

BRIDGEWATER POLICE SERVICES

INTRODUCTION TO “CRITICAL INCIDENT RESPONSE GUIDE (CIRG)”

The emergency services workers within BPS are our organization’s most valuable resources. The pressures in today’s workplace can affect the employee’s ability to perform their level best, especially during times of crises. This CIRG will provide tools to assist BPS members and officers during critical incidents by guiding them through the various steps to ensure the best possible crisis intervention response(s) are done in a timely and efficient manner so as to prevent and / or lessen the long term negative impact of the incident on members and to assist in the healthy return to work of those members.

The Realities of Policing

Today’s police officers face many challenging and sometimes devastating situations ranging from the exposure to the suffering and all too often, traumatic loss of life as a result of motor vehicle incidents, homicides, suicides, etc. as well as loss of valued possessions during fires, flooding, etc. These and other similar situations can present unique personal, family and work-related problems.

Stressors in Policing:

- Exposure to physical risks
- Exposure to human suffering
- Exposure to carnage
- Responsibility for public safety
- Pressure to make quick decisions
- Shift changes or long hours

Organizational Stressors:

- Paperwork
- Regulations
- Administration
- Feelings of not being supported
- Supervisor – subordinate conflict
- Role ambiguity, overload, lack of recognition
- Insufficient people-power to handle a job

Societal Stressors:

- Public demands and expectations

THE STRESS RESPONSE

Stress is your body's response to any unusual demand (such as a threat, challenge, etc.). Whether the demand is real or imagined, outside the body or within, your body will react to it with a number of common characteristics, called the stress response, or just plain stress. In general, lifesaving body functions speed up, and non-essential functions slow down.

What triggers stress?

The unusual demand, which causes you to adapt or change, is called a **stressor**. Remember that a stressor may be real or imagined. For example, the Chief passes Officer Joe in the lunch room without giving his customary greeting. Joe worries that he's done something wrong while in reality, the Chief is preoccupied with a disagreement he had with the Town CAO. In this case, it isn't a real disturbance but Joe's perception which results in the classic response called stress. Listed below are some common stressors. Ask yourself which of these disturb you and which you can control.

Job

- Unreasonable deadlines, competition, work overload
- Boredom, lack of fulfilling work
- Job insecurity; Promotions (fear of failing or new demands)
- Unclear or ever-changing tasks
- Unsupportive or overly critical management, peers

Family

- Marriage, death. Illness, transfers
- Upheavals, friction; Worry over children
- Financial woes

General

- Health issues; Economic pressures
- Increased community pressure
- Uncomfortable environment (air / odor pollution, noise, etc.)
- Excess caffeine, tar, nicotine, and other drugs

Stressors unique to police officers

<ul style="list-style-type: none">• Level of uncertainty• Physical response to an alarm• Interpersonal tension• Exposure to human tragedy• Fear	<ul style="list-style-type: none">• Environmental stressors related to policing (ie. training, excessive noise from sirens, alarm bells, explosions, building collapse, potential for bodily harm)
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Without a physical release or a break, the wear and tear of stress can result in physical or emotional illness, especially where we are most vulnerable. Some stress-induced illnesses are as follows:

<ul style="list-style-type: none">● Heart disease● High blood pressure● Diabetes● Headaches● Obesity● Ulcers● Backaches	<ul style="list-style-type: none">● Asthma● Arthritis● Depression● Anxiety● Alcoholism● Insomnia	<ul style="list-style-type: none">● Diarrhea● Constipation● Colitis● Hay fever● Sexual dysfunction● Menstrual problems
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These illnesses are known as psychosomatic illnesses, meaning the mind (psyche) influences the body (soma). It is not just in the head or imaginary but a real illness in which the mind causes the illness or affects its course. It is believed that most of today's illnesses are psychosomatic.

Health and performance peak when the amount of stress is optimal. However, psychosomatic illnesses occur more frequently when there is too much or too little stress. The optimal amount of stress is different for each of us. Some people thrive on challenges and long hours while others like a slower pace. We must each find our personal balance.

