ABSTRACT
A Narrative Approach to Critical and Sub-Critical Incident Debriefings
Joel Fay
American School of Professional Psychology

Occasionally individuals experience traumatic, critical events that challenge their understanding of their world and their place in the world. This understanding has been referred to as a worldview. As a result of their traumatic encounter a person may have difficulty integrating their worldview as they wish it would be and their worldview according to their experience. Sometimes, in part because of this divergence between belief and experience, a problematic story develops which often fails to account for non-problematic aspects of their critical incident involvement. Although many departments are beginning to recognize and respond to a Critical Incident (CI), there are few procedures in place to identify and respond to sub-critical incidents.

 A sub-critical incident can be defined as an event that may not be perceived as traumatic by a majority of officers, but which has emotional impact on an individual due to the meaning a person ascribes to that event.

Narrative psychological theory would postulate that officers develop a story about themselves and their reactions to a critical or sub-critical incident. Officers may see themselves as heroes or cowards depending on the meaning they attribute to their experience of a critical event. They construct a self-story to make sense of all experiences, including those that do not make sense. Officers may select out aspects of the critical incident that conforms to their dominant problematic story and overlook or minimize aspects that do not conform.

Narrative therapy utilizes an approach often referred to as externalizing conversations. This approach allows a person to view the problem as a separate from herself making it easier to recognize, understand and protest its influence. Externalizing helps people avoid becoming overwhelmed by a problem. When utilized in a Critical Incident Stress Debriefing (CISD) context, the problematic behaviors and the meanings attributed to those behaviors are identified as belonging to the critical incident and not the officer.

This study resulted in the formulation of a narrative intervention called Narrative Interventions for Critical Events (N.I.C.E). The intervention, utilizes aspects of narrative and social psychology, and allows for a new non-problematic story to develop by helping an individual assign a different meaning to his/her role in a critical event.

CHAPTER I

INTRODUCTION

Civilians have seldom understood the real danger inherent in police work. It has never been particularly hazardous to the body, not since Sir Robert Peel first organized his corps of bobbies. This line of work has always been a threat to the spirit."
Joseph Wambaugh (1987)

A. BACKGROUND AND PURPOSE

It is obvious to most observers that police work is stressful and unpredictable. Officers must have the emotional resources to perform multiple tasks without losing control in the face of physical threats. They need to exhibit dominance, assertiveness and at the same time, restraint and empathy. They must be able to complete their tasks despite provocation, ambiguity, and the ever-present threat of psychological or physical injury (Shusman, Inwald, & Knatz, 1987; Silva, 1990).

While most people do not seek crises in their lives, police officers respond to and immerse themselves daily into the chaos and confusion of other people's lives, and by doing so they put themselves at risk of becoming victims of traumatic incidents. Yet, they do so willingly and without hesitation. One only needs to stand back and watch officers responding to a call of a "man with a gun" to appreciate their coping abilities. Because officers comfort trauma victims and operate in the wake of traumatic events, it should be expected that they will be exposed to the problematic and undesired effects of stress (Harris, 1995).

The National Organization for Victim Assistance (NOVA) identifies nine categories of trauma workers. Law Enforcement personnel and firefighters are listed as immediate responders and trauma workers (NOVA, 1991, as cited in Harris, 1995).

There are many definitions of stress; there many definitions about how stress relates to police work. Kolbell defined stress as a condition that arises when a person experiences a demand that exceeds his or her real or perceived abilities to successfully cope with the demand, resulting in disturbance to his or her physiological or psychological equilibrium" (Kolbell, 1995, p. 31).

In law enforcement, stress can assume other meanings. For instance, McGrath's definition of stress is a perceived imbalance between what is required of the officer and what he is capable of giving, under conditions where failure may have dire consequences (McGrath, 1992).

In law enforcement, stressful or traumatic incidents are often referred to as critical incidents. A critical incident is any situation faced by an officer that causes him to experience unusually strong emotional or physical reactions. These reactions may have the potential to interfere with the officer's abilities to function either at the scene or later in life (Mitchell, as cited in Clark & Friedman, 1992). The reactions are a normal person's response to an abnormal event (Everly & Mitchell, 1997), although due to officers' training, belief and experience they may believe the opposite to be true.

A critical incident can also be a time when an officer's expectations about his ability to handle stressful situations are called into question (Mitchell, 1990b; Ryan & Brewster, 1994). The officer's reaction to this event may also interfere with his family life (Sheehan, 1990; Hartsough, 1990). It is important to keep the definition of a critical incident flexible because of the varying effects an incident has on different officers (FBI Bulletin, 1996).

The following events are typical of those that may cause unusual distress for emergency personnel (Mitchell & Bray, 1990).
Death of a fellow officer
     Serious injury to a fellow officer
     Serious multiple- casualty incident/accident
     Suicide of a fellow officer
     Traumatic deaths involving children
     Events that attract "excessive" media interest and public scrutiny
     An event involving victims known to the officer
     Exposure to infectious diseases
     Litigation, charging commission or omissions
     An event that has an unusually powerful impact on the officer

How a person reacts to these events, the meaning he attributes to his performance and the circumstances surrounding the incident can cause a psychological crisis. It is important to remember that *a critical incident should not be defined in terms of the event but rather in terms of the impact it has on the individual* (Bohl, 1995; italics supplied). An event that is less-than critical (sub-critical) can still have an impact on an officer's performance and functioning.

Psychotraumatologist Pierre Janet wrote that it is how a person thinks about and reacts to a traumatic event that ultimately determines how quickly the person recovers from the experience (As cited in Everly, 1995).

Psychological crises violate or contradict the beliefs a person has about the world. A crisis may shatter a person's assumptions regarding the world as a safe and orderly place. It may also challenge how a person evaluates his competency and gives rise to self-doubt (Everly, 1995).

When a person is victimized, three basic assumptions or beliefs about the self and the world are challenged. They are the belief in personal invulnerability, the view of oneself in a positive light, and the belief in a meaningful and orderly world (Janoff-Bullman, 1985). When a person faces a loss, as in the loss of the feeling of invulnerability, there must be some adjustment in order to go on living. The interval between the recognition of the loss and the adjustment can be difficult with symptoms such as intrusive ideas and numbing of emotions (Horowitz & Kaltreider, 1995).

Frankl (1959) felt that the failure to find meaning and a sense of responsibility in one's life lies at the root of psychopathology. Trauma challenges previously held assumptions, beliefs and understandings about the world and oneself in the world (Everly, 1995).

In a critical incident, how an officer responds in one moment, might serve to define the entire event (FBI Bulletin, 1996). That meaning comes from the socially, and sometimes personally, constructed belief an officer has about the "correct" way to respond. It is the meaning that an officer attributes to an event that determines their behavior and reactions after the event. (White & Epston, 1990). George Everly (1994) provided another perspective when he stated:

Practically speaking, there is simply no such thing as reality without considering the human perspective. (p. 178)

In addition to being a victim of direct trauma, law enforcement personnel, through their work with victims, are exposed to the many ways that people deceive, betray or violate the trust of others. In an attempt to assimilate this information officers may need to change their view of the world. Constant contact with the society's criminal elements can disrupt the officers' sense of trust and safety. Officers may become suspicious of other people's motives, assume an "us against them" attitude and cut themselves off from non-police friends (McCunn & Pearlman, 1990). Some officers may enter the police profession with a cynical world-view and see acts of human cruelty as confirmation of these beliefs.

An officer's constant exposure to society's negative aspects can create stress (McCunn & Pearlman, 1990). It has been estimated that excessive stress and its various physical manifestations account for more than 80% of all visits to health care professionals. According to the National Council on Compensation Insurance, excessive stress accounts for about 14% of all worker compensation claims (Everly, 1995).

In 1986, there were 1.7 stress claims filed for every 1,000 public sector employees, including police officers. This figure is nearly six times the amount for employees in the private sector. The total cost of stress claims in California was $263 million in 1985 and $383 million in 1987. Public safety employees comprise 33% of California's public work force yet they account for 71% of all stress claims (Havassy, 1994). Stress disability retirements for police officers range from $50,000 to 2.7 million per claim (Corey & Wolf, 1992). Estimates range from 70-95 % of officers involved in a shooting will leave law enforcement within five years (FBI, 1996; McMains; 1990, Horn; 1990).

It costs taxpayers approximately $130,000.00 to replace a five-year veteran officer. In contrast, one study indicated that the average cost of providing psychological services for Post Traumatic Stress Disorder (PTSD), when detected soon after the event, was $8,300. If detection and treatment were delayed, the cost increased to almost $46,000. Employees who received prompt treatment averaged two weeks of recovery time before returning to work. Officers in the delayed treatment groups required an average of 46 weeks of recovery before returning to work (Fuller, 1991).

Work-related trauma is a major contributing factor to police stress. Aside from risk of routine exposure to death, an officer must cope with incidents of child and spousal abuse, intense public scrutiny, public criticism, failed rescue missions, stressful court cases, internal affairs investigations, and natural disasters. The officer must deal with these incidents compassionately but without showing emotion (Gersons & Carlier, 1994). It is estimated that one-third of officers involved in critical incidents will experience long-term symptoms such as depression, sleep-

disturbances and irritability (Swann & D'Agostino, 1994). How an officer reacts to each situation depends in part on the meaning he attributes to the situation, the coping skills he brings into play and his support network (Ragaisis, 1994).

Psychologists estimate that in 10-35% of cases, a critical incident becomes a trauma for the officer involved (Gersons & Carlier, 1994). Trauma can be defined as the degree to which an event violates a persons' basic sense of trust causing the individual to modify his behavior based upon an expectation of exploitation (Munroe, Shay, Fisher, Makary, Rapperport, & Zimering (1995). Officers are taught during early academy training and police culture indoctrination to show little reaction to any situation and to withhold emotion. If the emotional effects are not dealt with later they are at risk for developing Post Traumatic Stress Disorder (PTSD) and are at risk of experiencing societal and family isolation (Gersons & Carlier, 1994).

Foa, Steketee, and Olasov-Rothbaum (as cited in Litz & Weathers, 1994) developed a theory about how fear information is stored in the memory. They suggest that information about the event is stored in a "trauma network." This information consists of the officer's physical, emotional and psychological reactions to the event. Also stored in this network is the meaning a person ascribes to the event. An officer, who originally felt competent in his performance, may now believe, "I am helpless, I have no control over what happens to me, I am vulnerable" (Litz & Weathers, 1994, p. 24). The trauma is compounded through repeated similar events which continue to chip away at the officer's belief in himself as a competent human being.

For police officers, feelings of vulnerability are diametrically opposed to their training and expectations. Such feelings invite shame and fear and make it difficult for the officer to seek help from fellow officers (Violanti, 1990). A police officer is expected by fellow officers, the public and himself, to always be in control, to never be afraid and to never show his emotions. The image of invulnerability has been referred to as the "John Wayne Syndrome" (Skultety & Singer, 1994; Linden & Klein, 1988). This syndrome forces the officer to attempt to live up to a self-imposed measure of what a "real cop" is supposed to be like (Skultety & Singer, 1994). If an officer decides to express a need for help, someone will probably come along and tell him, in good John Wayne style, to pull himself together (Reese, 1987). Police officers who attempt to live up to these expectations can expect a life that is fourteen years shorter than the average person (Linden & Klein, 1988).

Cognitive dissonance, as referred to in social psychology literature, is defined as a "state of tension that occurs whenever an individual simultaneously holds two cognition's that are psychologically inconsistent" (Aronson, 1995, p. 178). In police work, an officer may believe that "good" officers don't experience fear, guilt or shame. However, since an officer may experience any one of these emotions she may conclude that she is not a good officer.

Some officers attempt to block feelings of vulnerability through the use of alcohol abuse, cynicism, depersonalization, and suicide (Mullins, 1994). Attempts to maintain the facade of invulnerability force an officer to protect himself by becoming emotionally withdrawn from his family and friends (Reese, 1987), further increasing the risk of PTSD and suicide. A police officer is almost nine times more likely to die of suicide than homicide and more than three times likely to die from suicide than accidental situations (Everly & Mitchell, 1997). It is difficult to go to work each day, knowing that someone you meet may want to kill you. For many officers, putting on the "bullet-proof" vest at the start of each shift is a reminder of that possibility.

According to Lt. Al Benner Ph.D., of the San Francisco Police Department (SFPD), (personal communication, November, 12, 1997), during a ten year time period only one SFPD officer was killed in a shoot-out by a suspect, while during that same time period ten officers committed suicide. Until recently, the City of San Francisco spent over one million dollars a year maintaining police cars but no money toward maintaining the mental health of the people driving those cars. A greater understanding of the results of police stress and the cost benefits derived from dealing with that stress before it becomes a problem, has changed the way SFPD now views and handles critical incidents (Class lecture, Al Benner, Nov. 1997).

<u>Critical Incident: Origins:</u>

Beginning in the 1970's some police psychologists began to debrief officers after a critical incident. In San Francisco, these meetings became known as the Shooters Luncheon. To qualify for membership an officer had to have been involved as a shooter in a shooting or be present when a shooting occurred. Officers received support from each other as fears and symptoms were normalized and then reduced (Benner, class lecture, 1997).

Articles appearing in the emergency services literature in the early 1970's began to refer to techniques used in the prevention of trauma related disorders (i.e., PTSD) for groups of emergency services personnel involved in a traumatic event (Wollman, 1993).

In response to stress pensions, rising medical costs and the upward trend of police suicides, psychologists specializing in the field of public safety began looking for new ways to help. In 1983, Mitchell described a process known as "critical incident stress debriefing" (CISD) (Mitchell, 1983). The term critical incident was expanded to

include a broader range of events and workers involved in traumatic events. (Bisson & Deahl, 1994).

A psychological debriefing or CISD, as defined by Mitchell and Everly (1995), is:

> A group meeting or discussion about a traumatic event or series of
> traumatic events. It is a structured group meeting or discussion in
> which   personnel are given the opportunity to discuss their thoughts and
> emotions about a distressing event in a controlled, structured and rational
> manner
> (p.176).

A CISD, now synonymous with a psychological debriefing, usually takes place 2-3 days after a suspected trauma-inducing event and is structured as a single group meeting lasting approximately two hours (Bison & Deahl, 1994). A CISD is run by a psychologist or other trained mental health professional and a member of a peer support team (Mitchell & Everly, 1996).

There are a variety of CISD formats (Blak 1990; Bohl, 1995; Mitchell & Everly, 1995b; Quinn & Benner, 1993;). In general, these formats involve taking an officer through a number of stages designed to alleviate symptoms of stress and educate the officer about normal reactions to abnormal events. A detailed discussion of various forms of psychological debriefings is provided below.

The San Jose Police Department (SJPD) reported that between 1972 and 1987 52 officers were involved in shootings and 17 of those officers subsequently left the department. SJPD did not have a CISD team in place during this time period. Since the inception of their CISD team, 122 officers have been involved in shootings and none of the involved officers have left the department (Benner, 1994).

<u>Reception of Mental Health Personnel by Police Officers:</u>

Officers are by nature suspicious of psychology professionals who are often seen by them as the enemy (Benner, 1982). These professionals are first encountered by officers when they apply for a law enforcement job. Subsequent contacts are at the request of the police department for a "fitness for duty" evaluation. Officers are concerned that mental health professionals who work for a police department will align themselves with the administrators who provide them with a job (Benner, 1982). Further, because the psychologists work for the police department, the holder of privilege is the department administration and not the officers. When officers are sent to a department psychologist they do not know what can be discussed in confidence. The issue of confidentiality is murky at best and varies from agency to agency (Super & Blau, 1997). Relationships between an officer and a psychologist are also strained when a psychologist is not familiar with police culture (Benner, 1982).

Peer counseling can be described as a process whereby officers can talk about their feelings to another officer (Reese, 1984). The idea behind peer counseling is that an officer who has experienced a line-of-duty traumatic event can empathize with and validate another officer's reaction as being normal. Officers tend to trust other officers who have experienced a similar incident (Pastorella, 1990).

Although peer counseling services and CISD's in general have been shown to be a very effective way to help officers, getting officers to accept the help has been difficult (Quinn, 1994; Violanti, 1995). Police officers have traditionally avoided seeking therapy or help. Officers tend to believe that other people can't really understand their problems and that "real officers" shouldn't have any problems (Linden & Klein, 1988). The issue of requiring an officer or making it optional for an officer to attend a CISD varies from department to department (Super & Blau, 1997). A formalized departmental understanding of the nature of stress and a departmental order requiring officers to attend a debriefing is preferred to waiting until the officer is calling for help (McMains, 1990).

A study by Lt. Dirk Beijen, SFPD, (1995a) attempted to determine to whom a veteran police officer is most likely to turn for help. His results showed that 80% of the responding officers would seek help from a friend and fellow officer, but only 35% would seek help from a peer counselor. The majority of officers would, if necessary, seek out a friend for an informal debriefing. Informal discussions of traumatic events among emergency personnel have been going on for many years (Kaufmann & Beehr, 1989). Friends listening to, supporting and encouraging each other is an important part of reducing stress for officers (Mitchell, 1996). However, the police culture doesn't easily accept the open expression of feelings and emotions. Further complicating the situation is the internal, organizationally generated stress from the semi-militaristic environment in police departments. Policies, rules and political alignments within an organization make it important for an officer to choose his confidants wisely (Beijen, 1995b).

