

# Implementation of a CISM Program Within a Police Department

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## **Abstract**

*Police work has become more complex in today's environment than it has in the recent past. The role of a first responder has expanded in many ways, including addressing the needs of individuals having mental illness and other situations that are better served with mental health professionals. Understanding that this situation has now become common for officers to deal with, addressing the needs of the officer who is exposed to trauma is important for the police administration to take into consideration. With budgetary concerns being noted, there are creative ways that agencies can embrace the concepts of critical incident stress management (CISM) systems and tactics for the members of the agency. Officers are now becoming familiar with this process and want these opportunities to ensure they are able to take care of themselves and their families as they fulfill the commitment they have signed up for. Many agencies have Police Chaplain programs that could provide this service for little or no cost to the officers or the agency. A department does not wish to be in the position of addressing a tragedy if it could have been identified and avoided in the first place. Officers with the Ocala Police Department were surveyed to determine how many of them have benefited from a debriefing. After surveying officers from various bureaus (Patrol, IA, Investigations), it is apparent it's critical for the wellbeing of the department to normalize CISM and other tactics that can help the officers fulfill the commitment to the citizens they serve.*

## **Introduction**

For the past several years the duties attached during the response of police officers to calls for service has included an increase in the wide variety of non-traditional police responsibilities that have been outside the realm of traditional policing (Velazquez, et al, 2019). Police officers have been tasked to deal with mental health concerns through the law enforcement profession due to several different factors and the expectations of developing an expertise has become a growing issue of concern for police administration as they work as a stakeholder within the community. Police officers are not only witnesses to gruesome situations but are also forced to deal with them and take appropriate actions. These actions are not only meant to be a benefit to the community, but an appropriate action to the individual who is having a mental episode. The modern-day police officers are then expected to take those troubling moments and process them personally while struggling to cope with these incidents and trying to maintain a home life and healthy interactions with both friends and family (Velazquez, et al, 2019).

There is a large amount of training that law enforcement officers go through prior to taking their oath of office and a commitment for their police agency. Additional training continues throughout their career from in-house courses to outside training courses that

are available at a cost to the officer or the agency if they are sent by the administration. The amount and level of training is seemingly endless when it concerns how police officers conduct themselves daily, yet sadly there are limited courses or interest in how the officer maintains a balance in their lives when dealing with traumatic incidents and recognizing that they may be experiencing a problem themselves as a direct result of the incidents they have been exposed to as part of their responsibilities in policing.

Within my agency, Critical Incident Stress Management, or CISM, is a team put in place to assist officers after critical incidents (Good Therapy, 2015). The agency in which I work has a CISM team they can contact but there is a need to see counseling offered more than just after a critical incident. Officers need to know that asking for help isn't a sign of weakness and is often a struggle with the type of officer that usually fits the stereotype associated with traditional police officers. The stigma has always been that officers appear weak if they must ask for help or need counseling. Officers are looked at as the heroes that help everyone else but who is helping them (Good Therapy, 2015).

When thinking about why the high liability training officers receive (firearms, defensive driving, first aid, etc.), rarely included mental health coping resources for officers until it is too late. The purpose of this paper is to discuss how common Post Traumatic Stress Disorder, also known as PTSD, and police suicide is becoming in today's profession. If we don't start focusing more on mental health measures of prevention and coping techniques, the numbers in police suicides will continue to be on the rise and cause good officers to become lost when it could have been detected and avoided in many cases (Thornton, et al, 2015).

While looking into this topic of debriefing after a critical incident, it is clear that many police officers do not reach out to others as they should when they need help. This is one of the main reasons that it is important to implement some type of program. This lack of asking for help is based on traditional practices within the law enforcement field and feeling that they are weak or will be perceived to be weak based on those traditional expectations (Velazquez, et al, 2019). The surveys reveal that modern officers feel that debriefings after a critical incident are beneficial so why not implement something that can assist them. Unfortunately, financial budgets play a role in finding a way to create a Critical Incident Stress Management Team which hinders the ability to assist in the mental health aspect of the profession (Thornton, et al, 2016).