Warning signs that may suggest an unsuitable amount of stress include:

<ul style="list-style-type: none">● Tense muscles● Irritability, edginess● Inability to relax● Fatigue● Pounding / racing heart● Losing joy in life● Nightmares	<ul style="list-style-type: none">● Appetite changes● Inability to think clearly or to concentrate; racing thoughts● Overpowering desire to cry or run away● Increased use of alcohol, tobacco or other drugs
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Critical / Traumatic Events

Incidents become *critical* when features of the incident lie outside the normal range of everyday policing and human experience. Critical incidents:

- are often sudden and unexpected
- disrupt ideas of control and how the world works (core beliefs)
- feel emotionally and psychologically overwhelming
- can strip psychological defenses
- frequently involve perceptions of death, threat to life, or involve bodily injury.

Critical incidents become *traumatic* when officers that have been involved in such events experience some degree of cognitive, emotional, and / or psychological decompensation or discomfort associated with the incident.

Incidents can be —critical; officers can be —traumatized.

Following exposure to a critical incident, there are a number of typical responses which include the following:

- (1) repetitive thinking or replaying of the incident, (2) disruption of normal sleep / dream patterns, (3) second guessing, (4) changes in appetite, (5) changes in sexual desire / function, and (6) temporary mood changes.

Combined, these responses are called *posttraumatic stress (PTS)*.

PTS differs from Posttraumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD).

Posttraumatic Stress (PTS) responses are expected and predictable to a traumatic event. It usually resolves within one month of the incident. External psychological and emotional support systems help immensely for the timely resolution of PTS. Clinically significant impairment is absent in PTS.

Posttraumatic Stress Disorder (PTSD) involves a variety of clinical symptoms which meet the specific criteria for the PTSD diagnosis (including clinically significant impairment for at least one month). PTSD requires professional treatment to produce the most positive possible outcome. PTSD may be accompanied by some degree of depression or other mood disorder.

Acute Stress Disorder (ASD) is similar to PTSD but the clinical symptoms must be present for at least 3 days and last no longer than one month. An ASD diagnosis may be changed to PTSD after one month if warranted.

It is also important to remember that following a critical incident, you may not experience any of the aforementioned reactions. It is not abnormal to feel OK after a critical incident. Everyone reacts differently to incidents at different times in their life. It often depends on what else is going on in your life at the time of the critical incident, one's resiliency and the support mechanisms being utilized.

The bottom line is that research has shown that police officers appear to manage stress and recover from critical incidents better if appropriate and timely support mechanisms are in place and utilized.

MENTAL HEALTH CONTINUUM MODEL

As a diagnosis of a mental health illness can be stigmatizing, a program called Road to Mental Readiness (R2MR) has been shown to reduce stigma because it removes labels and allows people to talk in neutral terms. This model categorizes symptoms of good to poor mental health under a four color continuum: green (healthy), yellow (reacting), orange (injured), and red (ill).

If identified and treated early, physical and mental health concerns can be reversed. This model goes from healthy adaptive coping (green), through mild and reversible distress or functional impairment (yellow), to more severe, persistent injury or impairment (orange), to clinical illnesses and disorders requiring more concentrated medical care (red). The arrows under the four color blocks denote the fact that this is a continuum, with movement in both directions along the continuum, indicating that there is always the possibility for a return to full health and functioning.

What can you do to keep yourself healthy?

Healthy	Reacting	Injured	Ill
Maintain a healthy lifestyle. Aim for adequate sleep. Nurture a support system. Ensure work/life balance. Practice the Big 4.	Make self-care a priority. Recognize limits. Take breaks. ID and resolve problems early. Implement the Big 4.	Tune into signs of distress. Talk to someone. Ask for help, sooner rather than later. Maintain social contact, don't withdraw.	Know internal and external resources. Get help sooner, not later. Follow care recommendations.

Tactical Breathing	Self-Talk	Smart Goal Setting	Visualization
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Rule of 4: <ol style="list-style-type: none"> 1. Inhale deeply for 4 sec. 2. Hold for 4 sec. 3. Exhale for 4 sec. 4. Continue for 4-6 min. 	Change your self-talk: <p>Replace “I can’t” with “I can” self-talk</p> <p>Replace negative self-talk with strengths, successes and opportunities</p>	Ensure your goals are: <p>Specific</p> <p>Measurable</p> <p>Action oriented</p> <p>Realistic</p> <p>Time limited</p> <p>If necessary, break goals into small manageable pieces.</p>	Find a quiet place: <ol style="list-style-type: none"> 1. Relax 2. Imagine an event 3. View it from your own perspective 4. View it from someone else’s perspective <p>Rehearse, use all 5 senses</p>
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RESILIENCE SKILLS – THE BIG FOUR