Despite the best efforts of many dedicated police officers and police psychologists, police officers continue to commit suicide at a rate twice that of the general population (Gibbs, 1994; Beijen, 1995b; McCafferty, et al 1992). Psychological services have been developed to try to meet the specific needs of police officers but officers are still wary of utilizing professional psychological services (Benner, 1982). Police job related stress and trauma

continues to impact officers, their families and taxpayers. What is clear is that officers need to talk about job stress and trauma and the people they prefer to talk with are their self-chosen colleagues and friends (Beijen, 1995a). For this reason further ways of addressing the impact of job stress need to be developed.

The purpose of this study is to design a CISD model with the following attributes: 1) it can be taught quickly and inexpensively to officers, and 2) it would facilitate officers assisting their fellow officers in the processing of traumatic/sub-critical traumatic events.

B. STATEMENT OF THE PROBLEM.

Many agencies are now developing Critical Incident Stress Debriefing (CISD) teams (Everly 1995b) to respond to critical incidents as defined by recognized experts in the field of police psychology (Bohl, 1995; Mitchell & Everly, 1996). It is more difficult to identify and respond to the sub-critical incidents or to predict the meanings an officer might attribute to such events.

Although there is extensive literature on the subject of CISD, stress and police work and peer counseling, there is little information, if any, on the utilization of a semi-structured intervention format for officers to use "friend to friend." A single exception to this is the ABC method for debriefing as taught by Benner and Quinn (1993).

A narrative view would postulate that officers develop a problematic story about themselves to make sense of an experience that does not make sense. Police culture requires the officer to search for the "correct" and "true" meaning of an incident, as defined by the culture, while the post-modern approach views meaning as constructed and therefore continually open to revision. Officers may be unwilling to share their story with anyone other than close friends for fear of possible ridicule subsequent to self-disclosure. It is important that the friend respond appropriately when given the opportunity to help. A fellow officer and friend has the opportunity to challenge the problematic interpretations because she understands the shared-context within the police culture.

This project proposes that it is possible to train department members to be more effective listeners and to provide them with some basic skills in peer counseling with a minimum training requirement.

The purpose of this study is to design a CISD model with the following attributes: 1) it can be taught quickly and inexpensively to officers, and 2) it would facilitate officers in assisting their fellow officers in the processing of traumatic/sub-critical traumatic events. It is expected that this study will add another tool that can be utilized by police departments in training their officers to assist fellow officers in the processing of sub-critical incidents.

CHAPTER II

REVIEW OF THE LITERATURE

This section will present a representative literature review that will provide background for the study and justify the study's purpose. The literature review has been divided into the following sections:
1. history of police psychological support services
2. police stress, critical incidents and post-traumatic stress disorder
3. critical incident stress debriefings
4. peer support and the police culture
5. attribution of casual meanings
6. narrative theory
7. summary of the literature review

The review will show the etiology and the stages of development of law enforcement psychological services. It will also discuss the nature of police stress and how stress interacts with the police culture. Context specific CISD theories and techniques which have been developed to address police stress will be described. Narrative and post-modern theory will be explained as it relates to critical incident debriefing.

1. HISTORY OF POLICE PSYCHOLOGICAL SUPPORT SERVICES

For years the only prerequisite to become a police officer was that the officer be of a certain height and weight (Reese & Hodinko, 1990). Police departments refused to look at the psychological needs of its officers for fear that recognizing this need would be detrimental to the department's mission and would encourage emotional instability. This attitude changed as departments became more aware of the detrimental effects of stress and the liability they incurred by placing unsafe and stressed officers on the street (Kirschman, Scrivner, Ellison, & Marcy,

1992).

The earliest record of a psychologist assisting with selection of police officers dates back to the early 1900's (Reese & Hodinko, 1990). Although psychologists assisted departments with recruit selection, it took another half-century before the mental health profession would respond to the psychological needs of officers (Reese, 1995).

In the 1950's, police employee assistance programs were the first attempts by police departments to help officers maintain and/or improve their mental health. These were generally officer-operated programs and because of police cultural influences did not include the use of mental health professionals (Reese, 1995). Boston, New York City and Chicago police departments all started police-only Alcoholic Anonymous programs (Reese, 1995; Reese & Hodinko, 1990).

In 1976, the Boston police department established a stress unit. The purpose of this unit was to help officers cope with personal or occupational stresses that were not necessarily related to alcohol abuse. It was also an attempt to get more officers into the alcohol treatment program by changing the program's name and reducing the stigma that might be attached to getting help with a drinking problem (Reese, 1995).

In 1968, the Los Angeles Police Department hired Martin Reiser as the first full time police psychologist (Kirschman, et. al, 1992 & Reese, 1995). In the 1970's the law Enforcement Assistance Administration (LEAA) granted money to larger departments for the purpose of hiring and providing psychological mental health services to police departments (Reese & Hodinko, 1990). In 1971, New York City police officer Harvey Schlossberg, the first known police officer to have earned a doctorate in psychology, became the NYPD's first departmental psychologist (Reese, 1995). Other large departments soon followed with their own police psychologists.

The primary purpose of the mental health professionals was to develop and utilize criteria for hiring police officers. It has only been during the past ten to fifteen years that police psychologists also began looking at the issues of police stress (Reese & Hodinko, 1990).

By 1986, most of the major police departments in the US had some type of stress unit available to assist officers (Reese, 1995). In addition, some departments are beginning to recognize the stress police work places on officers and their families (Mitchell, 1994). Although the recognition and understanding of police stress is expanding in the larger departments, many smaller departments are still without resources to assist officers after a critical incident (Reese & Hodinko, 1990).

2. POLICE STRESS, CRITICAL INCIDENTS AND POST-TRAUMATIC STRESS DISORDER

In 1963, two Los Angeles police officers were kidnapped while on duty. One of the officers was subsequently murdered while his partner fled and survived. The Los Angeles Police Department (LAPD) ignored the emotional trauma inflicted on the surviving officer and instead concentrated on apprehending the criminals and improving officers' tactics. To accomplish this, the surviving officer's responses during the incident were studied and critiqued. His emotional needs were ignored until he became suicidal (Wambaugh, 1973).

While no one, including police administrators, would question the necessity of training and preparing officers for law enforcement's physical dangers, it has taken this type of incident to develop police management interest in preparing officers for the emotional dangers of their work (Dunning, 1990).

In the aftermath of this type of incident, police departments began looking at ways to understand police-related stress (Kirschman, et al, 1992). Although there are many definitions of stress in the literature (Kolbell, 1995; Kureczka, 1996; McGrath, 1992;) police stress has been defined as an imbalance between what is required of an officer and what the officer is capable of giving, under conditions where failure may have dire consequences (McGrath, 1992). A stressor can be both positive and/or negative and a person's reaction to a stressor is highly individualized and dependent on the meaning that she attributes to an incident (Alexander, 1994a). How an officer constructs her interpretation of the incident will determine how severe her reaction will be (Everly, 1994a).

Research on stress and coping has shown that individuals develop fixed ways of coping with stress in their daily lives. The same ways of coping may at times be adaptive or maladaptive. For example, denial as a coping method may be adaptive at some times, but not at others. Rather than viewing coping as a fixed of rigid "style" or personality trait, the appraisal and coping process is seen as a continuing feedback loop. Factors which mediate one's appraisal of a stressful event may be unique to each individual (Folkman & Lazarus, 1980).

A study in Amsterdam showed that of 37 police officers involved in a shooting incident, three had no symptoms, seventeen self-reported some PTSD symptoms and seventeen were diagnosed with PTSD (Ryan & Brewster, 1994). Another study reported that while 4-10% of people who experience a critical incident develop sufficient clinical symptoms to be diagnosed with PTSD, 90% of those involved will develop some emotional, physical or psychological reaction to that exposure (Blak, 1990). A third study revealed that in the week following a shooting, 77% of the surveyed officers reported sleeplessness, 55% reported heightened anxiety, 50% reported flashbacks, 35% reported nightmares and 69% reported feeling tense. Three months later only 35% reported no PTSD symptoms, the remainder reported continuing flashbacks, nervousness and anger (Gund & Elliott, 1995).

Police stressors have been divided into four categories (Fuller, 1990):

1. Stressors due to the nature of police work
2. Stressors resulting from departmental policies
3. Stressors dealing with the criminal justice system and societal
expectations about police conduct
4. Stressors resulting from psychological issues unique to each officer

Selye (as cited in Lawrence, 1984) stated "you cannot study stress; you can merely explore real and tangible things such as (its) effects" (p.248). There are no precise ways to define or measure stress but what has been studied are its effects (Lawrence, 1984). Reactions to stress vary for each officer, but some generalizations have been made. Common reactions include difficulty concentrating, feeling of loss of control, depression, helplessness, fatigue, domestic violence, divorce, impotence, and anxiety (Dunne, 1990; Everly, 1994; Swann & D'Agostino, 1994). Nielson (1986) suggested that there are four primary conditions which determine an officer's reaction to a critical incident. They are: 1) the event is sudden and unexpected; 2) the event represents a significant threat; 3) the events can include an element of loss; and 4) an officer's values or beliefs are challenged.

In law enforcement, stressful or traumatic incidents are often referred to as critical incidents. A critical incident is any situation faced by an officer that causes her to experience unusually strong emotional and/or physical reactions. These reactions may have the potential to interfere with the officer's abilities to function either at the scene or later in life (Mitchell as cited in Clark & Friedman, 1992). The officer's reaction to the traumatic event may also interfere with her family life (Sheehan, 1990; Hartsough, 1990). It is important to keep the definition of a critical incident flexible enough to include the various effects an incident has on different officers (FBI Bulletin, 1996).

Table 1 lists symptoms of critical incident stress for police officers as adapted from a table designed by Linton, (1993).

TABLE 1
SYMPTOMS OF CRITICAL INCIDENT STRESS

During the Event
Unfocused gaze, the "thousand yard stare"
Suppression and numbing of emotions
Sense disorientation (time slows down, vision and hearing limited)
Disbelief

After the Event
Preoccupation with what transpired in scene
Intrusive thoughts and flashbacks
Sleep disturbance and nightmares
Sudden mood changes, anxiety, depression and anger
Difficulty communicating
Withdrawal from coworkers and family
New assignments poorly handled
Routine tasks take longer with less efficiency
Increased use of alcohol or drugs
Feelings of helplessness and guilt
Note: Adapted from Linton, 1993

The first emotional response by most officers in the wake of a critical incident is an attempt to suppress all feelings. An officer has to function with and respond to the internal affairs investigations, reactions from other officers and

citizens, and her own family before she can acknowledge her feelings (Lippert, 1990). An officer may also believe that any admission of vulnerability may be used against her in future promotional opportunities or reduce her credibility with fellow officers (Janik, 1990). If an officer continues to suppress her feelings she may cut herself off from those around her and not receive the love and support she needs (Sheehan, 1990).

People attempt to cope with new situations by first trying to assimilate the information into their known experience. When that is not possible the person must try to accommodate the new information by creating a new "category" of knowledge. It is our ability to accommodate that allows us to maintain healthy psychological functioning (Gentz, 1990; Wollman, 1993).

Officers use a variety of coping methods, some positive and some less adaptive , to deal with police stresses (Hart, et al, 1994). Positive examples include talking with co-workers, obtaining counseling, exercise, etc. (Reese, 1987a). Less adaptive behaviors include alcohol abuse, withdrawing from friends and family and suicide (Beijen, 1995b; Dietrich & Smith, 1986; Seligmann, 1994; Violanti, et al 1985).

Officers who feel they can control their situation and environment are better able to handle stress (McCafferty, et al, 1992). However, the nature of critical incidents makes it often unlikely that an officer will have that control (Mitchell, 1996). As conflicts arise between what an officer wants and what is occurring, an officer may attempt to utilize various coping and defense mechanisms (Kurke, 1995). When an officer exhausts her ability to accommodate new information, an emotional numbing develops. Previous held values become meaningless and an officer's ability to cope is diminished (McCafferty, 1992).

As an officer works with victims, she is exposed to the ways people violate the trust of other people. As a witness to these violations an officer may question fundamental assumptions about safety and human nature. These assumptions include: 1) people are compassionate, 2) events in the world have meaning and, 3) I am a good person (Janoff-Bulman, 1995). As a consequence, she may become more cynical or suspicious about people's motives (McCunn & Pearlman, 1990). Repeated exposure to direct trauma or vicarious trauma puts an officer at risk for developing PTSD (Fullerton McCarroll, Ursano, Wright, 1992).

It is not precisely known why some people develop PTSD and others do not (Braverman, 1992). In 1980, PTSD was recognized as a unique disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Officers are at risk for PTSD not only through direct experience with a critical incident but also as first responders to victims of critical incidents (vicarious trauma) (Wollman, 1993).

According to the DSM -IV (1994), PTSD is defined as the development of characteristic symptoms following exposure to an extreme traumatic stressor as the person responds to that event with fear, horror or helplessness (Wilson, 1995). Symptoms experienced include, but are not limited to (DSM-IV):
Recurrent distressing dreams of the event
    Intrusive thoughts of the event
    A sense of reliving the experience
    Intense psychological distress at exposure to internal or external cues that remind one of the event
    Difficulty falling or staying asleep
    Difficulty concentrating
    Irritability or outbursts of anger
    Hypervigilance
In addition, officers may feel symptoms of helplessness, inadequacy, mortality, role-ambiguity, over-identification with victims, guilt and shame (Fullerton, et al, 1992 , Sloan, Rozensky, Kaplan, & Saunders, 1994).

According to recent studies there may be a physiological basis for the emotional changes an officer experiences after a critical incident. A study in Boston found that a person's brain structure and chemistry may be affected by traumatic stress. The study determined that when traumatic memories are recalled, a section of the brain called the right amygdala, becomes abnormally active. This part of the brain has been connected to the conditioned-fear response in animals. Current research is focusing on developing a drug that could be effective in the treatment of post traumatic stress and PTSD (Hooper, 1996).

An example of the powerful lingering effects from exposure to a critical incident is described by John Britt (1990) a Special Agent with the Secret Service. Britt describes the events surrounding the March, 1981, attempted assassination of President Ronald Reagan. Britt points out that seven years later, a number of agents involved in the original incident continued to have flashbacks, difficulty discussing the event, sleep disorders and other symptoms. Furthermore some of the children of these agents were developing similar symptoms.

Nielsen (1990) suggested that there are seven factors that modify a person's reaction to a critical incident. They are:
1) Characteristics of the event:
2) Individual coping style

3) Prior relevant experience and training
4) Degree of warning prior to the event
5) Physical and psychological proximity to the event
6) Concurrent stress
7) Social supports

  Nielsen suggested that the more skills, training, warning and social supports a person has, combined with a reduction of physical and psychological proximity and concurrent stress, the better the likelihood for a favorable outcome and a reduction in the likelihood of PTSD.

  In addition to primary PTSD, an officer is also at risk for developing Secondary Traumatic Stress (STS); (Munroe, et al, 1995). STS, sometimes referred to as compassion fatigue, can be defined as the symptoms a person experiences as a result of close contact with a direct victim of a traumatic event (Yassen, 1995). Table 2 lists some of the effects of STS.

TABLE 2

The Personal Impact of Secondary Traumatic Stress

Cognitive	Emotional	Behavioral	Spiritual	Interpersonal	Physical
-Diminished concentration	-Powerlessness	-Clingy	-Questioning the meaning of life	-Withdrawn	-Shock
	-Anxiety	-Impatient		-Decreased Interest	-Sweating
-Confusion-Guilt	-Irritable		-Loss of purpose	in intimacy or sex	-Rapid heartbeat
-Spaciness	-Anger/Rage	-Withdrawn	-Lack of self-	-Mistrust	-Breathing
-Loss of meaning	-Survivor guilt	-Moody	satisfaction	-Isolation from	difficulties
-Decreased self-esteem	-Shutdown	-Regression	-Pervasive	friends	-Somatic reactions
	-Numbness	-Sleep	hopelessness	-Impact on	-Aches and pains
-Preoccupation with trauma	-Fear	disturbances	-Ennui	parenting	-Dizziness
	-Helplessness	-Appetite changes	-Anger at God	(protectiveness,	-Impaired immune
-Trauma imagery	-Sadness	-Nightmares	-Questioning of	concern about	system
-Apathy	-Depression	-Hypervigilance	prior religious	aggression)	
-Rigidity	-Hypersensitivity	-Elevated startle	beliefs	-Projection of	
-Disorientation	-Emotional	-response		anger or blame	
-Whirling thoughts	roller coaster	-Use of negative		-Intolerance	
-Thoughts of self-harm or harm	-Overwhelmed	coping (smoking;		-Loneliness	
toward others	-Depleted	alcohol or other			
-Self-doubt		substance misuse)			
-Perfectionism		-Accident proneness			
-Minimization		-Losing things			
		-Self-harm behaviors			

Adapted from Yassen, 1995

  Niles (1994) postulated that there are four levels of traumatic reaction:

    Level 1 - Traumatic Reaction - This is the normal response a healthy person would have to a traumatic incident. The person integrates the information in a way that allows her to function.

    Level II - Traumatic Stress Reaction - This is an individual's response to a life threatening incident. The individual is working through and attempting to integrate her reaction but often requires the assistance of a mental health professional.

    Level III - Post-traumatic Stress Reaction - People experiencing this level of reaction have been unable to successfully process the traumatic event into their lives. They may be experiencing depression, guilt, anxiety, sleep disturbances and other symptoms. A mental health professional is actively involved in assisting the recovery process.

    Level IV - PTSD - These people are experiencing the clinical symptoms of PTSD. A mental health professional should play an expanded role in the recovery process and in-patient care may be required.

