

POST-TRAUMATIC STRESS PROCEDURES

<p style="text-align: center;">WILLIAMSTOWN POLICE DEPARTMENT POLICY & PROCEDURE NO. 2.21</p>	<p style="text-align: center;">EFFECTIVE DATE: 12/10/2021</p>
<p style="text-align: center;">MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED: none</p>	<p style="text-align: center;">REVISION DATE: 12/10/2021</p> <p style="text-align: center;">REVIEW DATE: 12/10/2022</p>

I. GENERAL CONSIDERATIONS AND GUIDELINES

Law enforcement duties expose employees to mentally painful and highly stressful situations that cannot be resolved through normal stress coping mechanisms. Unless adequately treated, these situations can cause disabling emotional and physical problems. Deadly force encounters, in an on or off duty incident, resulting in death or serious bodily injury to another person or being involved in a critical incident may precipitate such stress disorders. Exposure to deaths or accident scenes or a close encounter with death may also result in such a reaction. Persons who suffer more serious reactions, or do not receive proper assistance, may occasionally leave law enforcement in the aftermath, and may suffer from long-term consequences.

It is the responsibility of this department to provide personnel with information on stress disorders, train employees as to what to expect prior to, during, and after deadly force encounter or other incident that has resulted in death or serious bodily injury to a person and provide care and support following such an event.

The purpose of this policy is to provide guidelines that shall be uniformly applied following any officer-involved deadly force or other incident that has resulted in death or serious bodily injury, in order to minimize the chances that involved personnel will develop or suffer from post-traumatic stress disorder.

If an officer experiences post-traumatic stress, he or she may use sick leave, but without a physical trauma, the officer may not be eligible for injury leave.

II. POLICY

It is the policy of this department to take immediate action after incidents where:

1. A deadly force encounter causes death or serious bodily injury to an officer or another person to safeguard the continued good mental health of all involved personnel;
2. Police employees are involved with a particularly troubling death or serious injury to another person; or
3. A police employee is involved in a close encounter (close call) with death.

It is the policy of this department to take immediate action following any critical shooting incident or critical assault incident to:

1. Secure medical attention for all injured parties;
2. Safeguard the continued good mental and emotional health of all involved personnel and;
3. Ensure a thorough and complete investigation of the incident.

III. DEFINITIONS

A. *Officer-Involved Deadly Force Incident*: A line-of-duty or off-duty incident where a deadly force encounter causes death or serious bodily injury to an officer or other person.

B. *Stress Disorder*: An anxiety disorder that can result from exposure from exposure to short-term severe stress, or the long-term build-up of repetitive and prolonged milder stress. The person must have experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others. The person's response to the event(s) will have involved intense fear, helplessness, or horror.

1. *Acute Stress Disorder*: A category of stress disorder lasting for a minimum of two days and a maximum of four weeks occurring within four weeks of the event(s).

2. *Post-Traumatic Stress Disorder*: A category of stress disorder in which the symptoms last more than one month. This can result from exposure to short-term severe stress, or the long-term buildup of repetitive and prolonged milder stress.

NOTE: These are guidelines intended to help officers understand what is expected of them and are not intended as medical definitions or standards for disability determinations.

- C. *Acute Stress Disorder*: An anxiety disorder that can result from exposure to a traumatic event and occurs within 30 days of exposure.
- D. *Critical Incident*: An incident that is unusual, violent and involves a perceived threat to, or actual loss of, human life that may overwhelm an individual's normal coping mechanisms and cause extreme psychological distress.

