

Critical Incident Stress and the Police Officer
A Pro-Active Approach

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An applied research project submitted to the Department of Interdisciplinary Technology
as part of the School of Police Staff and Command Program
September 19, 2003

ABSTRACT

All police officers experience a critical incident at one point in their careers. Each person handles the stress from these situations differently. For some officers, the traumatic incident causes minimal disruption in their daily routine and is considered nothing short of an unfortunate situation they have gained valuable knowledge from. For many others, however, the stress of these events becomes debilitating and intervention is necessary.

The Allen Park Police Department is a progressive agency yet at this time, has no policy regarding Critical Incident Stress Management including debriefing or any pre-incident stress education. The objective of this paper was to determine if most police officers experienced PTSD symptoms, if they wanted their agencies to be proactive in terms of education and treatment for critical incident stress and to determine if it would be in the best interest of the Allen Park Police Department and its personnel to establish a critical incident policy and stress identification and management training program.

This paper researched the stress police officers and other first responders are faced with as a result of critical incidents, particularly Post Traumatic Stress Disorder. The method of obtaining information involved primarily researching data from books, professional journals and government sources. It was concluded that the toll on the physical and emotional health of officers experiencing stress and stress related illnesses such as PTSD is enormous and probably avoidable if the proper pre-incident and post-incident services are available. It was also determined that how law enforcement agencies approach critical incidents can prevent or lessen significant stress reactions in its personnel.

A survey of law enforcement officers was conducted for additional research. The results indicated that most officers had indeed experienced critical incident stress and PTSD symptoms. Most officers questioned wanted pre-incident stress education and policies offering debriefing and intervention.

It is incumbent upon police administrators to prepare for critical events and provide their personnel with the training and services necessary for a positive outcome of the situation. It was therefore recommended that the Allen Park Police Department adopt a proactive approach by implementing stress identification and management education and a critical incident stress management policy, thereby ensuring not only the well-being of the agency, but the personnel as well.

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INTRODUCTION

It is widely acknowledged that all first responders will be exposed to circumstances and incidents of a critical nature, which could evoke adverse emotional reactions and affect their job performance, health, decision-making and family life. It is also recognized that most responses to the potentially detrimental effects of stress induced by traumatic incidents can be dealt with successfully when identified early and referred to the appropriate care.

Incredible amounts of time and effort are spent on background investigations by Law Enforcement agencies during the hiring process. Police applicants are exposed to months of written, oral, psychological and agility testing as well as a physical examination. Agencies desire the most physically and emotionally fit people to endure the hours of demanding instruction at the police academies. If so many resources are used to insure the recruit's safety and success, it would follow that all agencies should put the same effort into preventing the destructive effects of stress for the veteran officer brought on by years of exposure to human suffering and seeing society at its worst.

While many agencies do have psychologists, chaplains and employee assistance programs available, the services have traditionally been utilized reactively. The adaptation of a proactive stress identification and management training program in addition to a critical incident management and debriefing program would provide the care services necessary to insure the emotional and physical well being of the personnel at the Allen Park Police Department.

BACKGROUND AND SIGNIFICANCE

Stress is a response to something in the environment; as something in our environment changes, we change as well. Mitchell and Bray (1990), observed, "Life without stress is impossible" (p. 3). Positive or helpful stress is called eustress and helps us to be creative, productive and carry out tasks we need to perform. It also helps us to make the life style changes that preserve our happiness. Distress is a condition that has a negative impact on our lives in terms of our physical and emotional health, our employment and our families. There are three different types of stressors: environmental, psychosocial and personality stressors. Examples of environmental stressors include noise, temperature extremes, and quick decision-making. Psychosocial stressors are comprised of conflicts with family members and coworkers and involve any contact that is made with other people. Personality stressors include guilt over not doing a 'perfect' job, our response to criticism, our need to be liked and the inability to say 'no.' (Mitchell and Bray, 1990, pp. 5-6).

Each person has their own tolerance level of what they can cope with. The cumulative effect of minor stressors can either enhance our lives or be destructive to one's personality. Cumulative stress often goes unnoticed and by the time the buildup is noticed, the person with cumulative stress reactions may be experiencing alcoholism, marital difficulties, domestic violence situations, health problems or problems at his or her workplace. The introduction of a major distressing event in addition to the other minor stressors can be devastating.

According to Mitchell and Bray (1990), "There are few stressors in life that can have the destructive power associated with the stress of caring for the sick or injured" (p.19).

First responders and emergency services workers all have the responsibility for the lives and safety of others. It is not a coincidence, then, that they have very different personalities than those with less demanding jobs. Most emergency workers are highly dedicated, pride themselves on a “perfect” job, have unusually high expectations and become frustrated at failure. Most of their motivation comes from doing a good job instead of receiving promotions or raises. They are risk takers, quick decision makers, and desire immediate gratification. They are in the perfect position to face acute stress from critical incidents, which, suggested by Mitchell and Bray (1990) are “extraordinary events that cause extraordinary stress reactions” (p. 29).

General Personality Traits Of Emergency Personnel **Table 1**

Need to be in Control
Obsessive (desire to do a perfect job)
Compulsive (tend to repeat the same actions for very similar events; traditional)
Highly motivated by internal factors
Action oriented
High need for stimulation
Have a need for immediate gratification
Easily bored
Risk takers
Rescue personality
Highly dedicated
Strong need to be needed

Table 1 Mitchell and Bray (1990) *Emergency Services Stress* p 21

Examples of critical incidents for first responders include; the death of a coworker, natural disasters, intentional and unintentional disasters, experiences with sick or dead children, or death to a citizen caused by the responder. In actuality, a critical incident is

very subjective term as some responders may feel overwhelmed by the event and others do not. Most acute stress reactions begin at the scene or shortly thereafter and the responder recovers quickly. Some reactions, however, arise days, weeks or even months after the critical incident and may be more difficult to resolve. This is usually attributed to the fact that first responders tend to suppress their emotions.

