

## **An Examination of the Effectiveness of Periodic Stress Debriefings With Law Enforcement Personnel**

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### **Introduction**

Law enforcement is a stressful and demanding profession. Life-threatening situations can develop without warning, and officers must be equipped to deal with the psychological effects of their work. Assisting officers in finding ways to cope effectively without burning out, becoming depressed, experiencing the symptoms associated with depression and Posttraumatic Stress Disorder (PTSD), or quitting is a necessary endeavor and the focus of this study.

Officers who face stressful and/or traumatic situations (e.g., an officer-involved shooting) have a high chance of leaving their job within 5 years of an incident (Ayoob, 1980), and in light of officer shortages and the expense of training replacements, departments would do well to equip officers to face the psychological consequences of these incidents. In a study conducted by Brubaker (2002), a majority of the officers felt tactically prepared to face a deadly force incident, but were “not prepared for the psychological impact upon themselves, their families, and their departments after the event” (p. 11). Many officers who face stressful and/or traumatic situations also have high rates of domestic problems, spousal abuse, divorce, alcohol abuse, somatization, anxiety, depression and other stress-related behaviors (Deahi, Srinivasan, Jones, Neblett, & Jolly, 2001; Harpold & Feemster, 2002; Leventhal, 1978; Martin, 1981; Mitchell & Evehy, 1995), but this need not be the case.

In addition to the need for psychological support after an officer experiences a traumatic incident, officers can benefit from periodic interventions that address their accumulated stress. Often times, when critical incident support is used, the need emerges to address the stress associated with previous traumatic events or the stress associated with the day-to-day work of an officer. Cumulative stress is not normally addressed in ongoing and formal interventions by emergency service administrations (Hayes, 1999). Instead, individuals must devise their own coping methods. Pinizzotto, Davis, and Miller (2002) underscored the importance of addressing cumulative stress levels and emotional health in police officers when they stated, "Officers may not realize how their emotional and psychological health can work either for or against them. To react appropriately under demanding and life-threatening circumstances, an officer's physical and emotional condition prove vitally important" (Pinizzotto et al., 2002, p. 4).

The current study was conducted in an effort to address issues associated with police officers' levels of critical incident-related stress, cumulative stress, and their subsequent effects (e.g., divorce, alcohol use, and job dissatisfaction). Another component of the treatment intervention was to educate officers in stress management. Police cadet training briefly covers posttraumatic stress, basic coping skills, and how to identify stress reactions in others (Texas Commission on Law Enforcement, 2002), but is limited in scope.

A review of the literature indicated a lack of research on the effects of periodic cumulative stress debriefing meetings. Much research has been done on the effectiveness of Critical Incident Stress Debriefing (CISD) and Critical Incident Stress Management (CISM) programs, but these interventions do not emphasize addressing the levels of cumulative stress in emergency services personnel.

This study sought to answer the following questions: Do periodic stress debriefing meetings reduce officers' level of depression symptoms and PTSD symptoms? Does this reduction, in turn, lead to a reduction in officers' level of stress, a greater ability to cope with stress, enhanced personal lives and job satisfaction, and greater perceived departmental support? Although no statistically significant

findings were produced by this investigation, some trends in the data may indicate that this intervention did meet some of these goals. Participation was voluntary and occurred while some officers were on duty. Some officers received overtime pay for participating in the in-service study after their shift had ended.

The treatment condition was made up of two groups totaling 20 members. The control condition had 17 members. One group came from the patrol division, and the other came from the detective division. The patrol group met away from the police department between the evening and midnight shifts; the investigations group met in a conference room at the police department.

Meetings lasted no longer than 1 hour, occurred once a week, and usually lasted the entire hour. Each meeting began with the question, "What has been the most stressful or difficult part of being a police officer this week?" Each time, we went around the circle, and each officer participated in some way. At the end of each meeting, the researcher taught methods for coping with and understanding the types of stress discussed during the meeting. General information about stress and coping was also presented.

The two topics that were discussed most frequently were frustrations with administration and supervisors and stressful calls for service, with administrative frustrations most frequently discussed. Each member found administration (sergeants and above) to be the most stressful part, and that working the streets and taking calls were actually a solace from this frustration. A number of officers agreed that the stress they experienced relative to administration was more stressful than their work as a police officer.

In a number of group meetings, teaching occurred from officer to officer, sometimes about decision making and coping, other times about how decisions or problems had been faced by others. This interaction seemed especially effective and helpful and also built a sense of group cohesion. Overall, mutual support was a highlight of this group experience for the participants. As with Dyregrov (1999), emotional support, normalization, catharsis, validation, facilitation of hope, providing reassurance, and education were all experienced by the treatment group members. Jenkins (1996) noted the curative

power of empathy and social support; both occurred in the treatment groups.