## **Literature Review**

Post-Traumatic Stress Disorder became recognized as a clinical diagnosis of a situation in 1980 that caused long lasting effects from traumatic exposure during incidents. By giving PTSD a classification and designated name assisted many in the field in understanding certain unknowns within the psychiatric and mental health system. The diagnosis was originally used for only assisting military veterans who were involved in combat. It didn't take long for people to notice that PTSD was taking place within the law enforcement profession as well with interaction of officers and how they cope with scenes involving traumatic events. Every individual reacts in a different manner when coping with what they have been exposed to (Thornton, et al, 2015).

Melanie Thornton and James Herndon conducted a study concerning the events in the life of first responders and the emotional wellness of those reactions to stressful events. The functionality of first responders varies from person to person and the efforts to create a one size fits all approach is impractical for because of varied reactions based on an individuals' perception and impact surrounding not only an event, but a series of events that build up for some individuals (Thornton, et al, 2015).

Elizabeth Velazquez and Maria Hernandez conducted research in 2018 and identified that first responders are exposed to high risk situations on a constant basis. With the continual exposures, the likelihood of adopting mental health stress related issues increases without appropriate decompression and treatment (Velazquez, et al, 2019). The concerns noted that the stigma attached to an officer who seeks out treatment restricts many first responders for seeking help and fearing they will look weak to their peers.

More police officers died by suicide than in the line of duty in 2018 (Police One, et al, 2020). It is reported that at least 159 police officers took their own lives that year. That is the same number reported in 2017 but 19 more than in 2016. In 2019, at least 228 police officer had taken their own life (Police One, et al, 2020). With all those numbers, it obvious officers are killing themselves faster than the "bad guys" are. In the same article, it says that PTSD is five times higher in police and firefighters than in civilians. This article further states that less than ten percent of agencies have programs in place for suicide prevention.

Police suicide has been on the rise and a big topic of conversation as people are discussing and understanding the long- lasting effects of trauma and how many suffer from being exposed to it. Unfortunately, although people are finally focusing on police suicide and the effects of PTSD, the stigma of mental health treatment poses an issue for the officers reaching out and accepting the help they need. Officers feel they cannot ask for help, or fear that they will appear weak if they do seek out professional assistance (Velazquez, et al, 2019).

Officers are known to develop coping mechanisms to adjust to the stressors they face on a daily basis. Because of this, sometimes officers don't even realize the emotional roller coaster they are putting their mind through. Many will drink to excess and become alienated from people except for other officers, who they trust because they have gone through the same situations. A police subculture allows for officers to withdraw from societal norms as they are ever vigilant and not easy to trust others outside of the police family (Clifton, et al, 2018).

Stacey Clifton, Jose Torres, and James Hawdon submitted research in 2018 outlining high profile cases in Dallas, and Baton Rouge from 2016. They identified that there are three different paths an officer can take when confronting stress and depression. They are self-help, supportive networks and self- medication. It is important that officers reach out for assistance when they are coping with a traumatic incident, even if they were not on the scene, and refrain from self- medication with alcohol and drug abuse (Clifton, et al, 2018). Officers are exposed to incidents on the job and are often impacted by incidents that happen to colleges, even when not directly on the scene.

When an officer is killed in the line of duty, a thorough investigation is conducted to determine what happened and why. The officers then get buried with full honors. That officer's family is taken care of financially and emotionally. But when an officer dies by

suicide, there is nothing in place for that type of incident. Officials just declare the death a suicide but never dig deeper to determine the “why” (Thornton, et al, 2015).

“Approximately one out of every 15 police officers are currently experiencing depression or will at some point in their lives” (Police Forum, 2019). This statement came from Dr. John Mann of Columbia University. Dr. Mann studied suicides within the military but offered insight for law enforcement as well.

After a major incident, critical incident stress debriefings are beginning to be scheduled for all employees involved. Officers and dispatchers are able to meet together and share their feelings about the incident with the CISM model. They are usually setup in a circle and each person shares what their involvement in the incident was and how they felt while handling it. Although employees are encouraged to attend and participate, for many it is still difficult to open up for many officers (Thornton, et al, 2015).

The challenges with this approach and system is that everyone feels differently about what they have been exposed to and have a different definition of what they consider to be a traumatic event. Because of this, some people won’t share their true feelings while sitting with the group, either by choice or by failing to understand the benefit of assistance. They are forced to pretend the incident didn’t affect them and that’s when they bottle up the emotion which may compound after each subsequent event. The officers may not even know the emotional damage they caused to themselves by suppressing the incident and subsequent events of trauma until it’s too late and they have sunken into depression. Each person responds differently to the various stress coming from an event (Clifton, et al, 2018).