Mitchell and Bray stress that “when emergency workers resort to excessive suppression of their emotions and when they avoid preventive strategies such as psychological debriefings after a traumatic event they may be setting themselves up for a potentially serious condition called Post Traumatic Stress Disorder (PTSD) (p. 31). Untreated, PTSD is associated with greater risks of the symptoms listed in Table 2.

Table 2 Risks of Untreated PTSD Symptoms

Depression	Social isolation
Anxiety Disorders (e.g. panic disorders, phobias)	Sexual dysfunction or sexual acting out
Suicide	Unemployment
Low self esteem	Drug addictions
Guilt	Eating disorders (anorexia, bulimia)
Personality Disorders	Medical illness
Dissociative Disorders	Homelessness
Cynicism	Loss of religious faith
Revictimization	Child and spousal abuse
Family Disruption	Difficulty handling stress
Impaired relationships	Violence

Table 2 Schrialdi (2000) *The Post-Traumatic Stress Disorder Handbook* p 42

In *Psychological Trauma and Posttraumatic Stress Disorder: A Review*, Flannery (1999) contended that the victim with PTSD who goes without treatment faces possible “permanent disability, medical and legal expense, increase {sic} sick leave, increased industrial accidents, social and community disorganization, lost productivity and intense psychological distress (p. 81). The toll on the police officer and the agency is unacceptable and unnecessary.

The Allen Park Police Department currently has no policy offering stress identification and management training or debriefing after critical incidents. There are chaplains on call for traumatic situations; however, most officers have not sought out their services.

Stress not only affects the employee, but the department, the public and the employee’s family as well. It can lead to poor decision-making, disciplinary problems, excessive use of sick leave, tardiness, on-the-job accidents, complaints from citizens, and substance abuse problems. Most of these effects can lead to civil liability for the officer and the agency. As researchers agree that training in post traumatic stress and psychological follow-up after a traumatic event has shown to help decrease the percentage of officers who will develop Post Traumatic Stress Disorder, it would be operationally and financially advantageous for the department to develop a program providing the education and support necessary to prepare for a critical incident and to successfully handle one when it occurs.

LITERATURE REVIEW

Flannery (1999) as well as many other authors advised the implementation of a Critical Incident Stress Management (CISM) program designed specifically to address the sequence of traumatic stress reaction to recovery. The focus of CISM involves the education, identification and management of critical incident stress, the defusing and demobilization services after an event and the assistance in ascertaining mental health referrals. There are several objectives to Critical Incident Stress Management (CISM). The first objective provides for debriefing after a traumatic incident. Mitchell and Bray (1990) suggest the use of Critical Incident Stress Debriefing or CISD utilizing mental health professionals and well trained peer support personnel to assist with critical incident stress after an event. Their ideal debriefing team provides ten basic types of services listed in Table 3 below.

CRITICAL INCIDENT STRESS DEBRIEFING TEAMS PROVIDE: Table 3

Pre Incident stress training to all personnel
On-scene support to obviously distressed personnel
Individual consults when only one or two personnel are affected by an incident
Defusing services after a large scale incident
Formal CISD 24 to 72 hours after an event for any emergency personnel involved in a stressful incident
Follow up services to assure that personnel are recovering
Specialty debriefings to non-emergency groups on occasions when no other resources are available in a timely fashion within the community
Support during routine discussions of an incident by emergency personnel
Advise to command staff during large scale events

Table 3 Mitchell and Bray (1990) *Emergency Services Stress* p 89

The second objective of CISM encourages the development and presentation of education programs for victims of critical incident stress and their families who are in need of support themselves. Some incidents not only leave a profound impact on the responder but on their family members as well. Oftentimes, the spouse of an emergency worker feels anxiety over the dangerous job to begin with and after a traumatic event, the worry evolves into marital discord as living with the victim may become difficult and disruptive. As Barnhill and Rosen (1999) emphasized, family therapy helps “educate the family about the nature of PTSD and the symptoms experienced by the afflicted family member” (p. 124). Kureczka (1996) reported that family members often become the target of the afflicted officer’s misplaced emotions. He suggests that officers and their families prepare for the stress of a critical incident by attending a “significant other stress course” as officers enter the department and periodically throughout their careers (p.8).

The third objective of CISM is the development of a resource and referral list to provide to families seeking specialty services. Selecting the appropriate support people can be time consuming and difficult. Mitchell and Bray (1990) believed that most traumatized responders generally do not need the services of a psychiatrist; most often, a psychologist or social worker will be the proper support person. The best references come from someone who has used the services of the mental health professional for a similar situation. Medical professionals and hospital-based social workers also provide valuable referrals (pp. 124-125).

Encouraging cooperation with city officials during times of large-scale incidents is the fourth objective of CISM. No single agency can manage an emergency situation of a

large scale alone. Many incidents require response from a number of different agencies and departments. Teamwork between police and fire departments along with city managers and other departments such as the Department of Public Service, utilizing a formalized system such as Incident Command and an up to date emergency management operations plan is essential for a successful conclusion to a critical event.