  The longer treatment is delayed the more extreme the reaction. Police officers who received prompt treatment for traumatic stress exposure averaged two weeks of recovery time before returning to work. Officers in the delayed treatment groups required an average of 46 weeks of recovery before returning to work (Fuller, 1991).

  In the 1970's some police departments recognized the need for early intervention. They began to utilize peer support, under the guidance of a mental health professional, to debrief officers after a critical incident. Officers

received support from each other as fears and symptoms were normalized and then reduced (Benner, class lecture, 1997).

Police psychologists recognized that if an officer did not receive prompt treatment, she would often seal off her emotions. Police mental health professionals began looking for a way to take advantage of the brief window of treatment opportunity (Benner, 1994).

Articles appearing in emergency services literature in the early 1970's began to refer to techniques used in the prevention of trauma related disorders (i.e., PTSD) for groups of emergency services personnel involved in a traumatic event (Wollman, 1993). Roberts, a psychologist with the San Jose Police Department first articulated the concept of inoculation training and proposed that this type of training be made a requirement in police academy curriculum (personal communication, Al Benner, Feb. 1998). In 1983, Jeffrey Mitchell described a process known as "critical incident stress debriefing" (CISD) (Mitchell, 1983).

3. <u>CRITICAL INCIDENT STRESS DEBRIEFING (CISD)</u>.

In today's police environment, a CISD is best described as a structured group discussion based upon crisis intervention theory and educational techniques (Everly, 1995b). It is an intervention for individuals or groups that have experienced a shared traumatic event (Bell, 1995). CISD's are conducted to normalize and minimize an officer's stress reactions to a critical incident (Blak, 1990).

The theory on which the technique of CISD is based dates back to combat situations during World Wars I and II (Everly, 1995a). It was found that soldiers who received early crisis intervention near the combat front lines were more likely to return to duty sooner than those soldiers who received help later at a hospital further away from the front (Mitchell & Everly, 1996). Israeli Defense Forces began utilizing psychological debriefings and found that it reduced the incident of psychiatric disturbance by as much as 60% (Mitchell & Everly, 1995a; Mitchell & Everly, 1996).

In 1955, American General v. Bailey, a benchmark court case, extended the rights of U.S. workers compensation to employees suffering from psychological illnesses as a result of their work environment. This case encouraged many police administrators to find ways to reduce psychological stress claims (Dunning, 1990). In the 1980's, many police oriented mental health professionals authored articles on critical incident stress and a debriefing process which they utilized in the reduction of stress (Bohl, 1990).

In general these processes were based upon the following assumptions (Bohl, 1990; Catherall, 1995; Everly, 1995b):
The people involved were functioning adequately prior to the event
    The symptoms displayed by the individual were a normal reaction to a trauma
    The problems were temporary and not based on a personality disorder
    The framing of event as a learning and growth experience
    The belief that each individual has a unique pathway to recovery
    The belief that people should be empowered to be a part of the recovery process

In 1983, Mitchell published a paper describing a six stage model of critical incident debriefing. In 1984, this model was later changed to include a seventh phase (Mitchell & Everly, 1996). The phases and a brief description as listed by Mitchell (Everly & Mitchell, 1995b; Mitchell & Everly, 1996;) are:
 1. Introduction: Explanation of roles and expectations
 2. Fact: A discussion about "What happened?"
 3. Thought: A discussion about "What did you think about what occurred?"
 4. Reaction: A discussion about each person's identification of the most
                         traumatic aspect of the event
    5. Symptom: Each person identifies personal symptoms of distress
    6. Teaching: Education about normal reactions
 7. Re-entry: Clarify questions and resolve last minute issues

Since then other authors (Armstrong, Lund, McWright, & Tichenor, 1995; Benner & Quinn, 1993; Bohl, 1990) have listed the specifics of their interventions. Table 3 lists a comparison of these interventions.

The goals of a CISD are to alleviate the emotional and physical effects of the incident, accelerate the recovery process, prevent PTSD and return the individual to a pre-crisis level of functioning (Bohl, 1990; Mitchell & Everly, 1996; Wollman, 1993).

Critical incident teams began responding to disasters to assist rescue workers both during and after the rescue operation (Armstrong, et al, 1995, Bohl, 1990, Mitchell & Everly, 1995a). It is estimated that at least 300 CISD teams exist internationally. These teams are comprised of emergency personnel, clergy and mental health professionals (Mitchell & Everly, 1995a).

Table 3
Comparison of CISD Models

Mitchell	Bohl	Benner	MSD	NOVA
Introduction	Introduction	Introduction	Disclosure of events	Tell about experience
Fact	Fact	Teaching	Feelings and reactions	Predict emotion
Thought	Thought	Fact	Coping strategies	Identify coping skills
Reaction	Feelings	Thought/feeling	Termination	Review session
Symptom	Symptoms	Reaction		
Teaching	Unfinished business	Symptom		
Re-entry	Educational			
	Wrap - up			
	Round robin			

Note.   MSD: Multiple Stressor Debriefing
           NOVA: National Organization for Victim Assistance

An important aspect of a CISD is educational. During this phase an officer's reactions are normalized (Bohl, 1995; Garrison, 1990; Mitchell & Everly, 1996). Inoculation training is another aspect of the CISD educational process (Garrison, 1990). Inoculation training is offered to officers before they experience a critical or sub-critical incident. The goals of inoculation training are to help an officer understand 1) the meaning an event can have on them; 2) explain ways to re-establish control over their lives after an event; and 3) to explain possible reactions as a normal part of the critical incident process (Garrison, 1990; Solomon, 1990).
Two additional models of CISD require explanation. These models differ from the previous models as they are designed to be utilized with individuals instead of groups. These are the Safe-R model designed by Everly (1994) and the ABC model designed by Benner & Quinn (1993).
Everly lists the following steps in a SAFE-R Model (Everly, 1994; Mitchell and Everly, 1996):
Step One -   **S**timulation Reduction
Step Two -   **A**cknowledgment of the crisis
Step Three -   **F**acilitation of understanding and normalization of
                        symptoms/reactions
Step Four -   **E**ncourage effective coping techniques
Step Five -   **R**estoration of independent functioning or provision of after care.

Benner and Quinn list the following steps in the ABC model (Benner/Quinn, 1993)
Step A - **A**ll the way through without interruption
Step B - **B**ack through with thoughts/reaction and feelings
       Step C-   **C**onfront (points of discrepancy, magical thinking, excessive self-criticism, etc.); Calm
                        and Continuity (what previous experiences are similar?).

Table 4
Benner/Quinn ABC Individual Debriefing Model

The SAFE-R and the ABC models are both designed to be used by trained peer counselors or mental health professionals (Everly, 1994, Benner & Quinn, 1993).
How does the CISD process provide relief for police officers?   Studies have shown that an intervention that is

prompt, provides cathartic relief, recognizes cognitive factors and has elements of peer support is an excellent way to assist officers (Bohl, 1995). A study of Australian police officers (Evans, Coman, Stanley, & Burrows, 1993) found that police officers utilized problem focused and direct action strategies to deal with occupational stress. A CISD has the intervention factors listed above and uses direct action and problem focused strategies (Bohl, 1995; Mitchell & Everly 1996).

The San Jose Police Department (SJPD) has demonstrated the effectiveness of their CISD team. Between 1972 and 1987, a period when they did not have a CISD team, 52 officers were involved in shootings and 17 of those officers subsequently left the department. Since the inception of their CISD team, 122 officers have been involved in shootings and none of these officers have left the department (Benner, 1994).

Another study compared the outcome of two aircraft disasters, the 1978 San Diego airplane crash and the 1986 Cerritos airplane crash. These disasters were similar in the numbers of victims, homes destroyed, and civilians killed on the ground. In San Diego, mental health professionals provided individual counseling while in Cerritos twelve critical incident stress debriefings were conducted with follow-up care provided. In San Diego five officers, seven fire fighters and fifteen paramedics resigned within one year of the accident. There was also a 31% increase in mental health utilization by employees. Cerritos lost no firefighters, no police officers, one paramedic and employees experienced a 1% increase in mental health services use (Everly & Mitchell, 1995b).

A study conducted by Bohl (1990) compared two groups of officers involved in similar stressful incidents from different departments. She found that the group that received CISD intervention was significantly less angry and depressed and had milder stress symptoms. Both groups had similar anxiety levels. Robinson (as reported in Mitchell, 1990b) surveyed a group of officers who participated in a CISD. He found that 75% of the officers involved felt that the debriefing was moderately to extremely helpful and no one reported any negative effects from the debriefing.

While these numbers are significant, there are some inherent difficulties with evaluating the effectiveness of CISD's. Comparison studies, which involve two groups of individuals who experienced the same traumatic event, but receive different treatment, are difficult to find (Bisson & Deahl, 1994). Police departments are naturally reluctant to provide different treatments because of liability factors. This reluctance makes it difficult to use control group research designs. Other studies had methodological problems that make it difficult to be certain about conclusions (Kolbell, 1995). Bisson and Deahl (1994) conducted an analysis of published studies. Their investigation showed that, at best, a CISD offers some protection against the development of PTSD and at worst it does no harm.

A review of the literature found no references to CISD which utilized approaches informed by narrative ideology.

4. PEER SUPPORT WITHIN THE POLICE CULTURE

Social or peer support is seen as a very important part of the police culture (Graf, 1986, Benner, 1982). It is believed that a supportive environment helps trauma survivors recover by normalizing and legitimizing their reactions. Without social support, an officer would have no way to conclude that her reactions were normal and would instead try to suppress her feelings and emotions (Braverman, 1992).

One of the most important elements of a CISD is the normalization of feelings, behaviors and thoughts (Armstrong et al,1995; Bohl, 1995; Evans et al 1993; Everly, 1995b; McCammon & Allison, 1995; Mitchell & Everly,1995a; Wollman, 1993) yet most officers don't seek help dealing with the emotional impact of a critical incident (Ochberg, 1995). Reasons vary from the previously described "John Wayne" syndrome (Linden & Klein, 1988; Skultety & Singer, 1994) to basic mistrust of the mental health profession (Benner, 1982). Bradstreet (1994) suggested that emotions are debilitating for police officers because they focus attention inwardly rather than out toward possible danger areas. Further, within the police culture there is a "training" process where senior officers joke with and tease new officers probing for sensitive areas. New officers learn quickly not to allow emotions or these sensitive areas to show.

Narrative or post-modern approaches emphasize the influence of dominant and sub-dominant cultures on an individual's beliefs, values, and sense of self. The police sub-culture features strongly held values that may differ from values held in the dominant culture; values which influence the officer's reaction to traumatic events.

Officers learn the importance of being "one of the group" while in academy training. They believe that survival, professionally and on the street, depends upon being accepted and supported by the police culture (Graf, 1986). The law enforcement mission requires officers to maintain a strong loyalty bond with other officers (Gund & Elliott, 1995).

Another widely held belief is that because police work is unique, only police officers can understand the nature of police job stress (Bradstreet, 1994; Hays, 1994; Reese, 1984). This belief convinces the officer that she has to rely on peer support to help her recover from and validate her experience of a critical incident (Benner, 1982; Evans et

al, 1993). Officers also believe that their role in society is paternal, that they must take care of others without expecting to be taken care of themselves (Beijen, 1995b).

Another constraining belief among officers is that it is important not to express their emotions, to look strong and remain in control (Reese, 1990). The police culture strongly suggests that officers block or deny an event's psychological impact (Braverman, 1992). Further complicating the situation is that people often feel vulnerable after a traumatic event and may be less anxious to share their thoughts and fears (Braverman, 1992). These beliefs make it difficult to reach out for help.

It is the conflict between the necessity of remaining in control during work hours and the wish to express emotions to aid recovery after work that causes difficulties (Benner, 1982). But officers do talk about their experiences with other officers and friends (Alexander, 1994b; Beijen, 1995a). While it is rare (Dunning, 1990) for an officer to need the help of a mental health professional after a stressful incident, most officers utilize an informal process of debriefing with peer counselors and friends.

A study by Lt. Dirk Beijen, SFPD, (1995a) attempted to determine to whom a veteran police officer is most likely to turn for help. His results showed that 80% of the responding officers would seek help from a fellow officer and friend, but only 35% would seek help from a peer counselor. The majority of officers would, if necessary, seek out a friend for an informal debriefing. In another study (Alexander, 1994b) officers were asked to list the methods that they used to ward off the effects of on-duty stress. Seven percent said they would seek spiritual or religious help, six percent said they would talk things over with a counselor and fifty nine percent said they would talk things over with a friend or family. It is interesting to note that forty percent said they would increase alcohol consumption.

Wollman's (1993) study showed that in crisis situations it is best to select peers for debriefing from the same cultural groups as the people involved in the crisis. Members of a cultural group, such as police, share an awareness of history, rules and values not shared by outsiders. In narrative ideology this would be called a local knowledge or dominant narrative (White & Epston, 1990). Social support has been shown to promote recovery from trauma and act as a buffer against stress (Braverman, 1992; Foreman, 1994; Kaufmann & Beehr, 1989). Police culture provides officers with an understanding of shared values and ethics which best allow the normalization process to be accomplished through the use of peer support (Kirkcaldy & Cooper, 1995).

Reese (1984) defined peer support as:

> A process whereby officers who feel a need to communicate their feelings
> about their jobs, their homes lives, or a combination of the two, may do so
> with officers trained to assist or refer.
> (p. 66)

Cobb (1974) defined peer support as:

> Information leading the subject to believe that he is cared for and loved,
> esteemed and a member of a network of mutual obligations.
> (p. 300)

The use of peer support in law enforcement dates back to the mid 1950's when the Chicago police department used peer support to deal with alcoholism. Other departments soon followed (Klein, 1990; Reese, 1995; Reese & Hodinko, 1990). The use of peer support expanded to cover police related stress and officer involved shootings (Reese & Hodinko, 1990). Throughout the 1970's and 1980's many departments began to develop peer counseling programs (Klein, 1990).

Most peer counseling programs are based on four assumptions (McMains, 1990). They are: 1) officers are normal people working in an extraordinary profession and not extraordinary people working in an ordinary profession; 2) peer counselors have more credibility because they know what the job is like; 3) early intervention is the best prevention of PTSD; and 4) peer counselors are available 24 hours a day, 365 days a year.

Peer counselors were soon given the additional responsibility of assisting mental health professionals or conducting CISD's on their own (Mitchell & Everly, 1995). Peer counselors are a vital part of a critical incident team because of the assistance they provide in education and normalization of feelings (Mitchell, 1990b).

Trust is viewed as the most important component of a therapeutic alliance. But officers are known to have problems trusting people (Silva, 1990) and trauma exacerbates a officer's ability or desire to trust ((McCunn & Pearlman, 1990). A problem arises when a peer counselor is not viewed by a traumatized officer as someone she can trust, or when the window of opportunity to intervention is only offered to a non-peer counselor friend. It is not feasible for any police organization to have every departmental member attend a minimum six days of

training in peer counseling and critical incident debriefing (California Police Officer Standardization of Training, 1996).

5. ATTRIBUTION OF MEANING

Since each person reacts differently to a stressful event, it is not possible for one intervention to be equally effective with all people. (Mitchell, 1994b). Factors influencing an officer's reaction include the department's attitude, the news media, the meaning an officer ascribes to an incident, and current stressors in her life (Klein, 1990; Ryan & Brewster, 1994). Some individuals may have stress reactions almost immediately following an event and others may experience delayed reactions (Reese, 1990).

Low magnitude stressors or sub-critical events, which may not be perceived as "objectively" stressful, may be seen by participants as highly stressful and problematic (Garrison, 1990; Litz & Weathers, 1994). Further complicating the ability to predict the impact of a traumatic incident is that it rarely stands alone in the officer's experience (Ostrov, 1990). In addition, an officer may be under a great deal of stress from factors unrelated to police work and the exposure to a sub-critical incident may overburden the officer's already taxed coping abilities (Nielsen, 1996).

Some officers believe that it is important to develop an emotional callous which allows them to maintain their composure and psychological balance when confronted by a traumatic event. This protective shield, which grows thicker with increased exposure to critical and sub-critical incidents often alienates an officer from his family, friends and support groups (Reese, 1987a).

The meaning an officer attributes to an event comes from socially constructed ideas an officer has about the "correct" way to respond. The beliefs are constructed within the dominant societal and police cultures. It is the meaning or interpretation that determines the officer's behaviors and reactions after the event. (White & Epston,1990; Everly,1994a).

The subjective perception of how and why an event occurs is referred to as an individual's explanatory style. According to Seligman (1995) people have a tendency to offer similar types of explanations for different events over time and he refers to this trait as an explanatory style. Seligman suggests that people have either a pessimistic or an optimistic style. A person with a pessimistic style would develop an internal explanation (personal) that involved self-blame, a stable-explanation, which refers to long-lasting causes (permanent); and/or a global explanation, which would have a pervasive cause. A person with an optimistic style develops an external explanation, an unstable explanation, which refers to short-term causes, and a specific explanation.

Understanding the meaning of a critical incident is a difficult task for most police departments (Mitchell, 1994b). The difficulty lies in the fact that there can be more than one meaning for the involved officers. Departments rely on pre-written policies to facilitate the operation of the organization. When an incident falls outside the recognized guidelines an officer may not get the organizational help she needs (Ryan and Brewster, 1994). An officer may only have been a witness to an incident, but as a result of what she saw could experience shame at her reactions (or lack of reactions) and feel she failed to live up to the appropriate cultural expectations of a police officer (Garrison, 1990). Although the officer's experience may not be formally recognized for its traumatic implications, she still may turn to friends for help and understanding.