Critical incident stress management (CISM) is a method of crisis intervention designed to provide support for those who have experienced traumatic events (Good Therapy, 2015). This website discusses what a CISM Program is and the type of events that prompt their response. There are different stages of a CISM Program, ranging from pre-crisis preparedness to the actual debriefing, then defusing (Thornton, et al, 2015).

CISM Programs are designed to add value to the mental health aspect of law enforcement, but unfortunately, it is not offered consistently and is almost an afterthought in law enforcement. The decision to determine that an event is a “major incident” and what is not, is in the eye of the beholder and scheduled debriefings can become random. For some agencies, they’re not large enough to have their own program in place to assist officers with handling traumatic events and must rely on the administration to set things up through employee assistance programs (Thornton, et al, 2015). Budgeting and community needs play a role in programs such as CISM and the value of this process is often misunderstood. Although people understand the need for mental health counseling, concerns about money “wasted” due to a lack of understanding of the toll that inaction takes on both the individual and the agency in the long run (Clifton, et al, 2018).

## **Methods**

In preparation for data collection and evaluation portion of this project, computer surveys, as well as paper surveys, were constructed and distributed to officers with the Ocala Police Department. The concept of a Critical Incident Management Systems (CISM) program is random in the field of policing and identification of the needs of first

responders is important to move forward with the program. Cold calls to various first responder organizations were also used to determine “who” conducts debriefings after a critical incident and how they are performed.

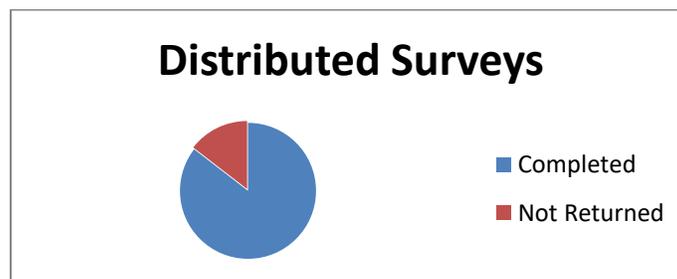
Much of this can be because of budgeting, contractual issues, and traditions of the agency. The goal of the survey was designed to identify the usefulness of standard debriefing system that addresses the needs of first responders as they confront the trauma of critical incident exposure. The questions were designed to also identify the age and tenure as a first responder to determine how they are currently coping with tension after calls.

The survey was also designed to extract what the attitudes may be to requiring debriefings versus voluntary debriefings after critical incident exposure. Phone interviews and in-person interviews were used to gain insight on currently operated programs to find the best approach to implement a program at the Ocala Police Department. In speaking with Lt. Winston of the Marion County Sheriff’s Office and Captain Shane Ferguson of Ocala Fire Rescue (2020), it seems they have processes in place that would give immediate options for debrief. Captain Ferguson stated they have a Chaplain respond to any death outside of a natural death. It allows the firefighters to deal with and process the call head-on rather than waiting a few days.

The concept was meant to pull the best options of each program and come up with a streamlined program that is the most inviting for this specific environment. Also another one of the goals of the survey was to determine if there are peer pressure stigmas that can cause pitfalls in this type of program. As with most CISM programs, buy in is essential for success on both the part of the agency and the employee.

## Results

The 10-question survey was distributed to 65 individuals for insight on a how calls for service effect Law Enforcement Officers. Of those 65 distributed, 47 were completed. There was no requirement to answer all of the questions and all were answered. The return rate of the survey is 72%



Question # 1 involved identifying the age of the participants of the survey. 47 individuals responded and no one skipped the question. The age range for the participants are 18-54. 10 officers were between the ages of 18-24. 14 officers were between the ages of 25-34. 11 were between the ages of 35-44. Six were between the ages of 45-54 and six were between the ages of 55-64; with no one taking the survey above the age of 65.

Question #2 inquired about the participant's tenure within the law enforcement profession. Out of the 47 responses, 38% (18) were between one to five years within the profession. 13% (6) had between 6-10 years in the profession and 23% (11) had between 11-15 years. 26% (12) had over 16 years in law enforcement.