PROCEDURES

Research for this paper was conducted by reviewing books by two authors: Jeff Mitchell, Ph.D. and Kevin M. Gilmartin, Ph.D., who are not only considered experts in the field of psychology, but have been first responders during their careers.

Psychiatrists specializing in Post Traumatic Stress Disorder wrote several other books utilized. The World Wide Web produced a vast amount of information, particularly from FEMA and the National Institute of Mental Health sites.

Much of the information obtained was received from a survey distributed to seventy-five (75) police officers. Of that number, 55 officers representing thirty-eight (38) agencies in Michigan submitted completed surveys. The primary objective was to determine if most officers have experienced PTSD symptoms, if their agencies provide stress identification and management training and if they believed a policy offering debriefing after traumatic incidents would be beneficial to them. The list of agencies responding, the sample survey and visual results can be found in the Appendix.

RESULTS

It was evident from the results of the survey that most police officers questioned have experienced some symptoms of PTSD following a traumatic event. Thirty-eight percent (38%) suffered from nightmares, 75% experienced mind re-enactments, 52% reported having sleeping difficulties, 28% indicated they felt guilt over the outcome of the situation, and 51% stated they attempted to avoid memory of the experience. Thirty-one percent (31%) reported they had experienced PTSD and 24% indicated that they were not sure if they had. Most agencies, specifically 75%, do not provide any training on PTSD, stress indicators or methods to reduce stress. While nearly half of the officers queried (47%) indicated they did not have any type of policy at their department regarding counseling or debriefing after these incidents, most officers were either glad to have the policy (47%) or they didn't have but wanted some type of debriefing policy implemented (40%). Sixty-nine officers reported that their agencies have chaplains, yet only 31% of the officers utilized his or her services.

Most experts indicate that first responders need to be debriefed after critical incidents to insure their emotional well-being. It is extremely important that departments maintain a high standard of service to the public. It is also crucial that officers trust one another and know their coworkers are psychologically fit for duty. The adaptation of a comprehensive critical incident debriefing policy in addition to stress identification and management training requiring the involvement of all personnel would benefit not only the employees, but the agency as well.

It is quite possible that there would be union and legal concerns presented. Many people do not believe in the benefits of counseling and some personnel may resent

being forced to participate. As personnel is any departments greatest resource, the benefits of stress debriefing after critical incidents and training in coping techniques far outweigh the possible ramifications of civil liability and union grievance.

DISCUSSION/IMPLICATIONS

There are moments in time that accompany us through our lives. Mental images of the happiness, sadness, grief and even horror we have experienced can instantly be relived with the mention of a date, place or person. Even scents and colors can trigger memories. Most people over forty five years of age can recall with detail where they were, and the circumstances surrounding, the assassination of President Kennedy, the explosion of the space shuttle Challenger, the bombing in Oklahoma City and most recently, the tragedy of September 11, 2001. While experiencing traumatic events on television has a profound impact on people, nothing can prepare them for the devastation they experience as eyewitnesses.

It is the nature of law enforcement to be forced into immediate, stressful situations. Most police officers are able to cope with this stress and continue their duty without pause. They are able to work through the stress they encounter without being haunted by what they have seen. They replay the memory to rid themselves of it and eventually accept it and consider it a learning experience. Many officers, however, are greatly affected by these situations and are unable to perform to the best of their ability at their workplace and their home life often becomes troubled. They become fixated on the problem and begin organizing their lives around the trauma that exceeded their level of endurance. They replay the memory but, unfortunately, it leads to further distress. Some avoid acknowledging the impact of the experience and emotionally distance themselves from it in denial.

Some officers feel that if they show their emotions or request help, they will be looked upon as untrustworthy or weak within the Law Enforcement fraternity where it is

imperative that officers know their coworkers are both physically and mentally prepared to assist if help is needed. They realize that once lost, trust is very difficult to regain. While the national response to terrorism has softened officers somewhat, it is still unacceptable to show the emotions about what we experience. It is considered to be a loss of control; something officers are trained not to do under any circumstance they encounter.

Because police officers face a continued exposure to human crisis and trauma situations, which go well beyond normal experiences, they are at greater risk for developing stress related illnesses, such as Post Traumatic Stress Disorder. The constant threat of physical danger, the adjustment to shift work, and social isolation add to this risk. Many times, these stressors contribute to a change in the officer's personality that can lead to depression, anger and cynicism. Often what follows is infidelity, divorce, substance abuse, misuse of sick time, domestic violence and suicide, which Gilmartin (2002) reported "averaged more than 300 per year" from 1990 to 1999, more than four times the felonious line-of-duty deaths experienced by police officers that same decade (p. 9).

Post Traumatic Stress Disorder is an anxiety disorder that occurs after someone experiences a traumatic event that they cannot or will not get over after four weeks have passed since the incident. The incident is usually unexpected, often life-threatening and causes the individual to feel a loss of well-being or personal goals. In their book, Barnhill and Rosen (1999) claim, "over twenty million Americans will get post-traumatic stress disorder" (p. 1). The National Institute of Mental Health (2001) estimated that approximately "3.6 percent of U.S. adults ages 18-54 (5.2 million people) have PTSD

during the course of a given year” (p. 1). PTSD is an equal opportunity illness, afflicting people from every walk of life and in every country. While many may be prone to getting the disorder, all are vulnerable and it is reported by The National Institute of Mental Health (2001) “more than twice as many women as men experience PTSD following exposure to trauma” (p. 1)

PTSD is not a new disorder; it has existed since recorded history. Barnhill and Rosen (1999) pointed out that “it has been described in the writings of Plato, Freud and Shakespeare” particularly regarding the behaviors, feelings and thoughts of those that have experienced a traumatic event (pp.1-2). While doctors had been treating people with symptoms of PTSD for centuries in a variety of ways, PTSD was not included in psychiatric diagnosis manuals until 1980. Serious research into PTSD began, however, after the Vietnam War when it was observed that many veterans were returning home with similar symptoms oftentimes referred to as battle fatigue. While the trauma does not have to be rare, it must be extraordinary, severe and cause the victim to feel overwhelmed, helpless or horrified. It is considered by most experts to be a normal response to an extraordinarily overwhelming situation.