IV. PROCEDURES

A. Awareness of Post-Incident

- A.1. Each officer experiences the emotional aftermath of a deadly force encounter in a personal manner that depends on many factors. These include:
- A.1.a. The officer's perceived vulnerability during the incident;
 - A.1.b. The amount of control he or she had over the situation and the individual's ability to react effectively;
 - A.1.c. His or her expectations concerning combat situations and how closely those expectations correlated with what happened during the incident;
 - A.1.d. How close or far away physically the officer was from the suspect;
 - A.1.e. How bloody the encounter was;
 - A.1.f. The reputation of the suspect, for example, whether he or she was a murderer or a scared teenager;
 - A.1.g. The perceived "fairness" of the situation, for example, shooting a person who used the officer to commit suicide is perceived as unfair and may produce anger or other reactions in the officer;
 - A.1.h. Legal and administrative consequences of the officer's actions;
 - A.1.i. The amount of stress in the officer's life and his or her level of emotional adjustment;
 - A.1.j. Personal coping skills; and
 - A.1.k. Level of peer and family support.
- A.2. The traumatic experience starts when a situation puts the life of an officer or another person in danger, and the officer makes the decision to use deadly force. Often, physical, psychological, and emotional phenomena may occur during the brief moments of peak stress, many of which may be confusing to the officer.

- A.2.a. *Sensory reactions.* It is quite common to experience perceptual distortions of various types. It is important that Supervisors at the scene and investigators assigned to the shooting know these sensory distortions are normal and common.
- A.2.b. *Physical and emotional reactions.* The shock disruption phase starts when the shooting ends. An officer may experience a few minutes of shock symptoms such as tremors, shaking, crying, nausea, or hyperventilation among others. These are symptoms of the de-escalation of stress that sometimes occurs when a high-impact situation is over, and are not signs of weakness.
- A.3. It is important to remember that the officer may be very sensitive to others' reactions, particularly in regard to whether the department will stand behind him or her.

B. Handling of Officers at Scene of a Deadly Force Incident

B.1. IMMEDIATE AFTERCARE

- B.1.a. The Chief of Police or Lieutenant shall be notified.
- B.1.b. The Shift Supervisor and/or the Chief of Police shall be dispatched to the scene of the incident and shall ensure that involved personnel are cared for.
- B.1.c. The Shift Supervisor and/or the Chief of Police shall ensure that arrangements for all necessary medical treatment are made.

Whenever possible, assign officers to accompany injured or deceased personnel to a medical facility or medical examiner's office to take custody of and safeguard any relevant evidence and personal property.

Assign officers to accompany any injured suspect to a medical facility in order to record any statement admissions, or declarations made, and safeguard the defendant pending filing of formal charges.

- B.1.d. During any period where involved employees are required to remain on the scene, but have no immediate duties to fulfill, they should remain in a quiet area away from the scene of the incident.
- B.1.e. A union representative, supportive officer or friend should remain with the officer.
- B.1.e.1) They should be advised not to discuss details of the incident.
- B.1.e.2) They should attempt to be reassuring and supportive without being unrealistic.

f. If the incident resulted in the death of any party, notify the DA's CPAC unit.

B.1.g. The Shift Supervisor and/or Chief of Police should arrange for the officers directly involved in the incident to leave the scene as soon as possible, and be taken to a quiet, secure setting.

B.1.h. No caffeine or other stimulants or depressants should be given to the officer unless administered by medical personnel.

B.1.i. The officer should be given some physical space as soon as practicable so he or she may regain some composure and attempt to relax.

B.2. ON SCENE EMPLOYEE BRIEFING

B.2.a. Where possible, the Shift Supervisor and/or Chief of Police shall briefly meet with the involved employee(s).

B.2.b. Only minimal, preliminary questions should be asked about the incident. The officer should be advised that a more detailed debriefing will be conducted at a later time.

B.2.c. The investigative procedure concerning the incident should be discussed with the officer.

B.2.d. The officer should be advised that he or she may seek union representation and/or legal counsel. (Miranda and Garrity standards)

B.2.e. The officers should be advised not to discuss the incident with anyone except a personal attorney, union representative, or departmental/CPAC investigator, until the conclusion of the preliminary investigation.

B.2.f. Involved officers should notify their families about the incident as soon as possible.

B.2.f.1) Where an officer is unable to do so, an agency official shall personally notify his family, and arrange for their transportation to the hospital.

B.2.f.2) For further information, see the department policy **4.16 - Line of Duty Deaths and Serious Injuries**.

