns include previously scheduled court appearances, previously scheduled training, use of department vehicles and equipment, off-duty jobs, moving from administrative leave to modified duty before full duty, and so on. Utilize the peer support team, department mental health professional, and other resources as needed.
20. Return to Duty Protocol. Implement the Return to Duty Protocol. The Return to Duty Protocol is comprised of several components designed to address the primary issues of critical incident exposure as well as reduce the probability of secondary injury. The timing of implementation of each component of the Return to Duty Protocol is determined by the department mental health professional in collaboration with the employee.

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*(For P.A.T.R.O.L. information visit www.jackdigliani.com).

Return to Duty

The way in which a police employee is treated after involvement in a critical incident influences the probability of secondary injury and traumatization. Specific support interventions and the completion of several tasks have been shown to be helpful in reducing this probability. Together, these interventions and tasks comprise the Return to Duty Protocol. The timing and implementation sequence of the Return to Duty Protocol is determined within the employee/mental health professional counseling program.

Return to Duty Protocol

Support during incident-related recordings and reports: If an employee chooses to view his or her bodycam and/or dash cam recording of the incident, listen to dispatch recordings, or read other-employee incident reports, the department mental health professional and/or an employee-selected peer support team member will be present upon the employee's request.

Return to scene: The department mental health professional and the employee return to the incident scene. Although the employee may have previously completed an investigative walk through of the scene, this is an experiential return to the scene. Multiple returns at different times and lighting conditions may be necessary to best facilitate a degree of psychological closure. During the visits, the employee is

encouraged to methodically review what happened, to discuss personal perceptions, and process any emotional responses.

Firing range if shooting incident: If the incident involved the discharge of the employee's firearm, the employee completes a qualifying course of fire under the supervision of a department firearms instructor. Practice shooting before firing for qualification is encouraged. The goal is to assure that the employee is not experiencing any incident-related difficulties associated with firearms before returning to duty. If the employee's firearm has been placed into evidence, the employee shoots the firearm that will be carried upon return to duty. It is recommended that the department mental health professional and/or an employee-selected peer support team member accompany and support the employee during the firearm activity.

Employee Wellness Assessment (EWA) - The Employee Wellness Assessment consists of a collaboration between the department mental health professional and the employee. The primary goal of the EWA is to determine whether there is a newly developed incident-related difficulty or an incident-exacerbated past difficulty that would prevent the employee from safely returning to duty. It is also used to determine the optimal timing for the initiation of the graded re-entry to duty.

Graded re-entry and "buddy": Upon successful completion of the above Return to Duty Protocol components, and after it is determined that the employee is ready to return to a full duty assignment, the employee is placed in a graded re-entry program. Graded re-entry programs are designed by the department mental health professional and utilize a "buddy" that supports and accompanies the returning employee during the program. Graded re-entry programs are specifically designed for each returning employee and can vary in duration and role of the buddy. All graded re-entry programs include periodic communication between the returning employee and the department mental health professional as the returning employee progresses through the program. Buddies may also contact the department mental health professional if necessary. The graded re-entry program provides for rapid support intervention, including temporary removal of the returning employee from the program should it become necessary.*

Follow up: After the employee successfully completes the graded re-entry process, an appropriate follow up plan is designed and implemented. The follow up plan may include (1) future meetings with the department mental health professional, (2) additional meetings with members of the peer support team, (3) continued spouse and other family member support, (4) peer support team contact on or before significant holidays for at least the first year following the incident ("year of firsts"), and (5) most importantly, peer support reach out on or before the anniversary date of the incident.

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*(For an example of a graded-re-entry program visit www.jackdigliani.com).