Even though the illness can occur after one experience, many victims with PTSD have been traumatized repeatedly over months or a period of years, as is the case of incest victim. B. L. Green has proposed seven dimensions of traumatic stressors that distinguish themselves from other traumatic events: “(1) threat to one’s life and body integrity; (2) severe physical harm or injury; (3) receipt of intentional injury/harm; (4) exposure to the grotesque; (5) witnessing or learning of violence to loved ones; (6)

learning of exposure to a noxious agent; and (7) causing death or severe harm to another” (pp. 1632-1642).

All victims of PTSD demonstrate symptoms from three categories: over-arousal or hypervigilance, re-experiencing and avoidance. Many frequently feel emotional numbness, and experience sleep disturbances, panic attacks, insomnia, depression and irritability. Feelings of guilt are also common. Most victims attempt to avoid any memories of the event, yet repeatedly re-experience the ordeal through flashbacks and nightmares. The inner turmoil the victim faces often becomes overwhelming and begins to manifest itself in many ways. See Table 4 on the following page for common PTSD stress reactions.

Table 4 Common PTSD Stress Reactions

Physical Signs	Cognitive Signs	Emotional Signs	Behavioral Signs
Rapid heart rate	Hypervigilance	Severe panic (rare)	Alcohol consumption
Visual difficulties	Poor abstract thinking	Emotional shock	Antisocial acts
Fatigue	Blaming someone	Irritability	Change in activity
Chills	Increased or decreased awareness of surroundings	Intense anger	Change in sexual functioning
Nausea	Confusion	Agitation	Change in speech patterns
Difficulty breathing	Poor Concentration	Grief	Change in usual communications
Twitches	Poor decisions	Anxiety	Emotional outbursts
Profuse sweating	Intrusive images	Inappropriate emotional response	Erratic movements
Grinding of teeth	Disturbed thinking	Uncertainty	Hyper alert to environment
Thirst	Poor problem solving	Apprehension	Inability to rest
Elevated BP	Memory Problems	Denial	Loss or increase of appetite
Vomiting	Nightmares	Fear	Nonspecific bodily complaints
Dizziness	Loss of time, place or person orientation	Depression	Pacing
Weakness	Difficulty identifying objects or people	Loss of emotional control	Startle reflex intensified
Chest pain	Heightened or lowered alertness	Guilt	Suspiciousness
Muscle tremors	Poor attention	Feeling overwhelmed	Withdrawal

Table 4 Los Angeles County Department of Mental Health *Critical Incident Stress Information Sheet* p 1-2.

Many first responders feel fear of future critical events, as they may not be able to handle the situation sufficiently, particularly if he or she has made a mistake during the incident. Feelings of guilt destroy self-esteem and confidence and poor judgment becomes commonplace. It is not uncommon for traumatized emergency responders to leave their positions. As Kureczka (1996) pointed out, "it costs a department approximately \$100,000 to replace a five-year veteran," it is in the department's and officer's best interests to adopt a pro-active attitude towards critical incident stress (p. 4).

RECOMMENDATIONS

As van der Kolk, McFarlane and Weisaeth (1996) report, preparation for a traumatic event, whenever possible, helps protect individuals from the effects of stress during traumatic incidents (p. 87). Pro-active training in both stress management and potential critical events not only reduces uncertainty, but increases feelings of self control needed to help people overcome the overwhelming feelings they experience during the event.

Leaders within organizations have a responsibility for coordinating and organizing personnel towards the agency's goals. According to van der Kolk, McFarlane and Weisaeth (1996), strong organizational leadership as well as daily feedback and the provision of mental health workers for support during a critical incident has proven to assist emergency responders in developing strong esprit de corps and minimizes the effects of observing the trauma (p. 451). That same strong leadership is also needed after the incident to reinforce the workers' belief that while they may have witnessed something horrible, their job was necessary, meaningful and courageous. By not receiving training and debriefings reassuring the feeling of unity, the first responder could feel a lack of departmental support, hope and a sense of control- all of which are necessary to recover from the critical situation. It could be detrimental to not only the employee, but to the successful operation of the agency as well. By not providing the necessary services, the Administration of an agency could face civil liability for ignoring or disciplining employees exhibiting stress-related problems.

Police Departments cannot predict what impact a critical incident can have on its employees. It is imperative for police administrators to properly prepare their personnel by initiating training for stress identification and management and establishing

comprehensive policies for required debriefing after critical situations. This proactive approach within the Allen Park Police Department may lower the use of sick time, increase morale within the agency and will help maintain the physical and emotional well-being of the employee. This in turn will insure the success of the agency's number one goal- the most efficient and safest possible service to the community. Future readers who may wish to replicate some or all of this study for the benefit of their own organization may do so.