B.2.g. In order to protect against prank or abusive calls, officers should be advised to have phone calls answered by another person for several days if their names are released to the public.

B.2.h. At all times, when at the scene of the incident, the Supervisor/and or Chief of Police should handle the officer and all involved personnel in a manner that acknowledges the stress caused by the incident.

B.3. WEAPONS

Except as noted below, Williamstown Police Department personnel **will not** surrender their firearm(s) directly to any non-WPD investigative authority.

- a. A Command Staff member will collect and inspect the weapons of all affected personnel. This inspection will be conducted in conjunction with a CPAC detective or a ballisticsian from the State Police Crime Lab. The purpose of this inspection will be to identify all weapons fired during the incident and all weapons not fired. The Command Staff member will ensure that any weapon fired during the incident is secured as evidence.
- b. The Command Staff member will advise investigating authorities at the scene of the WPD policy regarding the surrender of weapons. The Chief of Police or Lieutenant must be consulted and approve the transfer of weapons to the State Police Crime Lab as evidence, or for ballistic testing.
- c. If the Chief of Police, or his designee, determines that a weapon should be surrendered, the weapon will be provided to a CPAC Detective via a departmental receipt.
- d. Subsequently, another WPD firearm should be issued to the officer(s) whose weapon(s) was turned over to the investigating agency, if deemed appropriate by the Chief of Police, or his designee. The officer must then qualify with the new firearm within thirty (30) days. If the weapon is not replaced immediately during/following the incident, the officer should be advised that it will be replaced at a later time, as appropriate.

4. INTERVIEWS

The Chief of Police or Lieutenant will be fully informed and concur **prior** to the interview any WPD employee by any investigative authority, regarding statements of participants or witnesses in any critical incident.

1. Generally, affected WPD employees will be available for interviews with investigative authorities when an injury has occurred as the result of a critical incident. However, whenever possible, **no** interviews will be permitted until the employee:
 - a. has been removed from the incident scene;
 - b. has met with their supervisors(s);
 - c. has been cleared medically;

- d. has been advised to their right to union representation and the representative is present if the employee desires;
 - e. has been advised of their right to an attorney and has an attorney present if the employee desires, and;
 - f. has had an opportunity to compose themselves.
2. Consistent with the above and after being given a reasonable time in which to regain their composure, obtain medical attention, or recover from the initial stress related psychological effects, if necessary, WPD employees must fully cooperate with WPD, CPAC, or any other law enforcement agency with jurisdiction in the investigation of the critical incident.

C. Post-Incident Procedures

C.1. DEBRIEFING

- C.1.a. Debriefings shall be held as soon as possible after the incident.
- C.1.b. The department shall ensure that there is a debriefer or team is on call or on-duty at all times so that someone is available shortly after an incident.
- C.1.c. The debriefing shall include all persons immediately involved with the deadly force incident as well as support personnel to include:
 - C.1.c.1) Police officers involved in the encounter;
 - C.1.c.2) Police officers who immediately responded to the incident;
 - C.1.c.3) Dispatchers on duty at the time of the incident; and
 - C.1.c.4) Supervisors who responded to the incident;

C.2. REMOVAL FROM LINE DUTY ASSIGNMENT: Any employee, whose action(s) or use of force results in death or serious physical injury, shall be removed from line-duty assignment but shall remain available for any necessary administrative investigations. This is not a suspension and does not imply any wrongdoing. (See the department policy **1.10 - Use of Force Reporting**).

C.3. COUNSELING

- C.3.a. All officers directly involved in the deadly force incident shall be required to contact a department designated specialist for counseling and evaluation as soon as practical after the incident.

C.3.a.1) Involved support personnel (dispatchers, etc.) should also be encouraged to contact such specialists after a deadly force incident.

C.3.a.2) The confidentiality of the counseling session will be respected by the department. The specialist shall only be required to advise the agency:

C.3.a.2.a) Whether it would be in the officers' best interest to remain on or to be placed on administrative leave or light duty, and for how long;

C.3.a.2.b) If the employee should be relieved of his or her duty weapon after an incident and, at what point it should be returned;

C.3.a.2.c) Recommendations for continued counseling.