Each treatment group included a peer officer who was trained in the CISM and CISD models. In the first meeting of each treatment group, the peer officer began the group rounds by answering the CISD questions. This served to break the ice and as a model for the other officers. It may also have served to reduce the impact of having an outsider (the researcher) ask relatively personal questions.

The assumptions for the use of multivariate analysis of covariance (MANCOVA) were met. The groups were of similar size and were sampled from a wide variety of departments within the police department. The control group consisted of 17 members, and there were 20 members in the treatment group. The members of this population were primarily White males, and so was this sample. The participation of female and minority officers was representative of the sample population. The rank of the participants was proportionate to the make up of the sample population.

The treatment meetings were frequently attended by almost all of the members. There were only 2 out of the 20 treatment group members who attended fewer than four meetings. Because the sample size was small, the scores obtained from these two members may have influenced the overall results of this study, if their infrequent attendance is a confounding variable.

The trend of the treatment condition scores toward improvement was reflected in the treatment/control condition effect score:  $F = 2.449$ ,  $p = .104$ . This trend was also apparent in the treatment/control condition effect for the BDI scores:  $F = 2.864$ ,  $p = .101$ . When the treatment effects by group (patrol and investigator) were examined, this trend was not apparent.

It seems that one group (patrol or investigator) responded differently than the other to the intervention. One reason for this may have been due to some extraneous variables (environmental stressors) that may have affected patrol officers and investigators in different ways. The first of these events was a major terroristic threat in the city that called for every investigator to be called into service. This had never occurred before in this department's history. This may

explain the difference in scores between the patrol and investigator groups, because the patrol group was not called into service to investigate this event.

The second event was an officer-involved shooting in which the suspect died. This incident was discussed in the group meetings. The shooting may have affected some of the members of the investigator treatment group because these members were responsible for investigating the officers involved in the shooting. The members in the control group did not have this responsibility during this incident.

One other extraneous variable was the attention treatment group members received from peers and possibly from supervisors. The researcher was witness, on two occasions, to treatment condition participants being mildly teased about their participation. It is possible that this type, or more harsh types, of teasing may have occurred during the treatment phase and, in turn, affected the results.

The MANCOVA for the research condition showed  $F = 2.899$ ,  $p = .10$  for the Avoidance subscale and  $F = 2.237$ ,  $p = .15$  for the Intrusion subscale of the IES-R. This might indicate a trend in the treatment groups toward being helped by the treatment, but this finding was not statistically significant.

It is possible that the treatment phase of this study did not last long enough. Meeting more frequently during the week, for longer periods of time (longer than 1 hour), or for longer than 8 weeks may cause these trends to become statistically significant. One argument against meeting more than once a week would be the low frequency of stressful events experienced by officers during a 1-week period.

The IES-R scores may not have been affected as much as the BDI scores because most of the events discussed in the group did not meet the DSM-IV criteria for PTSD. Most of the events discussed were “stressful” rather than traumatic. This may indicate that the use of the IES-R in this study was not appropriate, or that the IES-R was not sensitive enough to measure the effects of this treatment. The IES-R results may be typical of preventative treatments, or treatments that address cumulative stress, as opposed to critical incident stress. Depression and PTSD have some features in common, and depression “can either precede, follow, or emerge concurrently with the onset of

PTSD” (American Psychiatric Association, 2000, p. 465). It is possible that the BDI was a more appropriate measure of the effectiveness of this treatment intervention.

A number of officers mentioned that they found issues with administration to be “more stressful” than their work as a police officer. It is possible that critical incident stress and the stress associated with the performance of the duties of a police officer were not the appropriate outcomes to be measured. The intervention in this study may have been effective in reducing the stress associated with administrative frustrations. This stress may be very different than the stress that is measured by the IES-R. A measure of depression that focuses on job-related stress may also suffice as a more sensitive measure. Other measures of job-related stress, job satisfaction, and interactions with administration may have been more appropriate tools for measuring the effectiveness of this intervention.

All the officers involved in this study viewed this treatment as positive and helpful. Furthermore, all of these officers thought that this treatment should be continued in some form. These officers perceived some benefit of this treatment.

### **Summary**

Studies examining the effects and prevention of accumulated stress levels are nearly absent from the literature. This study endeavored to address the job-related stress of police officers through a weekly group meeting that provided officers an opportunity to express themselves, receive support from other officers, and receive information on coping with stress. The statistical analysis of the data gathered in this study indicated that the officers’ level of depression and PTSD symptoms were not affected at a statistically significant level. The qualitative data indicated that some benefit was experienced by the participants.

## Conclusion

It seems that the stress faced by police officers comes from two sources: outside the department and within the department (administration). The measures used in this study examined levels of depression and PTSD symptoms and may not have been appropriate for measuring the effects of stress from within the department and, thus, the effectiveness of the intervention. Although no statistical significance was found through the analysis of data, it seems that this intervention was helpful, as indicated by the qualitative data. It is recommended that future research in this area include measures of stress associated with administrative and supervisory issues.

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