Question #3 was specific in asking how many people have dealt with a call for service that bothered them, even days later. 77% (36) said yes to the question and 23% (11) said no.



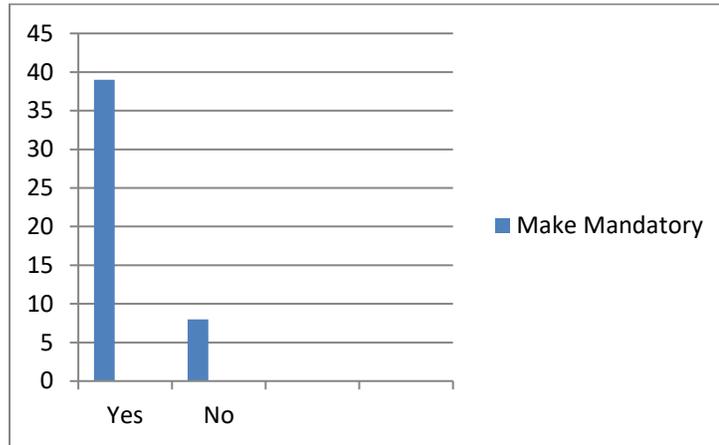
Question #4 asked how many people have participated in counseling for work related events. Of the 47 responses, 36% said yes (17), and 64% said no (30). But when asked in question #5 how many were ordered to participate in a debriefing, 37 of the 47 (79%) surveys stated no, and only 10 (21%) surveys stated yes.

When further asked how many people had participated in a group debriefing, 63% (17) said yes and 37% (29) said no.

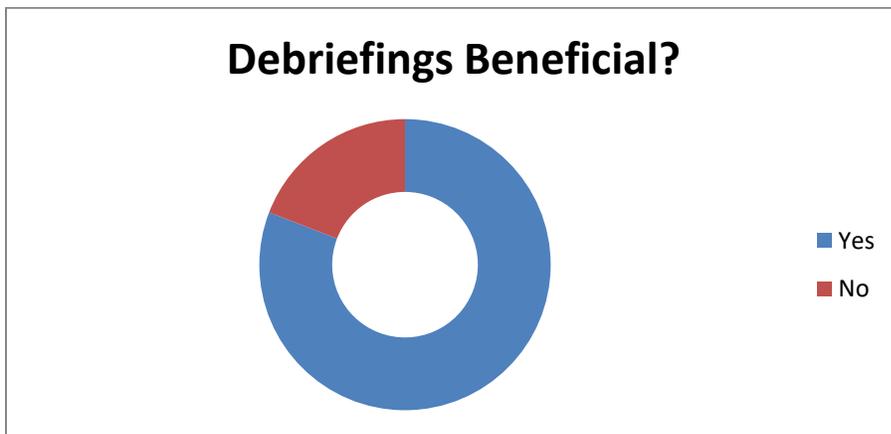


In regard to a CISM debriefing, it was asked how many people were ordered to participate in a group debriefing. 20 of the 47 surveys (54%) stated they were ordered to participate. 17 of the people (46%) stated they were not ordered to participate.

Question #8 specifically asks if the person recommends that we make group debriefing mandatory after a critical incident. Out of the 47 responses, 39 people (83%) said yes, and eight (17%) people said no.



Question #9 inquires if a stress debriefing is beneficial, and of the 47 responses, 81% (38) said yes, with 19% (9) saying no.



Question #10 specifically asks if anyone has ever encountered an incident that they believed a debriefing was warranted but they did not have the opportunity to participate. Of the 47 responses, 17 people said yes (64%), and 30 said no (36%).

The information that was gathered was useful and provided insight as to the appropriate use of CISM in first responder debriefings. Once this process has become a normal part of the process for police officers, it will be better embraced, and participation will increase to better serve the agency as a whole.

## Discussion

Being the family member of someone who suffers from mental health issues, I see that if the problems are dismissed and not addressed in an appropriate manner, the potential for the issue to grow is extremely high and can put both lives and relationships in danger. Being in the law enforcement profession as a supervisor, I have seen several co-workers struggle with the various traumatic events they have been exposed to while performing the various daily responsibilities of the profession. I have also seen tragedy strike when police officers take their own lives because they felt like they did not have an out and were not able to cope with what they have been exposed to on the job.