C.3.b. The department strongly encourages the families of the involved officers to take advantage of available counseling services.

C.4. OTHER EMPLOYEES

C.4.a. The department should brief other employees concerning the incident so that rumors are kept to a minimum.

C.4.b. Department members are encouraged to show the involved officers their concern.

C.4.c. All personnel involved in a shooting incident should be advised that they are not permitted to speak with the media about the incident. Officers shall refer inquiries from the media to the Chief of Police, unless otherwise authorized to release a statement pertaining to the incident. See departmental policy **4.46 - Police Media Relations**.

D. Signs of Post-traumatic stress disorder

D.1. Employees who have experienced a frightening or life-threatening experience may conduct a self-assessment by asking themselves:ⁱ

D.1.a. Am I keeping my feelings hidden?

D.1.b. Am I minimizing what has happened?

D.1.c. Do I know all the facts?

D.1.d. What am I feeling?

D.1.e. Do I have a support System in place?

D.2. EMOTIONAL SIGNS OF TRAUMA

D.2.a. Anxiety or panic,

D.2.b. Survivor's guilt,

- D.2.c. Fear.
 - D.2.d. Denial,
 - D.2.e. depression,
 - D.2.f. Feeling hopeless, helpless, overwhelmed or numb,
 - D.2.g. Intense anger,
 - D.2.h. irritability, aggression, apprehension,
 - D.2.i. uncertainty,
 - D.2.j. Dwelling on details of the event,
 - D.2.k. Suicidal thoughts, loss of belief in a higher being.
- D.3. PHYSICAL SIGNS OF TRAUMA
- D.3.a. Fatigue,
 - D.3.b. Chest pain, trouble breathing, high blood pressure, rapid heart rate,
 - D.3.c. Stomach pains, indigestion, headaches,
 - D.3.d. Dizziness, vomiting, sweating, chills, diarrhea,
 - D.3.e. Muscle aches, weakness, trembling.
- D.4. COGNITIVE SIGNS OF TRAUMA
- D.4.a. Confusion, disorientation, trouble making decisions,
 - D.4.b. Hyper-alert, memory and concentration problems,
 - D.4.c. Dreams, nightmares, flashbacks of the event,
 - D.4.d. Calculation problems, disruption in logical thinking,
 - D.4.e. Slowed thinking,
 - D.4.f. Blaming others.
- D.5. BEHAVIORAL SIGNS OF TRAUMA
- D.5.a. Hyper-vigilance,
 - D.5.b. Restlessness,
 - D.5.c. Change in speech patterns,
 - D.5.d. Emotional outbursts, arguments, acts of violence,
 - D.5.e. Withdrawal, suspicion, excessive silence, paranoia,
 - D.5.f. Increase in consuming alcohol, tobacco, drugs, food,
 - D.5.g. Loss of interests,
 - D.5.h. Disruption in eating habits,

- D.5.i. Gambling, buying sprees, promiscuity,
 - D.5.j. Changes in work habits and interaction with others,
 - D.5.K. Unexplained or prolonged crying spells.
- D.6. EMPLOYEE SELF-HELP: Employees experiencing such symptoms following a frightening or traumatic event should seek professional intervention by speaking to their supervisor, through the Employee Assistance Program, or a mental health professional.

E. Role of Involved Employees Supervisor

- E.1. Post-traumatic stress disorders may not arise immediately, or the employees may attempt to hide the problem.
- E.2. The Command Staff must be aware of and monitor the behavior of officers for symptoms of post-traumatic stress disorder.
- E.3. The Command Staff may:
 - E.3.a. Suggest to an employee that the employee seek assistance or counseling from a mental health specialist; or
 - E.3.b. Recommend, upon a reasonable belief that stress may be disrupting the officer's job performance, through the chain of command, that an employee be referred by the department to assistance or counseling from a mental health specialist.
- E.4. The Command Staff is responsible for making information about the agency's mental health services available to their officers.