6. NARRATIVE THEORY:

Current CISD practices are based on the belief that police officers prefer to utilize problem focused and direct action strategies to deal with occupational stress (Evans et al, 1993). A CISD provides prompt cathartic relief but maintains a strong focus on cognitive factors (Bohl, 1995). Typical CISD questions focus on the facts surrounding the incident. Some examples of these questions are:

1. When you went off "auto-pilot" what was the first thing you noticed?
2. What was the worst part of the incident for you?
3. What was the best part of the incident for you?

Narrative theory emerges from the milieu of post-modern thought. According to Freedman and Combs (1996), post-modern ideology has four essential beliefs. They are:

1. Realities are socially constructed
2. Realities are constituted through language
3. Realities are organized and maintained through narrative
4. There are no essential truths

Narrative theory would postulate that officers develop a story about themselves and their reactions to a critical incident. Officers may see themselves as heroes or cowards depending on the meaning they attributed to their experience of a critical incident. They construct a self-story to make sense of all experiences, including those that do not make sense (Freeman & Combs, 1996). Officers may select out aspects of the critical incident that conforms to their dominant problematic story and overlook or minimize aspects that do not conform.

Although a particular event may occur in time, the meaning ascribed to it may be generalized beyond the specific event and influence the officer's sense of self (White and Epston, 1990). As Edward Bruner (1986) stated, "Stories make meaning" (p. 140). The post-modern, narrative social constructionist view of reality is that there are no essential truths (Freedman & Combs, 1996; Smith, 1997). However, police work deals with black/white issues. Officers need to make rapid decisions to determine "right" from "wrong" and "safe" from "unsafe." Police discourse demands that police officers determine "the truth" in ambiguous situations (Hays, 1994).

The police culture may covertly support an officer's maladaptive behaviors that are often a result of a critical incident. These behaviors may include excessive drug/alcohol use, withdrawal from friends and fellow officers, poor work habits or difficulty relating to the public (Linton, et al, 1993; Smith & de Chasnay, 1994). Police culture overlooks the social or psychological context of the behaviors.

White, a co-developer of the narrative therapeutic approach, uses a post-modern perspective to explain how thoughts and feelings are ascribed meaning.

White stated (1989):

> In striving to make sense of our lives, we face the task of arranging our
> experiences of events in sequences across time in such a way as to arrive
> at a coherent account of ourselves. Specific experiences of events of the
> past and the present, and those that are predicted to occur in the future, are
> connected to develop this account, which has been referred to as a story or
> self-narrative (p.32).

Narratively speaking, a CISD examines how officers interpret their actions, feelings and behaviors (Gergen, 1985) and challenges a problematic self-view of an officer's performance through education and peer support.

Narrative therapy utilizes an approach often referred to as externalizing conversations. This approach allows a person to view the problem as a separate from herself making it easier to recognize, understand and protest its influence (White & Epston, 1990). Externalizing helps people avoid becoming overwhelmed by a problem (O'Hanlon, 1994). Separating the problem from the individual does not relieve the person of the responsibility for the ways in which they participate in the maintenance or resolution of the problem (White & Epston, 1990).

During a CISD the negative effects of critical stress are identified and "externalized" allowing the officer to see the effects as a normal reaction to an abnormal event (Foreman, 1994; Mitchell & Everly, 1995a; Van der Kolk, 1990;). In effect, the problematic behaviors and the meanings attributed to those behaviors are identified as belonging to the critical incident and not the officer. These meanings are also influenced by the constraints of the police culture. Narrative approaches do not seek to establish a universal truth (White & Epston, 1990) but rather to take into account the meaning and stories about the meaning each officer brings to the equation. A peer based CISD model would support the belief that everyone's reality is equally valid.

7. <u>SUMMARY OF LITERATURE REVIEW</u>

The literature review has described the evolution of critical incident stress theory. This field of study evolved from an identified need within law enforcement to provide officers with stress reducing skills. Most law enforcement mental health practitioners utilize a variation of a Critical Incident Stress Debriefing (CISD) process, as popularized by Mitchell, to assist officers after a critical incident.

The function and purpose of the CISD is to normalize and reduce an officer's reaction to stress. Research has shown that the CISD process is successful at reducing long-term psychological problems resulting from exposure to a traumatic event. Peer counseling is an important part of a CISD. The use of peers allows for the sharing and normalization of symptoms and provides an avenue for inexpensive, available and trusted follow-up care.

Because it is difficult to determine the meaning an officer will ascribe to an event, many officers are not given the opportunity to participate in a critical incident debriefing. These officers either turn to fellow officers and friends for help with processing the event or try to stand alone and "tough it out." Standing alone may lead to negative coping behaviors such as substance abuse, domestic violence and suicide.

Most officers are not trained to help their colleagues in a time of psychological crisis. Narrative approaches may provide a base on which to develop a "street-friendly" and teachable protocol which officers can use to assist their colleagues.

CHAPTER III
METHODS

A. <u>Research Question</u>

Can an easy-to-utilize and inexpensive intervention be developed which can be taught to officers that would allow them to assist individual colleagues with the processing of traumatic, critical and sub-critical incidents?

B. <u>Research Design</u>

<u>Design Statement</u>: This study was a interactive qualitative process involving the sequential incorporation of feedback from community mental health workers, narrative therapists, police officers and citizens into a "seed" statement which was derived from the research question.

The project was a formative evaluation of a new peer-based intervention model which addressed the issue of stress reactions to sub-critical incidents in law enforcement. The goal of this project was to improve the psychological well-being of law enforcement officers.

The process utilized for developing this intervention is divided into three sections. They are:
Problem Identification.
    A. What is the problem?
B. For whom is it a problem?
C. Is the problem important enough to justify?
2. Alternative Problem Resolution Strategies .
    A. What efforts have been taken to resolve the problem?
      B. What new efforts should be utilized?
      C. What resources are required?
    D. How will the alternative response be taught and evaluated?
3. Program Recommendations.
    A. How does the program operate?
      B. What is required to implement the suggestions?
    C. Recommendations for follow-up research.

C. <u>Research Procedure</u>:

To assist with the explanation of the project this section has been divided into the following sub-sections:
    1. Explication of existing models
    2. Integration of narrative concepts

CISD models and police stress will be briefly reviewed and combined with a discussion of narrative theory. Specific details for conducting this study will be outlined**.**

1. Explication of Existing Models:
Although different group CISD models vary from one another in certain aspects, they also have a number of factors in common. These similarities include fact finding, determining thoughts, reactions and symptoms, education, and re-entry. The goal of a CISD is to normalize an officer's response to a traumatic event. The group milieu is an important part of this process because it incorporates peer support into a structured group intervention. The individual or one-to-one CISD models discussed earlier simplify the CISD process but also rely on trained CISD personnel to conduct the debriefing. The drawback to the SAFE-R model is that it is designed to be used for officers involved in clearly identifiable critical incidents while sub-critical incidents can and most likely will be missed by CISD providers. Benner's ABC model offers more flexibility.

A sub-critical incident can be defined as an event that may not be perceived as traumatic to a majority of officers or as an event that falls outside the traditional or officially defined parameters of a critical incident. However it is an event which is capable of causing a stressful emotional impact in an individual due to the meaning(s) a person ascribes to that event. Because of the cultural beliefs within the law enforcement community, an officer may not feel it is safe or appropriate to talk about his/her stress reaction to sub-critical events and may try to "tough it out" alone.

The group and individual CISD models outlined earlier contain proven steps and procedures for effectively reducing maladaptive reactions to stress induced by police work. The intent of this project is not to disregard the important aspects of established CISD models but rather to infuse the generalized CISD model with concepts derived from narrative theory to create a new model designed to be used for sub-critical incidents. The new model could be referred to as a Sub-Critical Incident Stress Debriefing (SCISD).

2. Integration of Narrative concepts:
Narrative ideology, as utilized in critical incident debriefings, could add another dimension to the CISD process. Narrative or post-modern approaches emphasize the influence of dominant cultures on an individual's beliefs, values, and sense of self. A narrative view would postulate that officers develop a story about themselves and their reactions to a critical incident. Through a Narrative approach a problematic story could be challenged and an alternative, non-problematic story, enhanced. By identifying and addressing an invalidating dominant police-culture belief an officer could choose to accept or reject it.

Narrative approaches also offer opportunities for the externalization of symptoms. In current CISD process, symptoms are identified as a normal part of the recovery process however an officer could decide that a symptom "belonged" to an incident and not to the officer. This process could allow the officer to take a stand against the symptom rather than be a carrier of the symptom. As a part of this practice officers could name and identify stress reactions, discuss the negative effect on their lives of these reactions, and identify the ways in which they have been able to take a stand against the symptoms.

Evaluation of a Narrative SCISD Model:
The evaluation section is divided into three sections. These sections are:
1. Curriculum
2. Curriculum presentation
3. Evaluation

1. Curriculum:
The curriculum is divided into three sections. It is based in theory on Benner/Quinn's ABC intervention model. These sections are: I) All the way through; II) Establishing a mutual understanding; and III) Finding alternative possibilities. Questions that can be utilized by the interviewing peer-officer are provided with each section. In this section the word "intervention" will refer to the sub-critical incident debriefing model and the word "curriculum" will refer to the presentation and teaching of the debriefing model.

I. All the way through:
Allow the officer to tell the story of the incident from beginning to end with
few interruptions.

2. Interruptions should be only to clarify information.

II. Establishing a mutual understanding about the incident: (What did the event cause the person to believe about himself?)

As you think back on this incident what aspect of the event effected you the most?

What message or belief did you receive about yourself as a result of your experience?

3. Where does this belief come from?
   a. How were you introduced to this belief?
   b. Have you known people who shared this belief?
   c. I what context have you known these people?
4. Who would support that belief?
5. Why?
6. Who would oppose it?
   a. Is there someone you respect that would oppose this belief? Who?
7. Why would they oppose this belief?
8. What other possible messages could you have received?
9. Repeat questions D-G as necessary.

In regards to this incident, what would this belief want you to believe about yourself?

11. How did the incident convince you of this belief?
12. If you accepted these beliefs as true what effect would that have on your life?
13. Do you consider this effect to be positive?
14. Do you consider this effect to be pro- <u>name</u> or anti-<u>name</u>

III. Finding alternative possibilities to the story.
1. How would you rather have had this incident (the negative one) have gone?
2. What were your options?
3. Can you think of a time when you were at your very best as a police officer?
4. What did you do that made you feel you were at your very best during the situation?
5. If I were watching the (very best) incident, what would I have seen?
6. What did this (very best) innocent get you to believe about yourself?
7. If you were to have viewed a film of the negative incident, but your twin brother was involved, how do you think you would interpret his actions?
8. How could your understanding of the past positive belief/incident help you today with your understanding of this (negative) incident
9. How is this helpful?
10. How do you think this new knowledge will change the beliefs you received from the (negative) incident?

2. Curriculum Presentation

The Narrative SCISD model was first utilized with three volunteer subjects who were asked to provide feedback about the intervention's format and content. The intervention was then modified.

The SCISD model was then presented to several groups. These groups included volunteer officers, some of whom had received prior training in CISD and some who had not received previous training; therapists trained in narrative therapy and therapists working in the community mental health field although not necessarily with experience in CISD.

The curriculum presentation took approximately four hours. It was presented in a classroom setting and included didactic and experiential components. An outline of the class is presented below.

Curriculum

Introductions and explanation of the research goals.
>Playing of a five minute audio tape of recorded police dispatch tapes of high stress incidents.
>>Participants will be asked to pay attention to their own physical,
>>>cognitive and emotional responses.
>>Participants will be asked to list responses and their list will be
>>>compared with a list of reactions previously reported in this study.
>An explanation of critical incident stress and the ways it effects a person's world view.
>>An explanation of a sub-critical incidents.
>>A discussion on the importance of peer support
>>Review and explanation of the curriculum
>>Demonstration of the curriculum (video or audio tape)
>>Experiential component:
>>>Each participant will be paired with another participant. Each will be
>>>asked to interview the other about a personal incident utilizing the
>curriculum. Each interview will last fifteen minutes.
>Conclusion and final questions.

3. <u>Curriculum Evaluation</u>

A. Response From Participants:

Participants were asked to provide qualitative and quantitative feedback about the content and format of the SCISD training. The quantitative feedback was in the form of a questionnaire they filled out at the end of the presentation and which address specific areas of the curriculum. The qualitative feedback was obtained in an open discussion after the presentation.   The questionnaire (Appendix B) was provided to each participant. It covered the following areas: curriculum, intervention strategy, perceived difficulties with implementation, use or acceptance, efficacy (How will the participants know the intervention made a difference?)

E. <u>Construction of the New Model</u>

The evaluative feedback received from the reviewing participants was incorporated into the final version of the SCISD model according to construct validation techniques commonly employed following formative evaluation procedures.

F. <u>Operational Definitions</u>

1. <u>Critical Incident.</u>   An event which challenges an officer's world view and produces a temporary state of psychological unbalance and emotional turmoil (Mitchell, 1983). The event has a stressful impact which sometimes overwhelms the usual coping skills of the officer (Mitchell & Everly, 1996).

2. <u>Critical Incident Stress.</u> The reaction a officer has to a critical or sub-critical incident (Mitchell & Everly, 1996).

3. <u>Post Traumatic Stress Disorder (PTSD).</u> A psychiatric disorder which may result from exposure to a critical incident or traumatic event (APA, DSM, 1994).

4. <u>Critical Incident Stress Debriefing (CISD).</u> A meeting or discussion with a group or a single individual for the purposes of discussing a critical incident, normalizing physical and psychological reactions, education and peer support (Mitchell & Everly, 1996; Benner & Quinn, 1993.)

5. <u>Critical Incident Stress Team.</u> Mental health professionals, clergy and peer support personnel, working together to intervene and reduce maladaptive stress reactions in police officers (Mitchell & Everly, 1996).

6.   <u>Peer Support</u> . Officers, assisting other officers, in times of crisis, with the goal of normalizing feelings, physiological and psychological reactions and providing support.

7. <u>Sub-Critical Incident.</u> Any event that falls outside the traditional or officially defined parameters of a critical incident, but which has emotional impact on an individual due to the meaning a person ascribes to that event.

8. <u>Sub-Critical Incident Stress Debriefing (SCISD).</u> A semi-structured intervention with an individual for the purpose of enabling a discussing about a sub-critical incident, normalizing physical and psychological reactions to that incident and peer support.

CHAPTER IV

Formulation and Evaluation

This study was designed to determine if an easy-to-utilize and inexpensive
intervention could be developed which when taught to police officers, would allow them
to assist colleagues with the processing of traumatic, critical and sub-critical
incidents.
This chapter with be divided into the following parts:
1. Intervention Formulation and Evaluation
2. Curriculum Formulation and Evaluation
3. Delimitations
4. Implications for Future Research and Clinical Practice
The intervention formulation and evaluation section will detail how the intervention was constructed and
document the evolution of the intervention into its current form. The methods used to formatively assess the
curriculum and provide examples of participant feedback will be discussed. The delimitations section will address
the limitations of this study. The implications for future research and clinical practice section will provide
suggestions for areas of possible future research and effectiveness evaluation.

Intervention Formulation:
This intervention was first designed by interviewing a volunteer subject about a sub-critical incident which
he had been finding difficult to resolve. The subject understood that the purpose of the interview was to assist in the
formulation of a narrative debriefing model. Informed by postmodern practices, I deconstructed the interview by
asking the subject why he responded a particular way to particular questions and how I might have obtained
alternative responses. Based upon his feedback, I tried new questions and formats. This intervention is presented in
Table 5.

Table 5
Intervention Version I

_____

I. All the way through:
Allow the officer to tell the story of the incident from beginning to end with
few interruptions.
2. Interruptions should be only to clarify information.

II. Establishing a mutual understanding about the incident: (What did the event cause the person to believe
about him/herself?)
As you think back on this incident what aspect of the event affected you the
most?
What message or belief did you receive about yourself as a result of your
experience?
3. Where does this belief come from?
a. How were you introduced to this belief?
b. Have you known people who shared this belief?
c. In what context have you known these people?
4. Who would support that belief? Why?
5. Who would oppose it?
a. Is there someone you respect who would oppose this belief?
6. Why would he/she oppose this belief?
7. What other possible messages could you have received?
Table 5 continued:

8. Repeat questions as necessary.
9. In regards to this incident, what would this belief want you to believe about

yourself?
10. How did the incident convince you of this belief?
11. If you accepted these beliefs as true what effect would that have on your life?
12. Do you consider this effect to be positive?
Do you consider this effect to be pro "person's name" or anti "person's name?"

III. Finding alternative possibilities to the story.
1. How would you rather have had this incident (the negative one) go?
2. What were your options?
3. Can you think of a time when you were at your very best as a police officer?
4. What did you do that made you feel you were at your very best during the situation?
5. If I were watching the (very best) incident, what would I have seen?
6. What did this (very best) incident get you to believe about yourself?
7. If you were to have viewed a film of the negative incident, but your twin brother was involved, how do you think you would interpret his actions?
8. How could your understanding of the past positive belief/incident help you today with your understanding of this (negative) incident
9. How is this helpful?
10. How do you think this new knowledge will change the beliefs you received from the (negative) incident?