That profound moment when I learned of the true lack of concern for mental health within the law enforcement profession was while working the death of a one-year-old child. The child was accidentally run over by her grandmother who was moving their family van. The child unfortunately succumbed to her injuries. While at the hospital, the fire department Captain said their agency chaplain was on the way to conduct a critical incident debriefing and asked if I wanted the officers to participate. I paused momentarily to take that in. As I looked around at all the EMS personnel who was awaiting the Chaplain, I listened to my radio and heard officers responding to in-progress calls or managing the scene where a little girl lost her life. Those tasks included remaining at the home interviewing the traumatized family members, staring at the gruesome scene, or remaining with the child's body at the hospital.

It was at this moment I realized officers are exposed to just as many traumatic events as any other first responder, but we forced to be around it longer to secure the scene for an in-depth investigation often times. For example, on this particular call, EMS arrived on scene and transported the child to the hospital, but once the care was transferred to hospital staff, EMS was able to go back to their station. Officers remained on that scene for several hours investigating. I didn't understand why officers were exposed to the trauma longer, yet EMS had better protocols in place for the mental health of their paramedics. It was at this moment I decided I wanted to make a change to benefit the officers. I thought of ways to utilize programs already in place at the agency to create a new program for the benefit of the department and the officers.

What made my decision to write about mental health concerns within law enforcement came from watching a co-worker suffer every day and feeling as if he couldn't talk about it. What started in this particular officer's situation was the horrible task of delivering the news to a mother about her son's tragic death. This officer was working a traffic fatality crash where a young man lost his life. That officer was then tasked with making the death notification as part of protocol to the family of the deceased. The reaction this mother had to her child's death was expected and emotional, even then the officer was able to maintain his composure.

Without even realizing it, the officer had been exposed to two traumatic events. Not only was the accident itself traumatic, but the notification with the family impacted the officer without him realizing it. Within a few weeks, the officer started developing not only marital problems but also developed issues at work. It took this officer sitting down and talking to someone to realize that the crash and notification struck a nerve that he didn't think existed and was unaware of the impact these events had on his life.

When the officer was young in his teen years, he was involved in a crash in which his friend was driving and died. Then several years later, his brother committed suicide and he delivered that devastating news to his mother about his brother's taking his own life. Those two traumatic events took a toll on him without even knowing it as well and ultimately began compounding in the back of the officer's mind. Then, years later, he began to have struggles within his personal and professional life. The officer sought counseling and what he learned was that the traffic fatality he was working brought back memories of the crash where he lost his friend. The death notification brought back memories of when he had to notify his mother of his brother's death. Due to the officer not coping with the traumatic events earlier in his life, he was forced to cope with them but in an unconventional way after things were on the brink of completely losing control for him both personally and professionally.

Some law enforcement agencies, like mine, have a volunteer Chaplain Program available to help console for the public; they can shift those services to the officers as well in a formal setting. There would potentially be some costs up front to get the Chaplains their CISM training to ensure uniformity in the services being provided, but it would pay for itself in the long run by keeping the officers healthy. The purpose of using Chaplains would allow officers to reach out whenever they need to talk to someone rather than just after critical incidents and form bonds of trust with those relationships.

For my specific agency, we have a chaplain program in place but not a CISM program housed within the agency. The CISM that is used is an outside organization that is primarily composed of members of the fire service and only a few officers are involved from a first responders' point of view.

The number of chaplains who would be willing to participate could vary, preferably they would embrace the idea and process and become "debriefers". Under this plan the service would be available when an officer needs it, not by definition of major incident as defined by the department, but as defined by the individual who has been impacted. Supervisors can refer the officer to debriefing if there are signs that the officer is struggling with a particular call or with a series of calls that would require a debriefing. The sessions can be as often as an officer and/or supervisor wants.

The purpose of frequent sessions is so counseling becomes normal and the stigma of it won't be as present. It will become a common thing for officers to attend a counseling session. Repetition of any exercise will show that the exercise becomes a normal part of the process. Even if officers fail to learn from the particular debriefing, other officers in the room can benefit from the activity as it becomes a normal part of the police process.