APPENDIX A

List of Law Enforcement Agencies Representing Survey Sample

Adrian Police Department	Monroe County Sheriff Department
Albion Department of Public Safety	Mundy Township Police Department
Allen Park Police Department	Northville Township Police Department
Ann Arbor Police Department	Plymouth Police Department
Belleville Police Department	Pontiac Police Department
Bloomfield Township Police Department	Riverview Police Department
Brownstown Police Department	Saline Police Department
Canton Police Department	Southfield Police Department
Department of Environmental Quality	Sterling Heights Police Department
Ferndale Police Department	Taylor Police Department
Flat Rock Police Department	Traverse City Police Department
Flint Police Department	University of Michigan Flint
Fraser Department of Public Safety	Van Buren Township Police Department
Grosse Pointe Police Department	Walled Lake Police Department
Huron Township Police Department	Wayne County Airport Police Department
Inkster Police Department	Wayne County Sheriff Department
Livingston County Police Department	Westland Police Department
Madison Heights Police Department	Woodhaven Police Department
Melvindale Police Department	Wyandotte Police Department

Sample Survey

Post Traumatic Stress Disorder, or PTSD, is a condition that can occur after experiencing or witnessing life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents or violent personal assaults. It is estimated that 7.8% of Americans will experience PTSD at some point in their lives. It is the nature of a police officer's job to be forced into immediate stressful situations making them and other first responders at greater risk of experiencing this illness. I am conducting this survey for my research paper on PTSD. I realize this is very personal information and request that no names be put on them. I sincerely appreciate your assistance. Lori Sanford

1.) Have you ever responded to a traumatic incident at your agency?

Yes No

2.) Have you ever experienced PTSD?

Yes No Not Sure

3.) If you have responded to a traumatic incident, did you experience any of the following afterwards?

- | | | |
|--|-----|----|
| a. Nightmares? | Yes | No |
| b. Mind "reenactments"? | Yes | No |
| c. Trouble sleeping? | Yes | No |
| d. Guilt over the outcome? | Yes | No |
| e. Desire to avoid memories of the experience? | Yes | No |

4.) Does your agency have a chaplain?

Yes No

5.) If you have responded to a traumatic incident and have a chaplain, did you use his/her services afterwards?

Yes No

6.) Has your agency ever provided training on PTSD, stress indicators, or methods to relieve stress obtained from the job?

Yes No

7.) Does your agency have a policy regarding counseling or debriefing after traumatic or critical incidents?

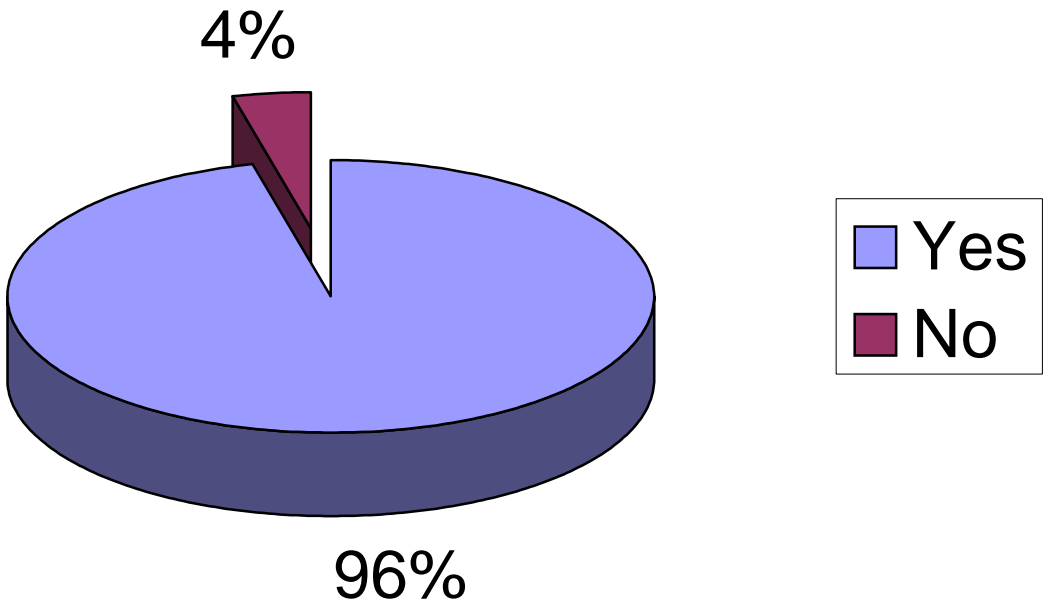
Yes No

8.) Would you like to see a policy in your agency offering counseling or debriefing after traumatic or critical incidents?

Yes No

QUESTION 1

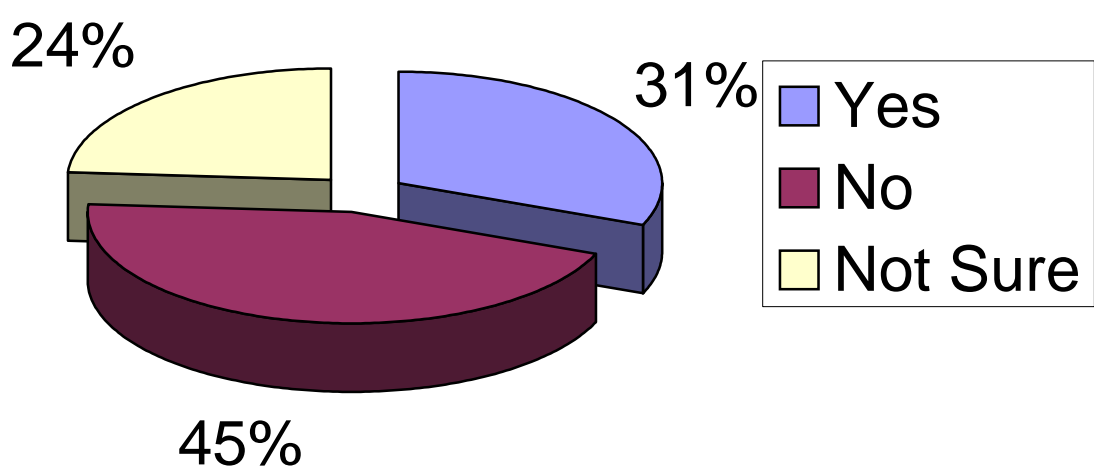
Have you ever responded to a traumatic incident at your agency?