In Part I of the intervention, I am interested in hearing and understanding the facts about the incident. I try not to interrupt the interviewee; questions are asked for clarification only. In Part II, I am interested in discovering the meaning an officer attributes to the facts. I am looking for the linkage between the events and ways the officer makes meaning of the events. I am also interested in the history of the negative/problematic belief or story in the officer's life. In Part III, I am searching for unique outcomes, times when the officer's life was not influenced by the problem. I then create an ego dystonic relationship between the officer and the problematic belief. The officer and I then generate "meaning options" and discuss how the change in meaning might affect the officer in the future.

Prior to presenting the curriculum to a group, the intervention was presented to three volunteer subjects. Two of these subjects were officers and one was a civilian. These subjects were interviewed about an actual critical or sub-critical incident which they had experienced and which they were finding difficult to resolve. After the interview the subjects provided information about the intervention content and process; this feedback/deconstruction was utilized to modify the intervention. I also sent copies of each transcript to David Epston, an expert in the field of narrative psychology, who also provided feedback from a narrative perspective. The changes to each version were made as a result of my analysis and deconstruction of each interview, and David Epston's feedback. The changes are shown immediately after the interview and have been italicized and highlighted in bold print.

In this chapter, I will use relevant excerpts from these interviews to illustrate various parts of the intervention. Interview #1 utilized Intervention version I during the interview process.

Interview #1
This interview was conducted with a police officer who agreed to discuss a shooting incident he had been involved in 17 years ago. The incident still bothered him. The names of the involved parties and locations in all three interviews have been changed to preserve confidentiality.

I. All the way through:
Q: I would like you to go over the story of the incident from beginning to end.

A: There were three officers that were drinking at the 4th Street Bar. One was a local officer named Bob and he was drinking with a state and a federal narcotics agent at the bar. Around the corner was another bar and an off-duty rookie from another department was drinking with a military policeman at that bar. The rookie was black and the other officers were white.

Everyone came out of the bars at the same time. The rookie realized that he couldn't find his wallet so he started crawling on the ground looking for it. The three cops come out of the Barrel and seeing some guy crawling around on the ground by locked cars think that the guy was trying to break into cars. Both sides claim they

identified themselves as cops and both sides claim the other side didn't. Eventually the guns come out. A total of ten shots were fired. The rookie was hit above the knee. Bob was hit by a piece of flying concrete from a ricochet. The other eight rounds went elsewhere.

I was the first uniformed officer there. The call started as a "fight call" and then escalated to "shots fired." When I arrived on the scene and notified dispatch, in the background you could hear shots being fired. As I get to the corner, the military policeman fires one warning shot into the air. We didn't know who the players were. We had no idea it was cops vs. cops.

I started down the street from 4th and I saw the rookie that had been shot. I told him to get to the ground. He goes down, so far so good. Then he rolls over, brings his hands into his chest and then into his waistband area. At that point I am starting to put the old squeeze on the gun trigger. I started squeezing and then he pulled his hands away from his waistband, took them down and then said, "You mother-fucker, can't you see that I have been shot?"

So, I'm at the scene when Sgt. Smith shows up. The thing that stands out in my mind first is that when he came up to me and said he needed an interview. I said, OK and then before he asks me any questions he puts a tape recorder in front of me. In my experience we tape record a hostile witness, we tape record somebody we think is going to lie to you. That's the first thing that goes off in me is, "I'm the fucking suspect here."

II. Establishing a mutual understanding about the incident:
Q: As you think back on the incident, what aspects of this event affected you the most?

A: It was being out in a position that was so far out of what I was accustomed to. Normally, the cops would ride in, have some impact on the situation and in some way make the situation better. Someone will go to jail, or pack their stuff and leave. Someone does something at our direction to make things better and this wasn't going to go that way. It was outside of the whole realm of who was the good guys and who was the bad guys.

Here I was in a position of testifying at hearings as a witness for agencies who are trying to fire these guys. Eventually, the person I thought was the most at fault got off free.

Q: What message or belief did you receive about yourself as a result of your involvement in this incident?

A: I would say it was a feeling of being inadequate. That I wasn't a good enough cop.

Q: How did you come to believe this feeling of inadequacy?

A: Well, following along what I said a few minutes ago about being able to impact situations and resolve things. Here's one where that wasn't going to happen. There was just no way. Thinking about the thousands of calls we go to that have so many thing in common and even when we are going to one that's a little different there are still some basic things. Somebody grabs the crook, somebody grabs the victim, somebody grabs the witnesses, somebody has the paper and you leave.

Q: If you accepted this belief of inadequacy as true, what effect would it have on your life?

A: Well I did believe at that time. It had .. I got very discouraged abut my job. My sleep went down, my productivity went down. I was still reacting to the 4th Street Bar shooting. That was all before I started drinking. God knows what role that would have played. I started drinking a little over a year later.

III. Finding alternative possibilities to the story.
Q: Can you think of a time when you were at your very best as a police officer?

A: The standout one for me was the fellow at 212 Maple who was holding a rifle to his head.   I talked to him at the door for an hour and 55 minutes.

Q: What makes that a time when you feel you were at your very best?

A: This was a tough one. When I first talked with him - he couldn't see me- and he would say things like, "Are you up or down? I want you down." I asked him why and he said, "Because I like you and when I shoot myself I don't want the bullet to go through me and into you." It was just an hour and 55 minutes of talking to him and talking him out of committing suicide.

Q: If you were to watch a film of the first incident, the shooting incident, but your twin brother was involved, how do you think you would have interpreted or judged his actions?

A: (Long pause.) I will give him an 8 out of 10.

Q: That's pretty high marks.

A: Yeah, I think the only place for improvement would be in the interview of the rookie. I look at that now and I see that is a pretty advanced level task.   When I think of our guys with one or two years on now, that would have been a lot to ask them to do.

Q: Do you think your new knowledge or understanding about these two incidents could change the belief you received from the shooting incident?

A: Well to put it into a different perspective. It's like if you look at night and you see a light you think it's a star but if you change you position you see it's a street light on the top of the hill. You change your perspective.

This interview was administered by using intervention Version I. The author and interviewee then deconstructed the interview, and a copy of the transcript was forwarded to David Epston for comments. Based upon this information I made changes to the intervention. These changes are incorporated into Version II as listed in Table 6.

Table 6

Intervention Version II

I. All the way through:
           Allow the officer to tell the story of the incident from beginning to end with
                few interruptions.
           2. Interruptions should be only to clarify information.

II. Establishing a mutual understanding about the incident: (How did the event cause the person to change their self-image or self-attitude as a man/woman/police officer?)
           As you think back on this incident what aspects of the event affected you the
                most?
           What image/opinion/attitude did you receive about yourself as a result of your experience?
           3. *When you think about it*, where does this image/opinion/attitude come from?
           a. What are its sources?
                b. How were you introduced to this image/opinion/attitude?
Table 6 continued:
                Since then have you known people who shared such a image/
                      opinion/ attitude?
                d. How and where did you get to know these people?
           Who now would support such a image/opinion/attitude about you as a
                officer/man/woman?
           5. What reasons would they give if you asked them 'why'?
           Who would oppose such a image/opinion/attitude about yourself as a
                officer/woman/man?
           7. *Is there someone you particularly respect who would oppose it?*
           8. Why would they oppose it?
           In regards to this incident, if this image/opinion/attitude dominated your
                thinking about yourself as a man/woman/officer, how would it require
           you to see yourself?
           If you took this attitude to be 'the truth, the whole, truth and nothing but the

truth' can you see that it might have some effect on your life as a
man/woman/officer?
11. Do you consider any of these effects positive?
12. Do you consider any of these effects to be pro-name or anti-name (for you or
     against you?)

TRANSITION: **I am going to shift gears somewhat. My next question will take you somewhere other than where you have been remembering. Is that okay for me to do that? Can you leave that experience behind us for the time being?**

III. Finding alternative possibilities to the story.
1. Can you tell me of a time when you were at your very best as a police officer?
2. What did you do that made you feel you were at your very best throughout that
     incident?
3. If I were looking over your shoulder, how would I have witnessed your acting?
4. **What did this (very best) incident get you to believe about yourself?**
If you were to have viewed a video tape of the negative incident, but a twin
     brother whom you admired was involved, how do you think you would
have judged his actions?
Are there any ways you can think of that your very best as a police officer
     might give you some relief from the image/opinion/attitude toward
yourself that was developed because of the previous situation.
9. **What kind of relief?**
Do you think the "picture' of yourself at your very best can stand up to
     what the previous (negative) incident is trying to convince you to
believe?

NOTE: Changes from previous version indicated by italicized and bold type print.

Interview II

This interview was conducted with a woman in her mid-twenties. She had witnessed a crime and was very upset with her actions/lack of action at the time of the incident. I spoke with her and asked her some of the questions found in the intervention. When I explained to her where the questions came from, she asked to be interviewed using the entire protocol. We met two weeks later. The interview lasted about 1 and 1/2 hours. She was interviewed utilizing intervention Version II.

I. All the way through:
A: We were walking on the sidewalk, me and this guy that I was with. His name is John. John was my boyfriend. Anyway, Johnny saw this guy peeing and told him not to pee in front of me. Johnny basically picked a fight with him. He gets into a lot of fights. The guy that was peeing turned around. I kept walking and I thought if I continued to walk John would walk with me. There was like a "Fuck - you" and a "fuck -you." Someone threw a punch and the next thing I knew John punched this guy, knocked him on the ground, kicked him in the ribs and then kicked him in the face. I was screaming for him to stop. I was just screaming. Then we left.

Q: When we talked before, you told me about the ways you tried to stop the fight. Can you tell me again?

A: I was screaming very loudly trying to get John's attention. I also yelled John's name because I thought if he heard me yelling his name he would be afraid that people would hear it and he would stop. And it worked. He did stop. The fight happened really fast it came out of nowhere. That was part of what was so frightening about it, because it came out of nowhere. As far as I could tell we were just walking down the street and the next thing I knew we were in a fight. I don't think I sensed any agitation prior to the fight. From my perspective it just came out of nowhere. I knew he got into a lot of fights but this was the first time I ever saw anybody fight like this. The guy that got assaulted was really drunk.

II. Establishing a mutual understanding about the incident:

Q: As you think back on this incident what part of this event affected you the most?

A: The belief that I was responsible for that to happen. That I was responsible somehow just for being there. John actually used me as an excuse to fight. If I hadn't been there that fight wouldn't have happened. It's probably untrue, but.

Q: What belief did you receive about yourself as a result of your being present at this incident?

A: That I'm not a good person. That somehow I am responsible for everything in the world. What I should tell you is that I ran from the event. I ran to my car and got in and locked the doors. Johnny ran up and knocked on the car window and I let him in. I never called an ambulance or the police. I was shaking so much I was not able to drive. I didn't know what to do. I wanted to help but I was afraid.   As I was driving away I didn't know what to do. I didn't want him in my car but I didn't know how to not have him in my car.

Q: Who in your life would support this belief? Is there something we could call this belief, is there a name?

A: I'm not sure, the responsible one?

Q: How about the burden of responsibility?

A: OK

III. Finding alternative possibilities to the story.
Q: I would like you to tell me about a time when you were at your very best as a woman, person, sister or any time that you excelled in a way that was important for you.

A: Last week when I was teaching a yoga class. It just clicked in and I was teaching really well. I was full of love for the people I was teaching, not full of hatred toward myself. It was an hour that I felt at peace. I felt connected to what I was doing and the people I was doing it with. It was like I was giving a gift to the people in the class.

Q: If I had been at that class and I was looking over your shoulder what would I have seen or observed about you?

A: You would have seen a compassionate person , a person full of compassion - a kindness, an ability to be a leader in a way. You have to be a leader to teach that class.

Q: What did this teaching incident get you to believe about yourself?

A: That I have a gift - an ability to help people heal themselves.

Q: If you were to have watched a video of the assault incident but instead of you being involved it was your twin sister, whom you admire, how would you have judged her performance?

A: I would have been looking at how did this nice girl end up in this horrid place. I would have felt so sad to see her so out of place. I think I would have rated her performance about a five. I realized I might have unrealistic expectations about what she could have done. Like she could have jumped in and pulled Johnny off of the other guy. You know, physically stopped it from happening.

Q: Are there any ways you can think of that your very best as a person might give you some relief from negative opinion you had about yourself that was developed because of the assault situation?

A: For a long time I didn't think I could help people. I didn't dare think I could do that. Now I am now starting to see that perhaps I did my best, perhaps I can help people. When you asked me that other question about seeing the video of my twin sister, it would have been better if it was a close friend. Thinking about my twin sister feels like the same person as me. I am better able to feel more compassion (toward a friend).

Q: What do you think the effect would be on your life if you allowed more self-compassion?

A: A lot of relief. Living through this event was like going through a cloud. I cried for a week straight, I couldn't sleep. I had so much self-hate and it was controlling so much of my life. I would think obsessive thoughts over and over again. If only I had done this or that. I kept telling myself that I was so stupid. I have spent the last month thinking about it. Talking to you really helped. It gave me a new perspective.

Q: Are there any ways you can think of that your very best as a teacher and a woman might give you some relief from the negative belief you had about yourself that was developed or encouraged because of the assault situation?

A: I realized I did a good job. I wanted to stop the fight and I was successful in doing that. It was good getting the perspective of a police officer. It made me forgive myself. I did what I could - whatever else happened - I was an innocent bystander.

It's like a car accident. If two cars crashed in front of my house I might have witnessed it but I didn't cause it. Even in that horrible event - it wasn't my fault.

As with the previous version, this version was analyzed and modified utilizing the same process as listed for Version I. The results are shown below in Table 7

Table 7

Intervention Version III

I. All the way through
    A. Allow the officer to tell the story of the incident from beginning to end with
        few interruptions.
    B. Interruptions should only be to clarify information.
II. <u>Establishing a mutual understanding about the incident</u>: (How did the event cause
        the person to change the attitude or belief about him/herself?)
    A. As you think back on this incident what aspects of the event affected you the   most?
    B. ***What attitude or belief*** did you receive about yourself as a result of your
        experience?
    C. When you think about it, where does this attitude or belief come from?
        1. What are its sources?
            a. Have you experienced this attitude or belief before?
        Have you known people who were also shared this
        attitude or belief about themselves?
        3. ***How did you know this person?***
    D. ***Who in your life re-enforces this attitude or belief?***
    E. If I were to talk to them and ask them "Why" - what would they tell me?
    F. Who would oppose such an attitude or belief about yourself as a man/
        woman/officer?
    G. Why would they oppose it?
    H. ***If you were to give in fully to this belief about yourself, what would be the***
        repercussions in your life?
    I. ***Do you consider this to be positive?***

Transition Statement:
    I am going to shift gears somewhat. My next question will take you somewhere other than where you are now remembering. Is it okay to do that?

III. <u>Finding Alternative Possibilities to the Story.</u>
    A. Can you tell me about a time when you were at your very best as a police
        officer?
    B. What did you do that made you feel you were at your very best throughout
        that incident?
    C. If I were looking over your shoulder, how would I have witnessed you acting?
    D. What did this (very best) incident get you to believe about yourself as a
Table 7 continued:

        man/woman/officer?
    E. If you were to review a video tape of the negative incident, but your twin
        brother/sister/***friend***, whom you admire, was involved, how would you   judge
his/her actions?
    F. Are there ways you can think of that your very best as a police officer might
        provide some relief from the (negative) attitude/belief/opinion you
        received about yourself from the prior incident?
    G. ***How do you think the "picture" of yourself at your very best can stand up to***
        what the negative attitude/belief/opinion is trying to convince you about
yourself?
    H. ***How do you think this new knowledge will affect your understanding about***
        yourself in similar future situations?

Note: Changes from the previous version indicated by italicized and bold print.

The below interview was conducted with a police officer who had been involved in a shooting six years prior to the interview. The incident was still causing him to question his abilities as a police officer. This interview was conducted utilizing intervention Version III.

Interview III

All the way through:

Q: What I will like you to do is to tell me the story of the incident from beginning to end.

A: It was a late evening around ten o'clock at night. I was with another officer. As we were talking the dispatcher gave the alert tone and said there was a possible in progress robbery at the mini-mart. The description of the bad guys were four black males armed with Uzi's. I decided to head out on 580 toward the East Bay in case these guys left the area, I might get lucky..

So as I'm driving southbound on Highway 101, I heard from an officer at the robbery scene that a large brown American made car was in the lot before the robbery but it wasn't there now. So I decided to look for a brown car with four black males. I got onto the bridge and as I was going across the bridge at a pretty good clip without my lights on. As I started approaching the toll plaza on the other side of the bridge, I heard on my scanner that a robbery had occurred very similar to ours 20 minutes ago in Novato and they had a good vehicle description. Right when they are putting out the description I realized I was right behind the car. I could hear on the radio that my nearest back-up was still two miles behind me.

I could see in the mirror Bill (another officer) was catching up to me. Bill was working with Dan. As soon as they pull up to me the guy takes off. Now we were in pursuit. The guy shoots down the Third Street off ramp and goes right through the red light at the bottom of the off ramp. He was trying to make the turn to get back on the highway to go the other way. We were on a street that goes under the highway. He goes through the red light and gets hit by a Honda being driven by an Oriental lady. It pushes the suspect's car out of control and they punch a pole head on. And I pull in right behind them. I am right behind their bumper because I know these guys are going to run.

