



Post-Incident Crisis Intervention

Psychological Services Subcommittee – May 2019

Current Status of Post-Incident Crisis Intervention

The topic of post-incident crisis interventions has been hotly debated among police services and psychologists for decades and has only intensified as the mental health of first responders has come more sharply into focus in Canada in recent years. With the large number of articles, presentations, and other materials promoting or contesting their use, it is challenging for police leaders to develop an accurate impression of the current landscape of post-incident support to assist them in supporting their members as best as possible. The Psychological Services subcommittee has examined the current literature on this topic and offers the following summary, with additional reference materials, to accurately represent what we know and what we don't know about post-incident interventions for police leaders.

Terminology

There are a number of terms in the policing world related to post-incident crisis intervention (psychological debriefing, defusing, CISM, CISD, etc.) that create confusion when discussing and evaluating the evidence for these programs. Consistency in terminology is needed so every police service has a common understanding of what is meant by “debriefing”, “defusing”, “psychological first aid” and “post-incident crisis intervention”.

Research

The research does not support a broad dismissal of post-incident crisis intervention programs. Rather, the current research is inconclusive as to their effectiveness, largely due to the fact there is significant variability in how these programs are designed and administered among police services, as well as the relative lack of peer-reviewed research in this area. Please refer to the References and Further Reading section for more information.

Current Trends

The common understanding, or misunderstanding depending on who is asked, of the “Mitchell Model” style of post-incident debriefing, in which participants are required to share their

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reactions shortly after a critical event and had been perhaps unfairly regarded as a means to “prevent” post-traumatic stress, has largely fallen out of favour among first responder organizations and critical incident training groups.

Many services who engage in post-incident crisis interventions use a more flexible model that emphasizes education, normalizing common reactions to high intensity events, and providing appropriate resources for follow-up. In contrast to how some of these programs may have been run in the past, members may be required to attend, but participation during these sessions is voluntary. Anecdotally, these types of contacts helps some members feel as though their mental health is a priority for the police service, which can be a positive counterbalance to the more operationally focused post-incident procedures that members may be engaged in, such as SIU investigations and tactical debriefs.

General Considerations

As with any mental health program, police services must ensure that post-incident crisis interventions are delivered by well-trained, ethical providers who possess a strong understanding the current research, police culture, and the potential benefits and risks of the interventions they administer.

For police services that are currently engaging in post-incident interventions, it is critical that mechanisms are put in place to evaluate the outcomes of these programs for their members, as is the case for any member-facing mental health programming.

Police services must be mindful of delivering such services within the context of any internal or external investigations (such as SIU) and should take care to ensure that members are not exposed to any undue liability as a result of their participation in post-incident crisis intervention.

Conclusion

Post-incident mental health contact, when conducted appropriately, can be a key component of supporting officers and civilians after exposure to a potentially traumatic event. Initial contacts focused on acknowledging the significance of the event, educating about the normal psychological and physical reactions to expect, providing practical strategies for managing these reactions (ie. Diaphragmatic breathing, progressive muscle relaxation, etc.), and offering follow-up for those who begin to develop symptoms may be beneficial. However, more research is necessary to determine the effectiveness of such programs on improving mental health outcomes for those who participate.

References and Further Reading

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