Most officers – 96% have experienced what they considered to be traumatic incidents at their agencies.

QUESTION 2

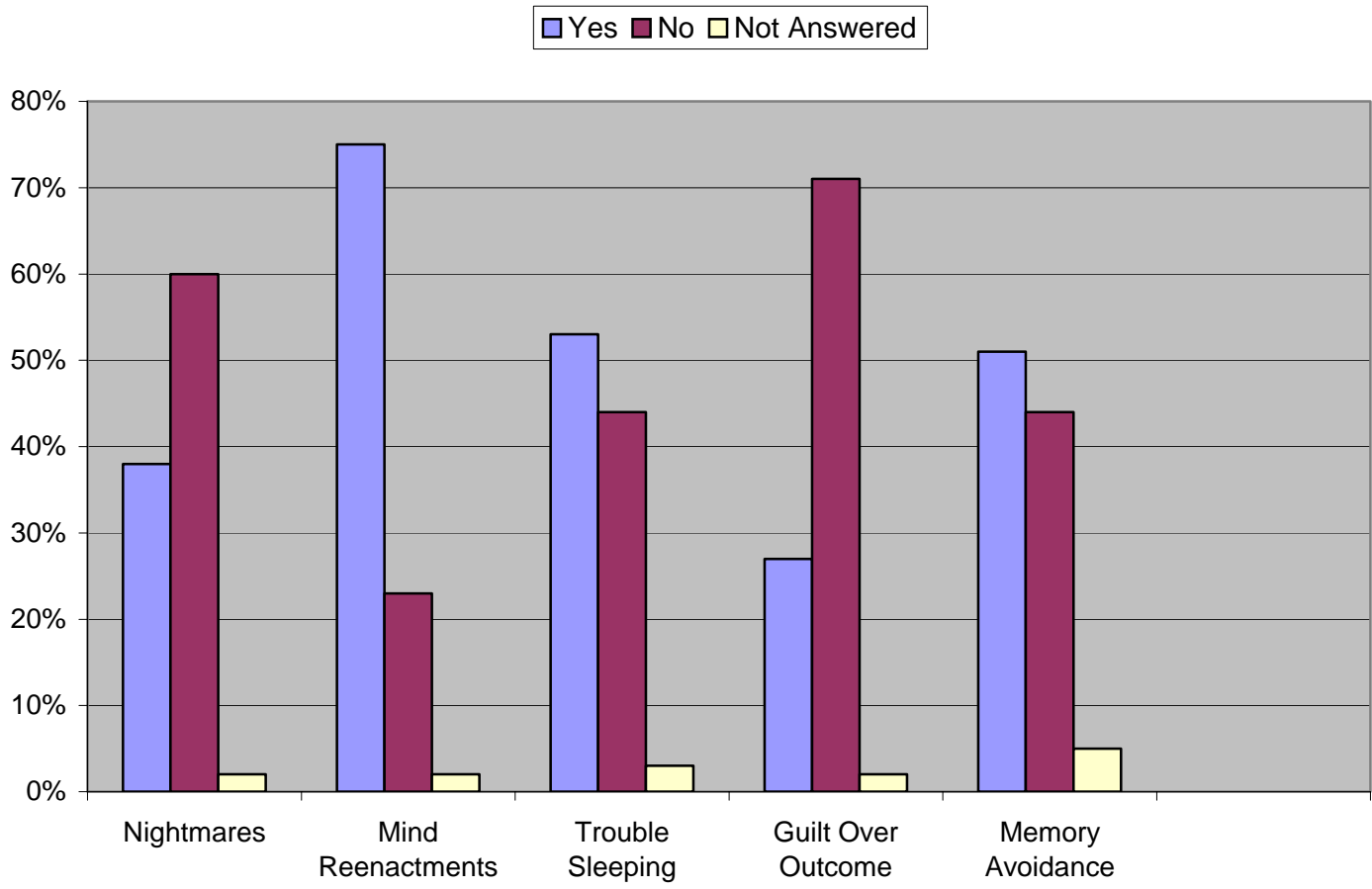
Have you ever experienced PTSD?



Nearly half of the officers had not experienced PTSD. Twenty-four percent (24%) were not sure they suffered from PTSD and 31% indicated that they had indeed experienced PTSD.