As I start to get out of my car, I reach for the shotgun but then I don't take it because I figure if the guys are going to run I don't want to run with a shotgun. So I get out of the car and I am next to the door and I distinctly remember the driver gets out and I could see a pistol in his hand. I could clearly see a pistol. The back passenger gets out and he's got the Uzi and I'm about 15 feet away from him. They start to run.

I'm in front of the door next to my car and I hear four distinct pops. Pop, pop, pop, pop, and everything started to slow down. And I realize these guys are shooting and the next thing I realize is that my gun was recoiling and parts of their car were disappearing….

Out of the corner of my eye I see a police car come off the off-ramp towards the two suspects and I remember pulling my gun up automatically because the police car was in the line of fire. And then I heard a couple of more shots and the two suspects who were running were against the cement backdrop which was part of the over crossing. The guy in the back had an Uzi and he was still shooting at me. So I returned fire toward him and he got halfway across. I saw him go down and I thought to myself 'wow he went down, I got him.' I started engaging the guy in front and I fired a couple of rounds at the guy in the front and the guy in the back started shooting at me again. So I went back to him and fired and he quit shooting. They both went around the corner up the off ramp. (Two of the four suspects were captured. The other two eluded a search and were never caught.)

Establishing a mutual understanding about the incident:

Q: As you think back on this incident what aspects or part of the event, affected you the most?

A: (Long pause.) I think the D.A. filing 245 (Assault with a Deadly Weapon) and not attempted murder, is what affected me the most. Also not being able to talk to somebody about all the stuff that went on.

Q: What attitude or belief did you receive about yourself as a result of this experience?

A: My first opinion of myself was that I did something wrong. It has been my experience that if the case is not air tight that they will plead it out. I thought, "what is wrong with this case? It is a great case. What did we do

wrong?" Then I got frustrated and angry. Here they were dragging me through days of pre-trial conferences and we are not even going to go to trial. They dragged me through this. "Why are you doing this? You're just dumping this case. What is the point?" We never got to go to a preliminary hearing. We never got our day in court. They expect us to be perfect.

Q: As I listen to what you are saying, would you call this a "myth of perfectionism?"

A: Yes, it comes from society. That we are supposed to be perfect and not do something wrong and when we do something wrong they just crucify us because we are supposed to be perfect. Also peer pressure, inside a police department from our administrators. It's evident that if you make a mistake and show them you're not perfect, the first thing they do is you get hammered. If you do a good job they expect it and I don't get any recognition for it.

Q: What part of the event still lingers, still troubles you?

A: A couple of months ago, or I mean a couple of months afterwards, all of a sudden I am reliving this. It seems like yesterday. But anyway, a couple of months afterwards, through some intelligence information, they thought they got the other two guys and they showed me a photo line-up and I couldn't pick them out. I couldn't even tell what the two guys we caught looked like. That bothers me that two guys got away and they thought they caught them and I couldn't pick them out of a photo line-up.

Q: Is that still more about this "myth of perfectionism?"

A: Yeah. And certain things I didn't remember doing. I realized later that the guy in the right rear that we never caught was shooting at me. I wasn't even looking at him. I was just looking at the two guys shooting at me in the front of the car. Talk about an officer safety issue.

Q: In terms of this incident, does the Myth also fuel negative images about the incident rather than about the positive aspects?

A: Yes. I would say if I was perfect I would have got all four guys and they would have all confessed right there on the scene. I would have convinced the district attorney that we should file the attempted murder. I would have convinced 12 jurors to convict these guys and they would have been in prison the rest of their lives. But none of that happened.

Transition Statement:

Q: I want to shift gears a little bit now and my next questions will take you somewhere other than where you are now remembering. Is it OK for me to do that?

A: Yes.

III. **Finding Alternative Possibilities to the Story.**

Q: Can you tell me about a time when you were at your very best as a police officer?

A: Wow. (Pause) Now. I have more knowledge of this job now and all aspects of it than I ever had before. I have a total grasp of it. I have a better perspective of what we are supposed to do and I have a better understanding of myself and my limitations. I know that I am not a superman, I can't do everything and I don't try. I don't think there is anything that could happen now that I couldn't handle. Right now I think that as a police officer I am the best police officer that I have ever been.

Q: What adjectives would you use to describe your police work now?

A: I am a lot more compassionate now than I used to be. A lot more understanding. I think the biggest thing is that I am a lot more patient. Whereas before I would jump to a solution faster than maybe I should have, I am a little more patient in hearing people out, listening to the whole story before coming up with a solution. I am a lot wiser. I

don't take chances like I used to.

Q: Do you think you're more forgiving to yourself now?

A: Yeah. If I make a mistake I don't beat myself up for that.

Q: So you are able to stand up more to this "Myth of Perfectionism?"

A: Yeah. I know I'm not perfect. I know I do a very good job out there. I know I am respected by my peers and if I make a mistake I don't beat myself up for it.

Q: In light of this understanding you have about yourself as having a more forgiving nature, if you were to watch a video tape of the shooting incident but instead of you being involved, it was a twin brother or a close friend that you admired, how do you think you would judge that person's actions?

A: (Pause) I would have said that guy did a damn good job. Damn good job.

Q: Does that surprise you?

A: Right now it does. I never put myself in that perspective. I never thought what was everybody thinking when they pulled up, I just thought about what I was doing. You know he did a damn good job. He followed the suspects from San Rafael to the East Bay for almost 20 minutes, he stayed with them, didn't do anything stupid, didn't try to stop them by himself. When the shooting started he took cover, kept the officer safety going, caught two of the bad guys. And then attempted to maintain a crime scene. After all that you would think "sit in the car and relax" but no, he kept working. He kept doing his job. He did a good job.

Q: As you think about this, keeping in mind that you did a good job, does that provide some relief to you from the previous incident and beliefs you received about yourself?

A: Yeah it does.

Q: How?

A: I know that there is nothing I could have done any better. I did what I was supposed to do. I did the best I could do and I don't think I could have done it any better.

Q: Do you think this image of yourself as a compassionate officer, as an officer that did the best job possible given the situation, do you think it could stand up against or find some relief from this "myth of perfectionism" the next time it comes around?

A: Yeah. Right now, how I feel right now about my police work is so strong that I know I will never succumb to this "Myth of Perfectionism." You know it's out there, people expect it from us, but you know that's not how it's going to be. Right now I'm so confident in myself and my police work that I won't consider it. I never heard that term before (Myth of Perfectionism), the way you're using it. That is the way I used to be, but not now.

Q: When you see other officers succumbing to this "Myth of Perfectionism", what advice might you give them?

A: Well, my advice to them would be "chill out." I mean there is no way you're going to be perfect. There are a lot of new guys that want to be a perfect cop but until they fall down on their face a few times I don't think you can give them any advice. I would tell them that it's too stressful to try and be perfect because it is a long 30 years to be a police officer and you need to do the best you can, but you don't need to be perfect.

Q: Did you find this interview helpful?

A: Yes

Q: In what way was it helpful?

A: Finally after six years to talk about it. You can tell that emotionally it still runs deep inside of me to talk about it. It was good to release that emotion. I don't dwell on it, I know I didn't make any mistakes, but being able to tell someone else how I feel about what happened is a relief. It is like a burden I have been carrying on my shoulders. I could tell a friend but they are going to tell me I did a good job and pat me on the back. But to tell someone else that I went through this, I did a good job, I met the moment of truth and did what I was supposed to do. I feel good about that.

It is an incident that will stay with me forever. Lucky for me it was a good incident but to be able to talk about it and realize that I did a good job. You shouldn't be down on yourself because you couldn't remember what you did at the time. The emotional release to get the emotions out. I wasn't able to do that. It is something that keeps inside you and builds and builds. Not being able to talk about it, that emotion gets bottled up until you release it. It started eating away at me a little bit.

Q: How was it to hear yourself say "you did a good job."

A: It felt very strange, egotistical, but the bottom line is I did do a good job. We got two bad guys, no cops were hurt and I didn't screw up and I didn't look like a fool out there. That is important to me. Everyone around watching, I upheld the pride of this profession. Someone looking over would have seen me doing a good job.

Q: You upheld your own standard?

A: Yes, I was pleased to do that.

As with the previous version, this version was analyzed and modified utilizing the same process as listed for Version I. The results are shown below in Table 8

Table 8

Intervention Version IV

I. <u>All the way through</u>:
      A. Allow the officer to tell the story of the incident from beginning to end with
          few interruptions.
      B. Interruptions should only be to clarify information.
II. <u>Establishing a mutual understanding about the incident</u>: (How did the event cause
          the person to change his/her attitude or belief about him/herself?)
      A. As you think back on this incident what aspects of the event affected you the   most?
      B. What attitude or belief did you receive about yourself as a result of your
          experience?
      C. When you think about it, where does this attitude or belief come from?
          1. What are its sources?
                a. Have you experienced this attitude or belief before?
          2. Have you known people who shared this attitude or belief about
             themselves?
          3. How did you know this person?
      D. Who in your life re-enforces this attitude or belief?
      E. If I were to talk to them and ask them "Why" - what would they tell me?
      F. Who would oppose such an attitude or belief about yourself as a man/
          woman/officer?
      G. Why would they oppose it?
      H. If you were to give in fully to this belief about yourself, what would be the
          repercussions in your life?
      I. Do you consider this to be positive?

<u>Transition Statement</u>:
      I am going to shift gears somewhat. My next question will take you somewhere other than where you are now remembering. Is it okay to do that?

III. <u>Finding Alternative Possibilities to the Story.</u>
      A. Can you tell me about a time when you were at your very best as a (police
          officer?)
      B. What did you do that made you feel you were at your very best throughout
          that incident?
      C. If I were looking over your shoulder, how would I have witnessed you acting?
Table 8 continued:

      D. What did this (very best) incident get you to believe about yourself as a
          man/woman/officer?
      E. If you were to review a video tape of the *first* incident, but your twin
          brother/sister/friend, whom you admire, was involved, how would you   judge
his/her actions?
      F. Are there ways you can think of that your very best as a police officer might
          provide some relief from the (negative) attitude/belief/opinion you
          received about yourself from the prior incident?
      G. How do you think the "picture" of yourself at your very best can stand up to
          what the negative attitude/belief/opinion is trying to convince you about
yourself?
      H. How do you think this new knowledge will affect your understanding about
          yourself in similar future situations?

I. What advice might you give new officers to help them through similar incidents?

Note: Changes from the previous version indicated by italicized and bold print.

Follow-up Interview:

Approximately one week after the intervention, a follow-up interview was conducted with each subject. The focus of the follow-up interview was to determine if there had been a shift in the meaning an interviewee attributed to each incident and to determine if there had been a reduction of stress-related symptoms.

All three interviewees reported a "positive" shift in the meaning they each attributed to the critical incident. The interviewees also reported a shift from an internal explanation to an external explanation.   In addition, they all reported a reduction in stress symptoms. The citizen interviewed in interview #2 reported a full resolution of stress symptoms related to the reported incident.

Utilizing the information obtained during the intervention formulation and evaluation, I designed the curriculum below to teach the intervention.

Curriculum Formulation and Evaluation:

The curriculum was developed based upon the FBI's Instructor Development Training (FBI, 1986), this author's experience as a police officer and as a trainer and instructor of police officers. The curriculum was designed with the following assumptions:

1. If police officers help to conduct their own learning experience they will be more actively involved in the learning process.
2. Adults have more life-experience and therefore like to contribute to their learning environment.

Adults enter a learning situation with intentions of applying the learned material to real life situations. Therefore, police officer training must be relevant to real-life work topics.

Table 9

Curriculum As Presented

Introductions and explanation of the research goals. (15 minutes)
Playing of a five minute audio tape of recorded police dispatch tapes of high stress incidents. (10 minutes)

1. Participants were asked to pay attention to their own physical,
Table 9 continued:

cognitive and emotional responses.
2. Participants were asked to list responses which were compared to a list of reactions previously reported in this study.

An explanation of critical incident stress and the ways it affects a person's world view. (30 minutes)
An explanation of sub-critical incidents. (15 minutes)
A discussion on the importance of peer support. (15 minutes)
Review and explanation of the intervention. (15 minutes)

Demonstration of the intervention (video tape) (120 minutes)
Experiential component: (30 minutes)
      1. Each participant was paired with another participant. Each
         was asked to interview the other about a personal
         incident utilizing the intervention.
      2. Each interview lasted fifteen minutes.
Conclusion and final questions. (10 minutes)
_____

The curriculum described above was presented on three occasions:

Presentation #1: The curriculum was taught to 15 therapists trained in Narrative
      therapy. None of the attendee's had received any prior training in CISD.

Presentation #2: The curriculum was taught to 17 therapists working at a
Community Health Organization. One of the therapists had received prior
      training in CISD.

Presentation #3: The curriculum was taught to 14 police officers, 1 dispatcher
      and 1 police clerk. Two of the officers had received prior training in
CISD. The attendees had an average age of 45 and an average of 19.5
years of law enforcement experience.

Every officer and dispatcher self-reported experiencing a prior event which they defined as critical. They also self-reported experiencing sub-critical incidents. The self-reported critical incidents included being shot, being involved in shootings, investigating violent crimes and traffic accidents. The self-reported sub-critical incidents included traffic accidents, confronting suicidal police officers and various crime scene investigations.

The attendee's comments about the intervention and curriculum were very positive. Some of the comments included the following:

"As I followed your model, I placed myself back in two of my shooting cases.
      Your technique allowed me to focus on aspects of my thinking that had
been glossed over, yet were significant for my understanding."

"Your technique may bring out other perspectives that I as the interviewer
      may not see when I am conducting a CISD. This is healthy."

3. "Accurate, relevant and positive."

4. "By doing this intervention you learn a new way of listening and responding."

Suggestions for improving the curriculum varied and were not conclusive. As an example, one respondent said parts of the curriculum were too long and another said parts were too short. In general, the curriculum and intervention were very well received. As a result of presenting the curriculum, changes were made to the curriculum design. The changes are italicized and shown in bold print.

Table 10
Revised Curriculum

Introductions and explanation ***of the applicability of the intervention to***
      law enforcement and police officer's personal lives. (15 minutes)

Review and explanation of the curriculum. (10 minutes)
Playing of a five minute audio tape of recorded police dispatch tapes of
high stress incidents. (10 minutes)
     1. Participants will be asked to pay attention to their own physical,
        cognitive and emotional responses.
     2. Participants will be asked to list responses and their list will be
        compared with a list of reactions previously reported in this
        study.
An explanation of critical incident stress and the ways it affects a person's
     world view. (30 minutes)
An explanation of a sub-critical incidents. (15 minutes)
A discussion on the importance of peer support. (15 minutes)
Demonstration of the curriculum (video ***and*** audio tape).
     1. ***Explain each Part and then demonstrate use of the Part***
        by viewing of video tape of an actual interview utilizing
        the intervention.
     2. ***Utilize this procedure for each of the three intervention***
Parts. (120 minutes)
Experiential component:
     1. Each participant will be paired with another participant. Each
        will be asked to interview the other about a personal
        Incident utilizing the intervention.
     2. Each interview will last *30* minutes.
Conclusion and final questions. (10 minutes) (Total time 4.45 minutes)

Note: Changes from the previous version indicated by italicized and bold print.

Theoretical Model

       As a result of my research I have developed a theoretical understanding concerning the effectiveness of this intervention. Individuals sometimes become involved in traumatic, critical incidents that challenge their worldview. As a result they sometimes have difficulty integrating their worldview as they wish it would be and their worldview according to their experience. Sometimes, in part because of this divergence between belief and experience, a problematic story develops which often fails to account for non-problematic aspects of their critical incident involvement.

       This intervention, utilizing aspects of narrative and social psychology, allows for a new non-problematic story to develop which can allow the individual to assign a different meaning to their role in the critical incident resulting in a reintegration of their world view.

Discussion

       This intervention development project was designed to specifically address law enforcement personnel and the effects of sub-critical incidents. However, based upon my experience utilizing the intervention and the feedback obtained during curriculum presentations, I have found that the intervention curriculum may have applications beyond law enforcement.

       In addition to utilizing the intervention with police officers, the intervention may be effective with citizens who may also experience similar stress reactions as a result of their exposure to critical and sub-critical incidents. Also, use of the intervention should not be limited to sub-critical incidents. Based upon the interview results and the feedback obtained during the curriculum presentation, it is clear that the intervention may be effectively utilized with critical incidents.

       As a result of my experience administering the intervention, I found two points are important to make.

       1. It is important to progress through the intervention in the order listed in this paper. If Parts or questions from Parts are taken out of order, or out of context, they may not achieve the desired results and might possibly confuse the interviewee. The wording of the questions can vary and change but the overall structure should be followed. As an example, during one interview the author asked question III E out of context. When the interviewee was describing himself in the video, he responded that although he would think the person in the video

did a good job, he did not *feel* the person in the video did a good job.

        2. It is important for the interviewer and the interviewee to have a clear understanding of the problematic story/belief before proceeding from Part II to Part III (see page 76). Proceeding prematurely will make it difficult for the interviewee to take a stand against the problematic story.

Delimitations:

        This study is delimited by the following factors which may limit the generalizability of the results to a larger population of police officers.

        1. This study only included participants in San Francisco Bay Area, primarily Marin and San Francisco counties. Since participants in the formative evaluation process were drawn from law enforcement personnel in the Bay Area, extrapolations to other officers in other geographic areas may be limited and other "first line" trauma incident responders. This area is unique in many ways from other urban and suburban communities, particularly in its relative affluence and a life style that is generally open to psychological intervention.

