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Practical Police Psychology
with Dr. Laurence Miller

Critical incidents: Myths and realities

Q: What is a "critical incident," anyway? Do all critical incidents require some sort of debriefing or mental health counseling? Can't a person just have a bad experience and get over it? How do I know if I'm experiencing critical incident stress? Does a bad response to a critical incident mean I'm not the right stuff for police work?

A: Within law enforcement and emergency services, the Critical Incident Stress Management (CISM) movement has now been around for the better part of two decades. While this approach has been invaluable in helping personnel deal with traumatic stress events and return to work, we've learned a lot in the last 20 years about how different people react to critical incident stress and how they deal with it. The following will hopefully clear up some of the common myths about critical incident stress.

Myth 1: All critical incidents are traumatically stressful.

Certain situations are almost universally stressful to personnel that encounter them. These include the death or serious injury of a partner or close coworker; dealing with dismembered or degraded human remains at a crime scene or disaster site; or the death or serious injury of children. However, much depends on the training, past experience, and personality of the officer. Even service-related shootings, long regarded as the ultimate critical incident stressor for police officers, don't always affect everyone the same way. A particular critical incident, such as a teen suicide, may have a different meaning for an officer with adolescent children than for another officer, who may be more unnerved by a grisly auto crash. The important thing is to recognize when a critical incident is affecting you, so you can do something about it.

Myth 2: Everyone has the same reaction to a critical incident.

Again, background, training, and personality are the key factors in how different people react. Some of us are primarily physiological reactors - we respond with our bodies, in the form of heart palpitations, stomach churning, aches and pains, chills and sweats, and so on. One common response after a critical incident is a feeling of pervasive fatigue. Other people are cognitive and emotional reactors, showing anxiety or depression, impaired concentration, obsessive ruminating, insomnia, or social withdrawal. Another factor is the time dimension. Some people experience stress symptoms immediately; others are hit with delayed reactions, hours, days, or even weeks later. It's also not uncommon for the reaction to one critical incident to lie dormant until triggered by a subsequent one, even years later - the "mental shrapnel" effect. The important point is this: Most responses to critical incidents are temporary and resolve after a short time.

Myth 3: If I have a "bad" reaction to a critical incident, it means I'm not cut out for police work.

For every officer who's voiced this fear, I guarantee there are a dozen more who've thought it, but were afraid to say it out loud. In rare cases, a severe critical incident serves as the "test case" that convinces the officer that he or she would rather be doing something else. But in most instances, officers recover from the critical incident experience, and most try to learn something useful from it. Interestingly, officers almost never say they did something wrong during the incident - indeed, they often recall "going on automatic" and letting their training, judgment, and instincts kick in and carry them through the emergency. It's only later that they experience the rush of emotion that leads them to suspect they're not reacting "like a real cop." So if you take away nothing else from this column, remember this: NEVER JUDGE YOURSELF BY YOUR WORST EXPERIENCE. Of course, we should always strive for excellence in our work, but all of us at some point in our careers, either have or someday will hit a wall we can't climb or punch through. At these times that it's too easy to forget all the challenges we do surmount without ever giving them a second thought.

Myth 4: Everyone exposed to a critical incident needs professional help.

As noted above, most people recover from most critical incidents uneventfully or with informal types of help, like coworker and family support, talking it out with people you trust, or just a little R & R time. Also, different people

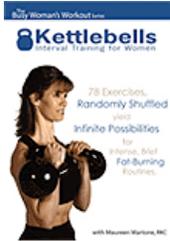
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have different coping styles. Some of us are talkers; others prefer to clam up. Some feel better venting their feelings and getting it all out; others dive into their work and mentally compartmentalize the experience. The key here is to use the coping style that works for you, but without having it become an excuse for not really facing what's bothering you. If you've had a particularly intense or disturbing reaction and are having trouble getting back to normal, then more structured interventions, such as critical incident stress debriefing, or consultation with a mental health professional will probably be helpful. As I state repeatedly, the goal of psychotherapy for critical incidents should always be to build you up, not break you down; not to prick at your vulnerabilities and make you weaker, but to help you discover and develop your inner resources and make you stronger.

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