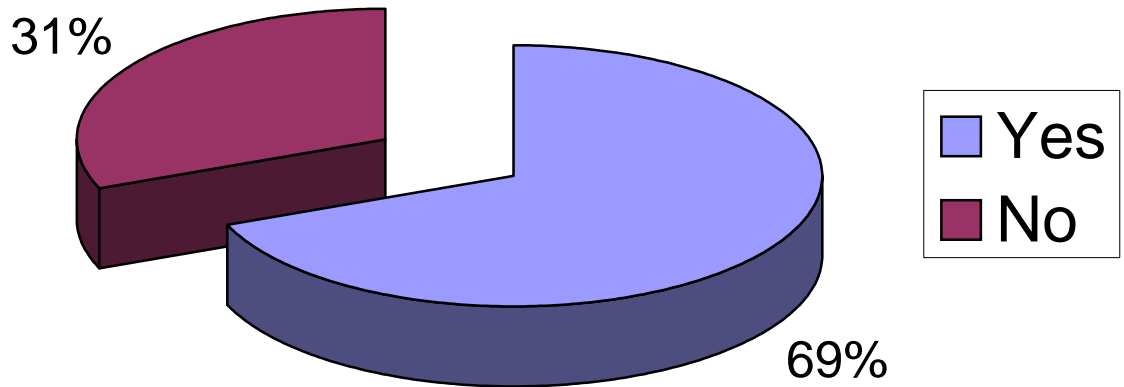
QUESTION 3

If you have responded to a traumatic incident, have you experienced any of the following afterwards?



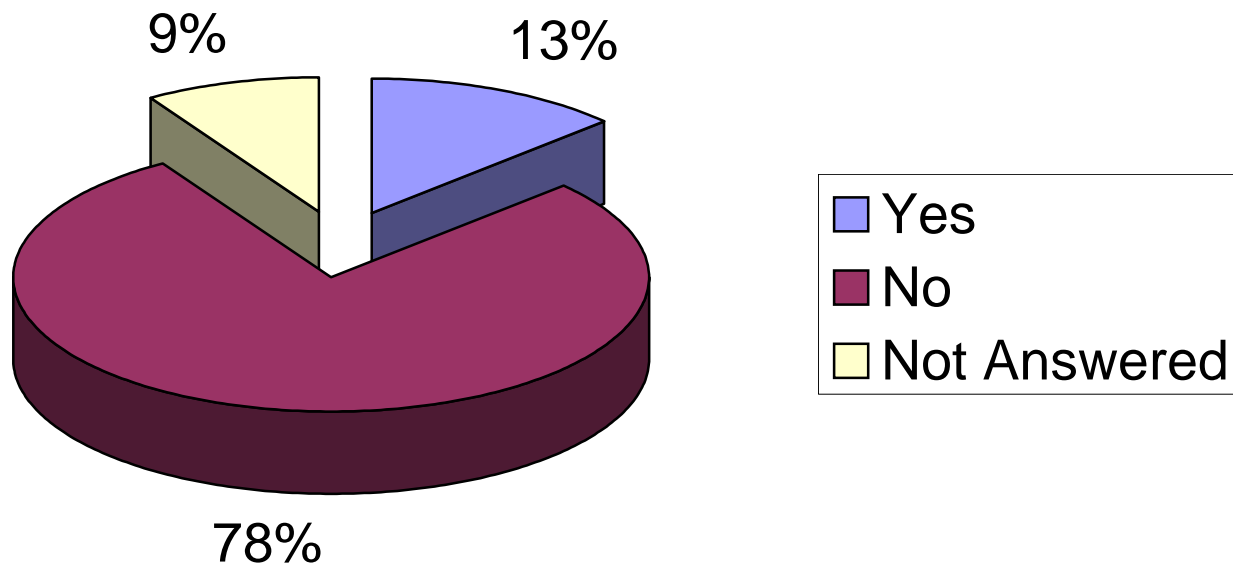
QUESTION 4

Does your agency have a chaplain?



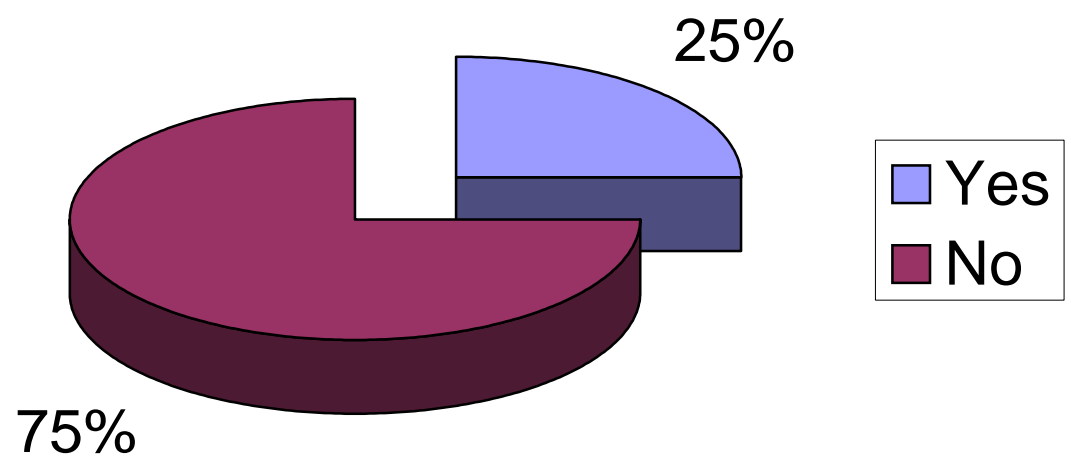
QUESTION 5

If you have responded to a traumatic incident and have a chaplain, did you use his/her services afterwards?