        2. No police women were interviewed utilizing the intervention. A female citizen was interviewed in interview #2 and although the intervention appeared to be effective with her, the fact that no female police officers were interviewed may reduce the study's generalizability to women officers

        3. The participants were volunteers, recruited from local police departments. Being self-selected, they may be more open to this type of intervention.

        Although the study included a follow-up interview shortly after the intervention was utilized, there was no long term follow-up. No objective data regarding change was developed.

Implications for Future Research and Clinical Practice:

        Gender Issues: In the past 10-15 years many women have joined the ranks of first responders in public safety work. However, the author was unable to find any studies which dealt with the issue of critical incident stress and gender. Further investigation to determine what the differences are, if any, would be important to the development of future intervention strategies.

        CISD Utilization: The intervention designed in this study is intended for use as a one-on-one CISD. The use of this intervention, or perhaps particular questions in the intervention, may have some generalizable use in group debriefing models. Further studies could explore additional ways narrative therapy could be utilized in group CISDs.

        Expanding the Target Population: This study was designed to look specifically at the needs of police officers. Further studies focusing on fire fighters, paramedics, other first responders and trauma victims outside of public safety, could expand the use of this intervention strategy.   Use of this intervention in a clinical practice to assist clients with the processing of domestic or child abuse should be explored.

Conclusion

        This purpose of this study was to determine if an easy-to-utilize and inexpensive intervention could be developed which when taught to officers, would allow them to assist colleagues with the processing of traumatic, critical and sub-critical incidents. The intervention and curriculum designed as a product of this study meets those stated objectives. Further research is suggested to determine how this intervention might best serve the needs of a broader client base.

REFERENCES:

Alexander, D.A. (1994a). Police stress: an inside job. In J.T. Reese & R. Solomon (Eds.), Organizational Issues (pp. 3-16). Washington, DC: FBI.

Alexander, D.A. (1994b). The impact of police work on police officers' spouses and families. In J.T. Reese, & E. Scrivner, (Eds.). Law enforcement families. (pp. 9-17). Washington, DC: FBI.

Armstrong, K.R., Lund, P.E., McWright, L.T. & Tichenor, V. (1995). Multiple stressor debriefing and the American red cross: The east bay hills fire experience. Social Work, 40(1), 83-90

Arnson, E. (1995), The social animal, W. H. Freeman and Company: New York.

Beijen, D.J. (1995a). Police seeking counsel. Unpublished manuscript.

Beijen, D.J. (1995b). Police suicide: Its reasons, and training to prevent it. Unpublished Manuscript.

Bell, J.L. (1995). Traumatic event debriefing: service delivery designs and the role of social work. Social Work, 40(1), 36-43.

Benner, A. (1982). Concerns cops have about shrinks Paper presented at the meeting of the American Psychological Association, San Francisco, CA.

Benner, A. & Quinn, V. (1993). Critical incident stress debriefing manual. San Francisco Police Department. Unpublished training manual.

Benner, A. (1994). The challenge for police psychology in the twenty first century: Moving beyond efficient to effective. In J.T. Reese & R. Solomon (Eds.), Organizational Issues (pp. 363-374). Washington, DC: FBI

Benner, A. (1997). *Class lecture on critical incident stress debriefing training*, San Francisco. Critical Incident Debriefing Training, San Francisco Police Department.

Bison, J.I & Deahl, M.P (1994). Psychological debriefing and prevention of post traumatic stress, more research is needed. British Journal of Psychiatry, 165, 717-720.

Blak, R.A. (1990). Critical incident debriefing for law enforcement personnel: a model. In J.T. Reese, , J.M. Horn, & C. Dunning, (Eds.), Critical incidents in policing, (pp. 23-30). Washington, DC: US Government Printing Office.

Blau, T.H. & Super, J.T. (1997). Survey of psychological services general orders in law enforcement. Journal of Police and Criminal Psychology, 12(1) pp. 7-12.

Bohl, N (1990). The effectiveness of brief psychological interventions in police officers after critical incidents. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing, (pp. 31-38). Washington DC: US Government Printing Office.

Bohl, N. (1995). Professionally administered critical incident debriefings for police

officers. In M. Kurke, (Ed.). (pp. 169-188). <u>Police psychology into the 21st century.</u> Washington, DC: APA Publishers.

Bradstreet, R. (1994). Cultural hurdles to healthy police families. In J.T. Reese, & E. Scrivner, (Eds.) <u>Law enforcement families</u>. (pp. 19-26). Washington, DC: FBI.

Braverman, M. (1992). Posttrauma crisis intervention in the workplace. In J. Quick, & L. Murphy, (Eds.), <u>Stress and Well Being at Work</u>. (pp. 299-316). Washington DC: American Psychological Association

Britt, JM (1990). US secret service critical incident peer support team. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), <u>Critical incidents in policing</u>, (pp. 55-62). Washington DC: US Government Printing Office

Bruner, E. (1986). Ethnography as narrative. In V. Turner, & E. Bruner, (Eds.) , <u>The Anthropology of Experience,</u> (pp. 139-155). Chicago, IL: University of Illinois Press

Bruner, J. (1986). <u>Actual Minds, Possible Worlds.</u>   Cambridge, MA: Harvard University Press.

Bush, J.P. (1990). The development of a crisis care unit. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), <u>Critical incidents in policing</u>, (pp. 63-66). Washington DC: US Government Printing Office.

Catherall, D.R. (1995). Preventing institutional secondary traumatic stress disorder. In C. Figley. (Ed.), (pp. 232-247). <u>Compassion fatigue: Coping with secondary traumatic stress.</u> New York: Brunner Mazel.

Clark, M. & Friedman, D. (1992). Pulling together : building a community debriefing team. <u>Journal of Psychosocial Nursing, 30</u> (7), 27-32.

Cobb, S. (1974). Social support as a moderator of life stress. <u>Psychosomatic Medicine, 38,</u> (300-314).

Corey, D.M. & Wolf, G.D. (1992). An integrated approach to reducing stress injuries. In J. Quick, & L. Murphy, (Eds.), <u>Stress and well being at work</u>, (pp. 65-78). Washington D.C: American Psychological Association.

<u>Diagnostic and Statistical Manual of Mental Disorders</u>, fourth edition (1994). Washington DC: American Psychiatric Association

Dietrich, J. and Smith, J. (1986). The non-medical use of drugs including alcohol among police personnel: a critical literature review. <u>Journal of Police Science and Administration,</u> 14(4) 300-306.

Dunne, J.A. (1990). Police counseling unit to deal with critical incidents. In J.T. Reese, , J.M. Horn, & C. Dunning(Eds.), <u>Critical incidents in policing</u>, (Eds.), (pp. 67-72). Washington DC: US Government Printing Office.

Dunning, C. (1990) Mitigating the impact of work trauma: administrative issues concerning intervention. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), <u>Critical Incidents in policing</u>, (pp. 73-82). Washington DC: US Government Printing Office.

Evans, B.J., Coman, G., Stanley, R.O. & Burrows, G.D. (1993). Police officers coping strategies: an Australian police survey. Stress Medicine, 9, 237-246.

Everly, G.S. (1994). A rapid crisis intervention technique for law enforcement: The SAFE- R model. In J.T. Reese, & R. Solomon, (Eds.), (pp. 183-191). Organizational Issues. Washington, DC: FBI.

Everly, G.S. (1994a). Familial psychotraumatology: an analysis of the impact of traumatic stress upon the law enforcement family via destruction of the familial weltanschauung. In J.Y. Reese, & E. Scrivner, E. (Eds.), (pp. 177-184). Law Enforcement Families. Washington, DC: US Government Printing Office.

Everly, G.S. (1995). An integrative two-factor model of post-traumatic stress. In Everly, G.S. (Ed.), (pp. 27-47). Psychotraumatology: Key papers and core concepts in post traumatic stress, New York: Plenum Press.

Everly, G.S. (1995b). The role of the critical incident stress debriefing process in disaster counseling. Journal of Mental Health Counseling, 17(3) 278-290.

Everly, G.S. & Mitchell J.T. (1997) Critical incident stress management. Ellicott City, MD: Chevron Publishing Corporation.

Federal Bureau of Investigation (1996). Critical incident stress in law enforcement, Law Enforcement Bulletin, February.

Folkman, S. & Lazarus, R.S. (1980) An analysis of coping in a middle age community sample. Journal of Health and Social Behavior, 21, 219-239.

Foreman, C. (1994). Immediate post disaster treatment of trauma. In M.B. Williams, & J.F. Sommer, (Eds.). Handbook of post traumatic therapy, (pp. 268-282). Westport Conn.: Greenwood Press.

Freedman, J. & Combs, G.(1996). Narrative Therapy. The social construction of reality. New York, N.Y.: W.W. Norton Company.

Frankl, V. (1959). Man's search for meaning. Boston: Beacon.

Fuller, R.A. (1990). An overview of the process of peer support team development. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing, (pp. 99-106). Washington DC: US Government Printing Office.

Fullerton, C.S., McCarroll, J.E., Ursano, R.J., Wright, K. M., (1992). Psychological responses of rescue workers: fire fighters and trauma. American Journal of Orthopsychiatry, 62(3), 371-378.

Garrison, W.E. (1990). In modeling inoculation training for traumatic incident exposure. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing, (pp. 107-117). Washington DC: US Government Printing Office.

Gentz, D. (1990). The psychological impact of critical incidents on police officers. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing, (pp. 119-122). Washington DC: US Government Printing Office.

Gergen, K.J. (1985). The social constructionist movement in modern psychology. American Psychologist, 40(3), 266-275.

Gersons, B.P.R. & Carlier, I.V.E. (1994). Treatment of work-related trauma in police
        officers: post traumatic stress disorder and the post traumatic decline. In M.B.
        Williams, & J.F. Sommer, (Eds.). Handbook of post traumatic therapy, (pp. 21-
33). Westport Conn.: Greenwood Press.

Gibbs, N. (1994, September 26). Officers on the edge. Time, 144 (13). 62

Graff, F.A. (1986). The relationship between social support and occupation stress among
        police officers. Journal of Police Science and Administration,14(3), 178-186.

Gund, N. & Elliott, B. (1995). Employee assistance programs in police organizations. In
        M. Kurke, (Ed). Police psychology into the 21st century. (pp. 149-167).
Washington, DC: APA publishers.

Hart, P.M., Wearing, A.J. & Heady, B. (1994). Police stress and well-being: integrating
        personality, coping, and daily work experiences. Journal of Occupational and
Organization Psychology, 68(2)133-157.

Harris, C.J.(1995). Sensory based therapy for crisis counselors. In C. Figley, (Ed.),
        Compassion fatigue: Coping with secondary traumatic stress, (pp. 101-114). New
York: Brunner Mazel.

Hartsough, D.M. (1995). Stresses, spouses and law enforcement: A step beyond.
        J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing,
(pp. 131-138). Washington DC: US Government Printing Office.

Havassy, V. (1994). police stress in the 90's and its impact on the family. In J.T. Reese,
        & E. Scrivner, (Eds.) Law enforcement families. (pp. 27-34). Washington, DC:
FBI.

Hays, G. (1994). Police couples: breaking the security access code. In J.T. Reese, &
        E. Scrivner, (Eds.) Law enforcement families, (pp. 337-343). Washington, DC:
FBI.

Hooper, J (1996, Fall). Targeting the Brain. Time (47-50).

Horn, J.M. (1990). Critical incidents for law enforcement officers. In J.T. Reese, , J.M.
        Horn, & C. Dunning (Eds.), Critical incidents in policing, (pp. 143-148).
Washington DC: US Government Printing Office.

Horowitz, M.J. and Kaltreider, N.B. (1995). Brief therapy of the stress response
        syndrome. In G.S. Everly, (Ed.). Psychotraumatology: key papers and core
concepts in post traumatic stress, (pp. 231-243). New York:
Plenum Press

Janik, J. (1990) What value are cognitive defenses in critical incident stress. In
J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing,
(pp. 149-158). Washington DC: US Government Printing Office.

Janoff-Bulman, R. (1985) The aftermath of victimization; Rebuilding shattered
        assumptions. In C.R. Figley, (Ed.). Trauma and Its Wake: The Study and
Treatment of Post Traumatic Stress Disorder, (pp. 15-35). New York:
Brunner/Mazel.

Kaufmann, G.M. and Beehr, T.A. (1989). Occupational stressors, individual strains, and social support among police officers. Human Relations, 42(2), 185-197.

Kirkcaldy, B., Cooper, C.L., Ruffalo, P. (1995). Work stress and health in a sample of US police. Psychology Reports, 76, 700-702.

Kirmeyer, S.L. (1985). Coping by police officers: A study of role stress and type A and type B behavior patterns. Journal of Occupational Behaviour, 6, 183-195

Kirschman, E.; Scrivner, E.; Ellison, K. and Marcy, C. (1992). Work and well-being: lessons from law enforcement. In J. Quick, & L. Murphy,(Eds.). Stress and Well Being at Work; (pp. 178-191). Washington, DC: American Psychological Association

Klein, R. (1990). The utilization of police peer counselors in critical incidents. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing, (pp. 159-168). Washington DC: US Government Printing Office

Kolbell, R.M. (1995). When relaxation is not enough. In L. Murphy, L (Ed). Job stress interventions, (pp. 31-43). New York: Plenum Press.

Kureczka, A.W. (1996). Critical incident stress in law enforcement. FBI Law Enforcement Magazine, 65 (pp. 2-3).

Kurke, M.I. (1995). Organizational management of stress and human reliability. In M.I. Kurke, (Ed.). Police psychology into the 21st century. (pp. 391-415) . Washington, DC: American Psychological Association.

Lawrence, R.A. (1984). Police stress and personality factors: A conceptual model. Journal of Criminal Justice, 12, 247-263.

Linden, J. & Klein, R. (1988). Police peer counseling - an expanded perspective. In J.T. Reese, & J. Horn, (Eds.). Police Psychology: Operation Assistance, (pp. 241-244). Washington DC, Federal Bureau of Investigation.

Linton, J.C. (1993). Helping the helpers: the development of a critical incident stress management team through university/community cooperation. Annals of Emergency Medicine, 22(4), 663-668.

Lippert, W.W. (1990). Police officer suicide or homicide: treating the affected department. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing, (pp. 179-190). Washington DC: US Government Printing Office.

Litz, B.T. & Weathers, F.W. (1994) The diagnosis and assessment of post-traumatic stress disorder in adults. In M.B. Williams, (Ed.) Handbook of Post Traumatic Therapy, (pp. 19-37). Westport, Conn.: Greenwood Press.

McCafferty, F.L., McCafferty, E. & McCafferty, M.A. (1992). Stress and suicide in police officers. Southern Medical Journal, 85(3), 233-243.

McCammon, S. & Allison, E.J. (1995). Debriefing and treating emergency workers. In C. Figley, (Ed.). Compassion Fatigue: Coping with secondary traumatic stress, (pp. 151-130). New York: Brunner Mazel.

McCunn, L. & Pearlman, L.A. (1990). Vicarious Traumatization: A framework for understanding the psychological effects of working with victims. Journal of Traumatic Stress,3(1), 131-149.

McGrath, (1992). Job experience and perceived job stress among police, correctional and probation/parole officers. Criminal Justice and Behavior, 19, (3), 260-286.

McMains. M.J. (1990). The management and treatment of post shooting trauma: administration and programs. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing, (pp. 191-198). Washington DC: US Government Printing Office.

Mitchell, J.T. (1983). When disaster strikes... the critical incident debriefing process. Journal of Emergency Medical Services, 8, 36-39

Mitchell, J. & Bray, G. (1990) Emergency services stress: Guidelines for preserving the health and careers of emergency services personnel. Englewood Cliffs, N.J.: Prentice Hall.

Mitchell, J.T. (1990b). Law enforcement applications of critical incident stress teams. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing, (pp. 201-212). Washington DC: US Government Printing Office.

Mitchell, J.T. (1994). Critical incident stress interventions with families and significant others. In J.T. Reese, & E. Scrivner, E. (Eds.). Law Enforcement Families: Issues and Answers, (pp. 195-204). Washington DC: US Government Printing Office.

Mitchell, J.T. (1994b). Systematic approach to critical incident stress management in law enforcement organizations. In J.T. Reese, & R. Solomon, (Eds.). Organization Issues, (pp. 215-222). Washington, DC: FBI.

Mitchell, J. & Everly, G.S. (1995). Prevention of work-related posttraumatic stress: The critical incident stress debriefing process. In Murphy, L. (Ed.). Job Stress Interventions. (pp. 173-183) New York: Plenum Press.

Mitchell, J. & Everly, G.S. (1995a) Critical incident stress debriefing and the prevention of work-related traumatic stress among high risk occupational groups. In G.S. Everly, & J.M. Lating, (Eds.). Psychotraumatology, (pp. 267-280). New York: Plenum Press

Mitchell, J. & Everly G.S, (1996). Critical incident stress debriefing: An operations manual for the prevention of PTSD among emergency services and disaster workers., Ellicott City, MD: Chevron Publishing Corporation.

Mullins, W.C. (1994). Peer support team training and intervention for the police family. In J.T. Reese, & E. Scrivner, (Eds.). Law Enforcement Families: Issues and Answers, (pp. 205-216). Washington DC: Federal Bureau of Investigation

Munroe, J.F., Shay, J., Fisher, L., Makary, C., Rapperport, K., & Zimering, R. (1995). Preventing compassion fatigue: a team treatment model. In C. Figley, (Ed.). Compassion Fatigue Coping with Secondary Traumatic Stress. (pp. 209-231). New York: Brunner Mazel.