I understand that implementing a new program within a law enforcement agency can be difficult for several reasons. My goal is to make a change, not matter how small, to benefit an officer's mental health. Even if I'm only able to help one officer, that's one more than before. My agency has a Chaplain Program in place, and I would like to see our Chaplain Program be utilized as a CISM team to offer counseling to officers more frequently. What I have seen is that this generation of officers have rarely experienced traumatic events prior to entering the field of police work. Some of our officers have never seen a dead body other than on television before becoming officers on the road. Since they are so young, many still have grandparents and haven't experienced any loss. What people consider a traumatic event is open for interpretation. My hopes are that no matter

what people consider trauma, a plan can be put in place to better focus on the mental health of police officers.

By putting similar protocols in place as the EMS profession and using the Police Chaplains that are already on staff, the stigma of counseling will be reduced and debriefings after traumatic events will be commonplace and promote better coping for officers in the field today. The expectations over the last 30 years in police work has changed, and the focus on the health of police officers needs to be adjusted as well (Velazquez, et al, 2019). A commitment to normalize the process of CISM and other tactics to keep the department in the best position to serve the community is paramount for the departments relationship with the citizens they serve.

Sometimes, following a critical incident, officers won't ask for help or recommend a debriefing and it is up to the supervisor to make the recommendation. Utilizing the Chaplains, there would be available debriefings more frequently and certain types of incidents could have mandated debriefings, whether in a group or one on one. For example, there could be a list of calls for service that require a debrief (suspicious deaths, sexual battery cases, child abuse cases, etc.). This would become a normal part of the system when the department and the officers have buy-in for the process.

Based on the current climate in policing and enhanced duties expected in police work, a new type of challenge has evolved. The days of officers being too tough to deal with incidents and fearing that they will look weak in looking for help has changed. Officers understand that they have been asked to deal with many different things above and beyond what the prior generation of officer was exposed to.

They also understand that PTSD is cumulative, and incidents can compound on one another and if they do not address their own mental health, they will suffer along with the agency and the citizens. This realization has evolved after dealing with many calls in which citizens have untreated mental illnesses and it becomes a cyclical process for them.

Understanding and normalizing programs that involve CISM is important for the health of the officer and the agency to prevent problems that are hanging over the head of the employees. It is understandable that many agencies would see this type of program as a luxury beyond the budget allowance of many departments.

Many agencies can be creative and use programs that are already in existence such as departmental Police Chaplain programs. Many of these programs are restricted to deal with specific needs of the departments. Those duties can be expanded to include the mental health of officers through debriefings that they can facilitate.

Any cost associated with the implementation of this program will pay for itself with the health of the department and enhanced citizen interactions being invaluable to the relationship of the department with its citizens. The most important part of the process is the normalization of debriefings and the buy-in from all of the stakeholders of the police department.

## **Recommendations**

What I would like to implement within my agency is utilizing our chaplain program as a CISM program with specific training to become experts in group and individual debriefings. By implementing this program, it will benefit the agency and the employees because it will be a volunteer-based program with individuals that the officers are familiar with at the agency.

Lieutenant Casey Eades began her law enforcement career as a patrol officer with the Ocala Police Department in 2007. She served as an officer in Patrol, Field Training, Crisis Negotiation, and Investigations. In 2015, she was promoted to Sergeant and served in Patrol, Field Training, and Narcotics. She was promoted to Lieutenant in 2019 where she served as a Watch Commander in Patrol until she was transferred to Special Operations in 2020. Lieutenant Eades obtained her Bachelor of Arts Degree in Criminal Justice from Saint Leo University

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## Appendix

**1. What is your age?**

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

**2. How long have you been in law enforcement?**

- 0-5 years
- 6-10 years
- 11-15 years
- 16 or over

**3. Have you ever dealt with a call for service that bothered you even days later?**

- Yes
- No

**4. Have you ever participated in counseling for work related events?**

- Yes
- No

**5. Were you ordered to participate in the counseling?**

- Yes
- No

**6. Have you participated in a group debriefing?**

- Yes
- No

**7. Were you ordered to participate in the group debriefing?**

- Yes
- No

**8. Would you recommend mandatory debriefings being ordered after critical incidents?**

- Yes
- No

**9. Are critical incident stress debriefings beneficial?**

- Yes
- No

**10. Have encountered an incident that you believe a debriefing was warranted but did not have the opportunity to participate in one?**

- Yes
- No