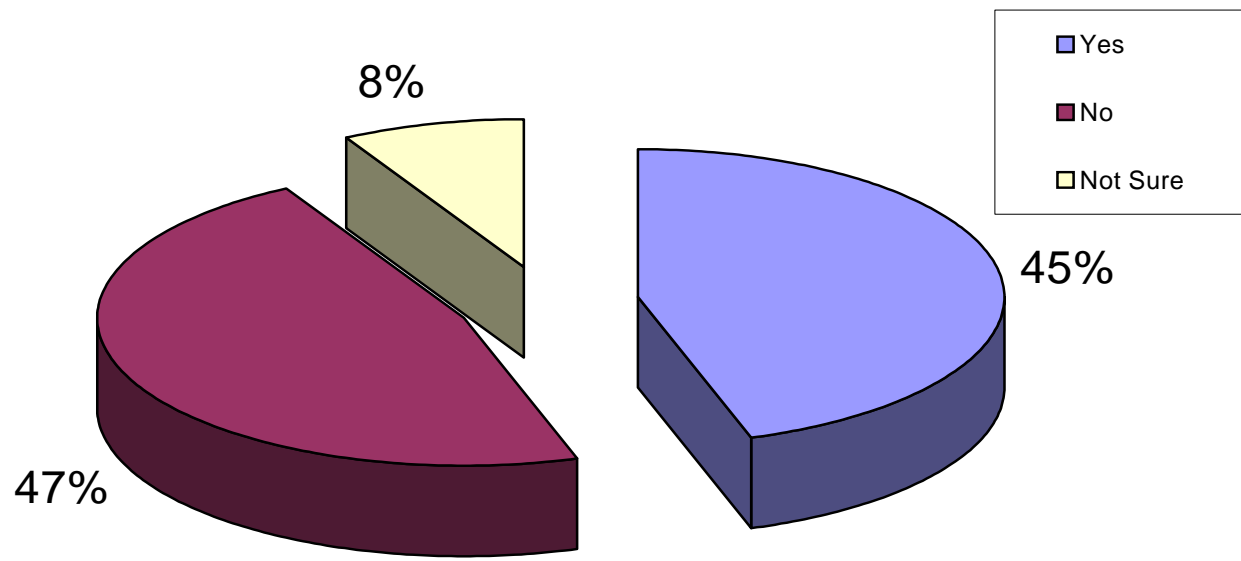
QUESTION 6

Has your agency ever provided training on PTSD, stress indicators, or methods to relieve stress obtained from the job?



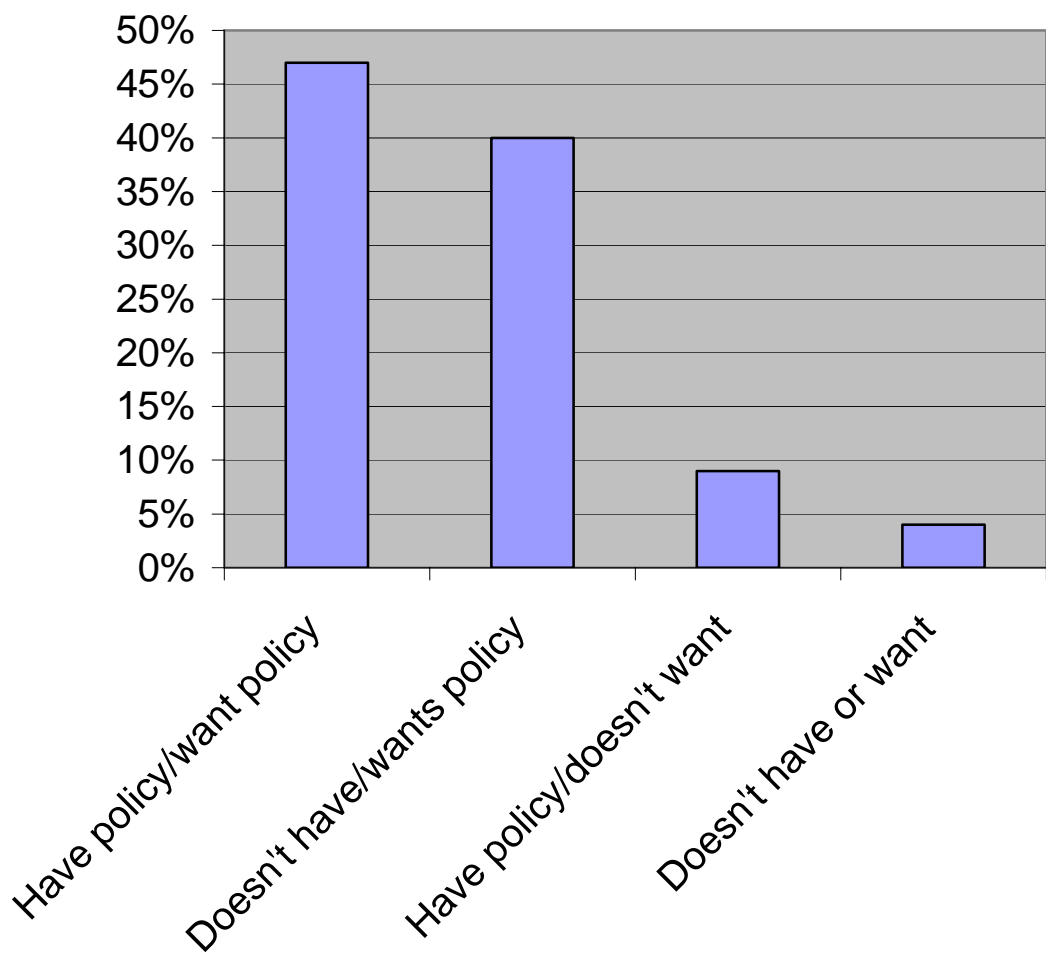
QUESTION 7

Does your agency have a policy regarding counseling or debriefing after traumatic or critical incidents?



QUESTION 8

Would you like to see a policy in your agency offering counseling or debriefing after traumatic or critical incidents?



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