F. Pre-Incident Training

- F.1. Employees shall receive awareness training regarding this department's post-traumatic stress procedures at least biennially.
- F.2. Such training shall include information and warnings about symptoms and results of traumatic stress exposure in a law enforcement setting, particularly involving a deadly force encounter:
 - F.2.a. Anticipated uncontrolled individual physiological response to anticipated combat:
 - F.2.a.1) Increased heart rate;
 - F.2.a.2) Increased respiration;
 - F.2.a.3) Muscle tremors; and
 - F.2.a.4) Anxiety.
 - F.2.b. Anticipated uncontrolled individual physiological responses to combat:
 - F.2.b.1) Tunnel vision;

- F.2.b.2) Auditory exclusion (tunnel hearing);
 - F.2.b.3) Loss of fine/complex motor skills;
 - F.2.b.4) Irrational behavior (unexplained risk taking to aid others, etc.);
 - F.2.b.5) Inability to think clearly;
 - F.2.b.6) Increased strength;
 - F.2.b.7) Uncontrolled evacuation of bladder or bowels; and
 - F.2.b.8) Increased respiration.
- F.2.c. Anticipated individual physical responses to a post-deadly force incident. See **Signs of Post-Traumatic Stress Disorder** in this policy.
- F.2.d. Anticipated individual psychological responses to a post-deadly force incident. See **Signs of Post-Traumatic Stress Disorder** in this policy. These may include:
- F.2.d.1) Emotional signs of trauma;
 - F.2.d.2) Cognitive signs of trauma; and
 - F.2.d.3) Behavioral signs of trauma.
- F.2.e. Department response including:
- F.2.e.1) Any employee, whose action(s) or use of force results in death or serious physical injury, shall be removed from line-duty assignment (See the department policy **1.10 - Use of Force Reporting**).
 - F.2.e.2) Officers directly involved in a shooting incident shall be required to re-qualify with a firearm prior to returning to field duty.
 - F.2.e.3) The department response shall include a review of the use of force (See the department policy **1.10 - Use of Force Reporting**).
 - F.2.e.4) The employee will be asked to provide a brief description of the incident. A longer, more detailed interview will be arranged at a later time
- F.2.f. District Attorney's Office Response
- F.2.f.1) The District Attorney's Office must be notified of all cases of un-natural deaths and has jurisdiction over the investigation. ⁱⁱ

F.2.f.2) The District Attorney's representatives (CPAC) will likely respond and investigate in conjunction with the department.

F.2.g. Possible Media Response (See the department's policy **4.46 - Police Media Relations**)

F.2.g.1) The employees should expect a media presence at the scene of the incident.

F.2.g.2) Employees should expect extensive coverage of the incident.

F.2.g.3) Media representatives are likely to attempt to make contact with individual employees, their families, and friends. Media inquiries should be politely referred to the Chief of Police.

F.2.g.4) Print and visual media reports may not describe the incident accurately.

F.2.g.5) Media coverage of the incident could become adversarial or hostile toward the employees involved.

F.2.h. Possible Public Response

F.2.h.1) Employees should expect a wide range of public responses, from support to accusations of wrongdoing.

F.2.h.2) Agenda driven individuals or organizations may make false claims, ignore facts, and criticize the employees.

F.2.h.3) The employee's family members and close friends should expect to hear a variety of accounts of the incident and opinions about the officers' actions which are based on rumor or ignorance of the facts.

F.2.i. Possible Legal Response

F.2.i.1) Civil action by the assailant or assailant's estate.

F.2.i.2) Criminal prosecution.

i

Kates, Allen R., *CopShock: surviving post traumatic stress disorder*, Holbrook Street Press, Tucson, Arizona, 1999; *Battlemind: Mild Traumatic Brain Injury and Post Traumatic Stress Disorder*, Facilitators Guide, Battlemind Training Systems Office, U.S. Army 2007

ii

M.G.L. c. 38, §4.