Nielsen, E. (1986). Understanding and assessing traumatic stress reactions. In J.T.

Reese, & H.A. Goldstein, (Eds.). Psychological Services for Law Enforcement., Washington, DC: US Government Printing Office.

Niles, D.P. (1994). Traumatology: implications for training, education and development programs, In M.B. Williams, (Ed.). Handbook of Post Traumatic Therapy. (pp. 510-519). Westport, Conn.: Greenwood Press.

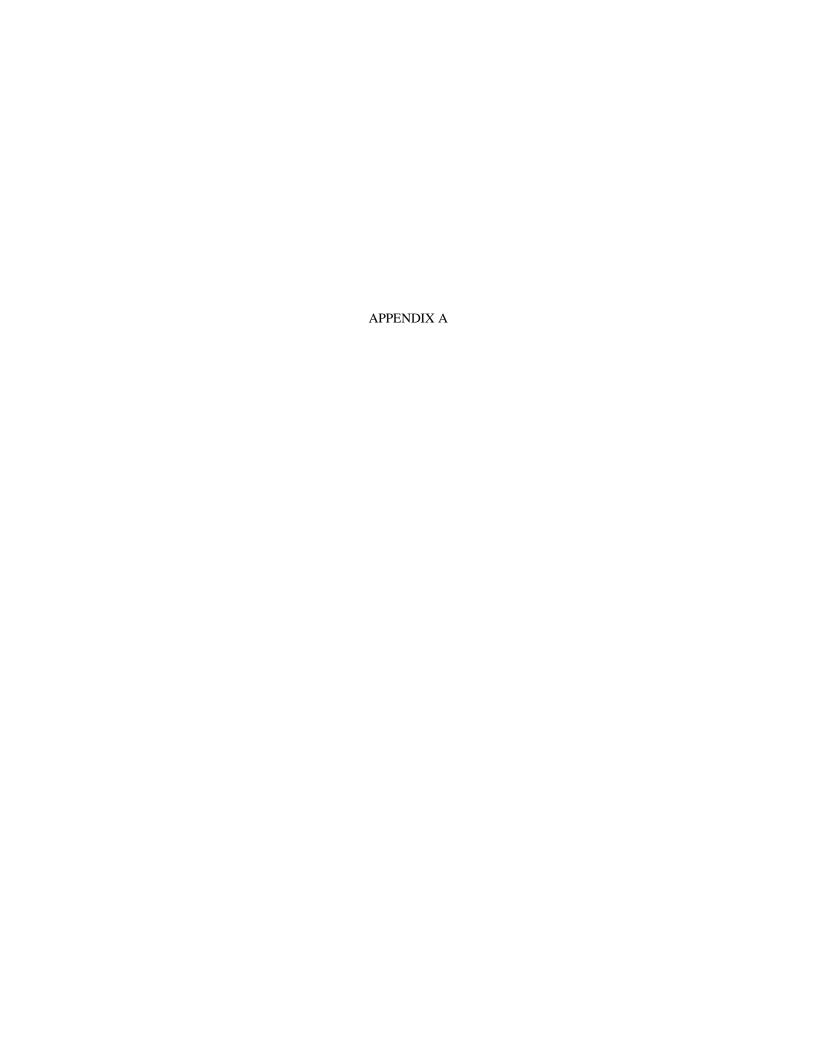Ochberg, F.M. (1995). Post-traumatic therapy. In Everly, G.S. (Ed.). Psychotraumatology: Key papers and core concepts in post traumatic stress, (pp. 245-264). New York: Plenum Press.

Ostrov, E. (1990). Critical incident psychological casualties among police officers: a critical review. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing, (pp. 251-256). Washington DC: US Government Printing Office.

Pastorella, R. (1990). Posttraumatic stress disorder and the police experience. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing, (eds.), (pp. 269-276). Washington DC: US Government Printing Office.

Poehlman, M. (1988). Peer support programs that deal with traumatic field events in California law enforcement. Command College paper. Sacramento, CA: Peace Officers Standards and Training.

Ragaisis, K.M. (1994). Critical incident stress debriefing: A family nursing intervention. Archives of Psychiatric Nursing, VIII (1), 38-32.

Reese, J.T. (1984). A cops best hopes are his family and colleagues. Behavioral Science in Law Enforcement, Quantico, VI, Federal Bureau of Investigation Bulletin, Oct. 1984.

Reese, J.T. (1987). A prescription for burn-out. Behavioral Science in Law Enforcement, Quantico VI, Federal Bureau of Investigation.

Reese, J.T. (1987a). Coping with stress: it's your job. Behavioral Science in Law Enforcement. Quantico, VI: FBI

Reese, J.T. and Hodinko, B.M. (1990). Police psychological services: a history. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing, (pp. 297-310). Washington DC: US Government Printing Office.

Reese, J.T. (1990). Justifications for mandating critical incident aftercare. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical incidents in policing, (eds.), 289-297). Washington DC: US Government Printing Office.

Reese, J.T. (1995). A history of police psychological services. In M. Kurke, & E. Scrivner, (Eds.). Police Psychology into the 21st Century. (pp. 31-44) Hillsdale, NJ: Lawrence Erlbaum Associates.

Ryan, A.H. & Brewster, M.E. (1994). PTSD and related symptoms in traumatized police officers and their spouse/mates. In J.T. Reese, & E. Scrivner, (Eds.). Law Enforcement Families. (pp. 217-226). Washington DC: FBI.

Seligmann, J (1994, September 26th) Cop who kill themselves. Newsweek. pp. 58.

Seligman, M, & Buchanan, G.M. (Eds.) (1995). Explanatory Style. Hillsdale, NJ.
        Lawrence Erlbaum Associates.

Sheehan, P.L. (1995). Critical incident trauma and intimacy. In J.T. Reese, J.M. Horn,
        & C. Dunning (Eds.), Critical incidents in policing, (pp. 331-334).
Washington DC: US Government Printing Office.

Shusman, E.J., Inwald, R.E., & Knatz, H.F. (1987). A cross-validation study of Police
        Recruit performance as Predicted by the IPI and MMPI. Journal of Police
Science and Administration, 15 (2), 162-169.

Silva, M.N. (1990). The delivery of mental health services to law enforcement officers.
        In J.T. Reese, , J.M. Horn, & C. Dunning. (Eds.), Critical incidents in policing,
(pp. 335-341). Washington DC: US Government Printing Office.

Skulety, S., Singer, R. (1994). In J.T. Reese & R. Solomon (Eds.), Organizational
        Issues (pp. 123-126). Washington, DC: FBI.

Sloan, I.H., Rozensky, R.H., Kaplan, L., & Saunders, S. (1994). A shooting incident in
        an elementary school: effects of worker stress on public safety, mental health and
medical personnel. Journal of Traumatic Stress, 7, (4), 565 -674.

Smith, C.L. & Chesnay, M.D. (1994). Critical Incident stress debriefings for crisis
        management in post traumatic stress disorders. Medicine and Law, 13, 185-191.

Smith, C. (1997). Comparing traditional therapies with narrative approaches. C. Smith,
        and D. Nylund, (Eds.). In Narrative therapy with children and adolescents. New
York, NY: Guilford Press.

Solomon, R.M. (1990), The dynamics of fear in critical incidents: implications for
        training and treatment. In J.T. Reese, , J.M. Horn, & C. Dunning (Eds.), Critical
incidents in policing, (pp. 347-358). Washington DC: US Government
Printing Office.

Super J.T. and Blau T.H. (1997). Survey of psychological services general orders in law
        enforcement. Journal of Police and Criminal Psychology, 12(1). 7-12.

Swann, G.B. and D'Agostino (1994). Post-shooting trauma and domestic violence:
        clinical observation and preliminary data. In J.T Reese, & E. Scrivner, (Eds.).
Law Enforcement Families: Issues and Answers. (pp. 227-232). Washington, DC:
US Government Printing Office.

Quinn, V. (1994). More about police suicides. Peer Perspective., San Francisco Police
        Department.

Van der Kolk, B.A. (1990). The psychological processing of traumatic events: the
        personal experience of post-traumatic stress disorder. In J.T. Reese, J.M. Horn, & Dunning, C. (Eds.),
        Critical incidents in policing, (pp. 359-364). Washington DC: US Government Printing Office.

Violanti, J.M., Marshall, J.R., & Howe, B., (1985). Stress coping and alcohol use: the
        police connection. Journal of Police Science and Administration, 12, (2), 106-
110.

Violanti, J.M. (1990). Posttrauma vulnerability: a proposed model. In J.T. Reese, , J.M.

Horn, & C. Dunning (Eds.), <u>Critical incidents in policing</u>, (pp. 365-372). Washington DC: US Government Printing Office.

Violanti, J.M. (1995). The mystery within, understanding police suicides. <u>FBI Law Enforcement Bulletin</u>. 19-23.

Wambaugh, J. (1987). <u>Echoes in the Darkness</u>. New York: Delacort Press

Wambaugh, J. (1973). <u>The Onion Field</u>. New York: Delacort Press

White, M. (1989). Saying hullo again: the incorporation of the lost relationship in the resolution of grief. <u>Selected Papers</u>, Adelaide, Australia: Dulwich Centre Publications, 29-36.

White, M., & Epston, D. (1990). <u>Narrative means to therapeutic ends</u>. New York: Norton.

Wilson, J.P. (1995). The historical evolution of PTSD diagnostic criteria. In G.S. Everly, (Ed.). <u>Psychotraumatology</u>, (pp. 9-26) New York: Plenum Press.

Wollman, D (1993). Critical incident stress debriefing and crisis groups: a review of the literature. <u>Group,</u> 17(2), 70-83.

Yassen, J (1995). Preventing secondary traumatic stress disorder. In C. Figley, (Ed.) <u>Compassion Fatigue: Coping with Secondary Traumatic Stress,</u> (pp. 178-208). New York: Brunner Mazel.

Young, M. (1991). <u>Community crisis response team training manual</u>. Washington, DC: National Organization for Victim Assistance.

APPENDIX A

CONSENT TO ACT AS A PARTICIPANT

Joel Fay, a doctoral candidate in clinical psychology at the American School of Professional Psychology is conducting research into the creation of a peer-based intervention for sub-critical incidents in law enforcement. You have been asked to participate in this research because you are a law enforcement officer and your perspective could provide a valuable contribution to this project.

B. Procedures:

If you agree to participate in this project, the following will occur:

1. You will be asked to attend a 4 hour block of training during which you will participate in a class where you will be instructed on police stress, critical and sub-critical incidents and peer support.

2. After the class you will be asked to participate in a discussion on the format and content of the presentation and intervention.

3. You will be asked to complete a questionnaire evaluating the training. This will be used to assist in program development.

C. Risks/Discomforts:

1. There are no physical risks or discomforts from participating.

2. Some of the course content may make you feel upset or uncomfortable and may provoke unpleasant memories or feelings. If this occurs, you may contact Joel Fay at (415) 456-6720.

3. Confidentiality: Your comments on the questionnaire and any comments made in class will be held in confidence. Some of this information may be quoted in the study to explain changes in the intervention but the individual comments will not be attributed to any individual.

D. Benefits:

The information and intervention that will be developed by this study may help police officers cope better with the negative effects of police stress.

E. Costs:

There will be no cost to you as a result of participating in this study.

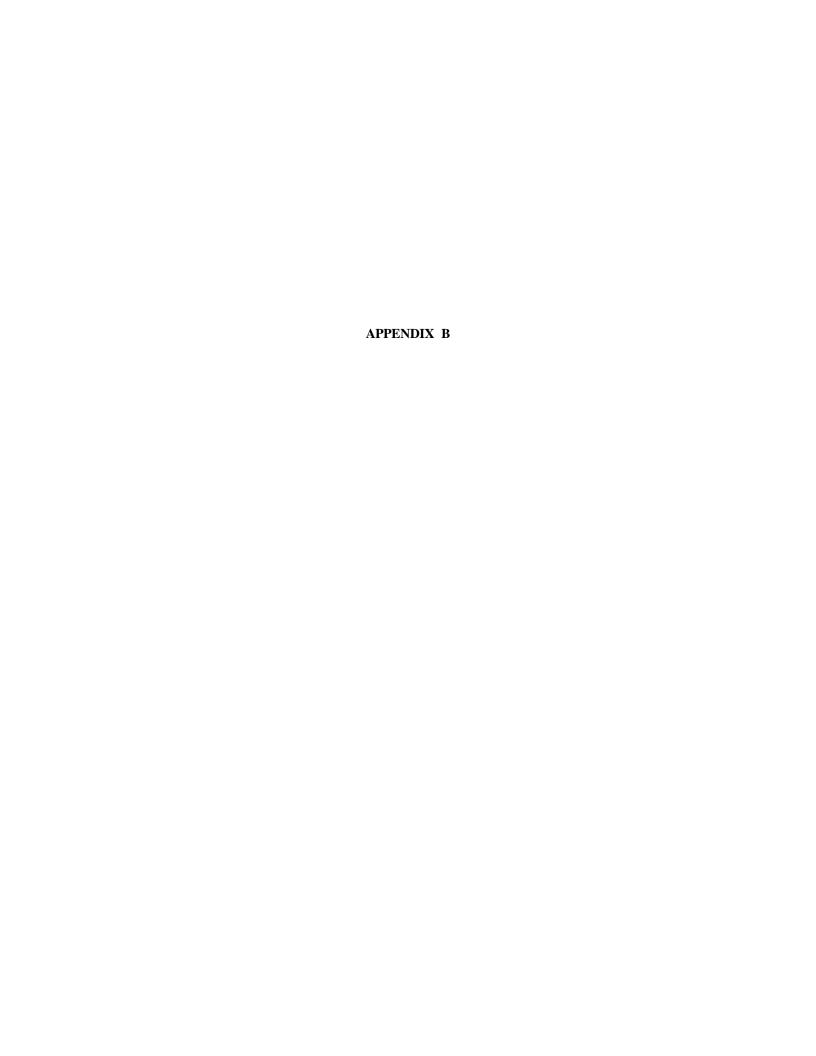**F. Access to results of the study**:
Upon request you will be given a summary of the findings of this study.
(please check the appropriate box below)

G. Consent:

You will be given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You are free to decline to be in this study or to withdraw from it at any time.

If you agree to participate, you should sign below.

_____   _____
Date   Your signature

                                    _____
                                    Print your name

                                    _____
                                    Street   Apt.

                                    _____
                                    City   Zip

  __
 | |
 |__| I would like a copy of the results of this study.

APPENDIX B

QUESTIONNAIRE

Please review and answer these questions. Please use additional paper as necessary Your comments are very important to me. Return the questionnaire in the attached envelope to Joel Fay, 31 Sienna Way, San Rafael, CA 94901

Was the course material presented in a systematic manner which was conducive to learning?
_____
_____

Was the course too long or too short? _____
_____

Should the presentation time in any area be increased/decreased? _____
_____
_____

How can the presentation of the course material be improved?_____
_____
_____

Do you feel the interview strategy is an effective way to assist officers?_____
_____
_____

How do you think the intervention could be improved to increase its effectiveness?
_____
_____

Do you believe officers would be open to utilizing this intervention strategy?
_____
_____

Was the stress tape an effective way to focus attention on the class topic? _____
_____
_____

Do you have any other suggestions that would help focus the class on the topic of stress?
_____
_____

What do you think would be the biggest obstacle I would have in getting officers to accept and utilize this intervention? _____
_____

As the person using the intervention, what would you be looking for to know that the intervention was having an effect? _____
_____
_____

If you were the interviewee, how do you think this intervention might effect your understanding about your

performance during a critical or sub-critical incident?

_____

_____

_____

APPENDIX C

<u>Summary of Participants Comments</u>

The following were some of the responses to question #11 on the questionnaire (Appendix B). The question is, *If you were the interviewee, how do you think this intervention might effect your understanding about your performance during a critical or sub-critical incident?*

"As a human being we just function a certain way and that is OK"

"It may bring out other perspectives that I as the interviewee may not see. This is healthy."

"As I followed you model I placed myself back in two of my shooting cases. Your technique allowed me to focus on aspects of my thinking that had been glossed over and yet were significant for my understanding. Thanks."

"It will be helpful in working through the situation."

"It allowed me to realize that I reverted back to my training and performed as I was expected to even without thinking about it."

"Accurate, relevant and positive."

"By doing this intervention you learn a new way of listening and responding."

"The knowledge that my feelings were normal, which would help me cope with this incident in my life."

APPENDIX D

MINUTES OF DISSERTATION ORAL PRESENTATION

A meeting of the dissertation committee was held on September 4th, 1998. There was a general discussion of the origin of the idea for this dissertation and a more detailed discussion of how the intervention was structured and the study conducted. The following issues were raised and discussed in connection with this study:

The use of narrative theory as a therapeutic basis for the intervention was
discussed.

Implication for future research considered:
Future research could focus on the use of narrative theory in group
debriefing models. This may prove to be difficult since in any group
there may be different meanings attributed to the event.
Future research to develop ways to make the use of CISD's more
acceptable to police departments and police officers. Emphasis should
be placed on the cost effective benefits of CISD's.
The development of an interactive video to be used by families for
self-debriefings.
Development of variations of this model for debriefing individuals
after recent events before a problematic story could develop.
Different avenues to teach the curriculum which would make it more accessible to peer-counselors. A
suggestion was made to teach the curriculum in stages with increasing levels of complexity.