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### **Officer-Involved Shooting Guidelines**

*Ratified by the IACP Psychological Services Section*

*Los Angeles, California, 2004*

*These guidelines were developed to provide information and recommendations on constructively supporting officers involved in a shooting. The field experience of members of the IACP's Psychological Services Section suggests that following these guidelines can reduce the probability of long-lasting psychological and emotional problems resulting from a shooting incident. These guidelines are not meant to be a rigid protocol and work best when applied in a case-by-case manner appropriate to each unique situation.*

#### **Agency Protocol Recommendations**

1. Prior to any shooting incident, agencies are encouraged to train all officers, supervisors, and family members in acute stress and traumatic reactions and what to expect personally, departmentally, and legally after a shooting incident.
2. Prior to any shooting incident, it is in the agency's best interest to establish a working relationship with a trained, licensed mental health professional, who is experienced in the law enforcement culture as well as in providing post-shooting interventions. The department should notify the mental health professional as soon as possible and facilitate a post-shooting intervention by the mental health professional. Some guidelines for the mental health professional's intervention are addressed below.
3. Immediately after an incident, provide physical first aid and communicate emotional support and reassurance to involved officers and other personnel.
4. Offer the officer an opportunity to step away from the scene and away from media attention (by waiting at a remote location, for instance). When possible, place the officer with supportive peers or supervisors and return the officer to the scene only if strictly necessary. Personnel on the scene should help the officer follow departmental policies regarding talking about the incident before the initial investigation interviews. If the officer has an immediate need to talk about the incident, he or she should be provided with a resource that offers the officer confidentiality or privileged communication.
5. Ideally, the officer should be provided with some recovery time before detailed interviewing begins. This can range from a few hours to overnight. Officers who have been afforded this opportunity are likely to provide a more coherent and accurate statements. Providing a secure setting, insulated from the press and curious officers, is desirable during the interview process.

6. Explain to the officer what is likely to happen administratively during the next few hours and the reasons behind the planned actions. Within two days, explain the entire process of the investigation as well as any potential actions by the media, grand jury, or review board. Also, discuss any concerns raised by the officer. A summary of procedures can be provided in a written format that the officer can refer to during the first few hours after the incident.

7. It may be helpful to provide an information sheet or booklet that reviews the body's response to shooting incidents and what the officer can do to facilitate recovery. The officer can refer to this information after the post-shooting intervention, and perhaps share it with significant others.

8. If the officer's firearm has been taken as evidence, it should be replaced as soon as possible. When this is not possible, the officer should be told why and when the weapon is likely to be returned. Officers, especially those in uniform, may feel vulnerable when unarmed and become concerned that an administrative action has been undertaken. It is desirable to assign an armed companion officer to stay with the officer under these circumstances.

9. If the officer has not been injured, the officer or a department representative should contact the family to inform them of the occurrence before other sources are able to do so. If the officer is injured, a department member, preferably one known to the family, should meet family members and drive them to the hospital. An offer to call friends, chaplains, etc. should be made to ensure that the family has an adequate support system available to them.

10. It may be desirable to provide the officer with a few days of administrative leave to protect him or her from possible retaliation by the suspect and to allow the officer to marshal his or her natural coping skills to deal with the emotional impact of the incident. Make sure that the officer understands that this is an administrative leave, not a suspension with pay.

11. It may be in the best interest of the officer and the agency to modify the officer's duties until the initial criminal investigation, internal shooting review board investigation, grand jury investigation, coroner's inquest, and district attorney's statements have all been completed. This practice protects the officer from potential legal and emotional problems that might arise from involvement in another critical incident before the first one has been resolved or from coming into contact with suspects or witnesses to the shooting while on the job.

12. Agencies, in cooperation with the affected officer, should consider the readiness of an officer to return to regular duties. For example, it may be preferable to work a different shift or a different beat for a period of time. It may also be helpful to permit an officer to team up with a co-worker for several shifts.

13. If the officer has a published home telephone number, it may be advisable to have a friend or telephone answering machine screen telephone calls to prevent any annoying or threatening calls from reaching the officer or family members.

14. Whenever possible, an administrator should inform the rest of the department, or at least the officer's supervisors and his or her team, about the shooting. This practice will reduce the number of questions asked of those involved and will also help to deal with any rumors that may have arisen as a consequence of the event.

15. Agencies should make every effort to expedite the completion of administrative and criminal investigations and advise the officer of the outcomes as soon as possible. Lengthy investigations can cause distress to the officer.

16. Departments should assess the reactions of any other involved emergency service personnel (including dispatchers) and provide appropriate interventions as described above.

17. The option of talking to peers who have had a similar experience can be quite helpful to personnel at the scene. Peer support personnel may also be an asset participating in group interventions in conjunction with a mental health professional, and can be an asset in providing follow-up support. Family members may also greatly benefit from the peer support of family members or other officers who have been involved in shooting incidents. The formation and administrative backing of peer support and outreach teams for officers and family members may prove to be a wise investment after a shooting incident. However, peer support should never take the place of an intervention by a mental health professional.

18. Personal concern and support for the officer involved in the shooting, communicated from high-ranking administrators, can provide an extra measure of reassurance and comfort. The administrator does not have to comment on the situation, or make further statements regarding legal or departmental resolution, but can show concern and empathy for the officer during this stressful experience.

19. Shootings are complex events often involving officers; command staff; union representatives; internal affairs units; peer support teams; district attorneys; investigators; city, town, or county counsel; personal attorneys; city, town, or county politicians; the media; and others. Potentially involved parties may benefit from establishing locally acceptable procedures and protocols on handling these stressful, high profile events to avoid conflict among the many different interests. Continued regular communication will help ensure smooth functioning and necessary adjustments.

### **Recommendations for Post-shooting Interventions by a Mental Health Professional**

20. A post-shooting intervention should be conducted by a licensed mental health professional trained to work with law enforcement personnel. Care should be taken in selecting a mental health professional to ensure that he or she has a strong educational background, knowledge and experience in the treatment of trauma, and a full spectrum of clinical experience with law enforcement in all types of mental health issues. The credentials and experience of the mental health professional are crucial in conducting post-shooting interventions. Law enforcement administrators are encouraged to examine the mental health professional's background for training and experience with interventions in a law enforcement setting.

21. The initial post-shooting intervention should occur within one week after the shooting incident. The initial goal should be to reduce arousal and provide an opportunity for education and support. Your mental health professional may wish to break up an initial contact to provide information first, and then make a contact later to help the officer process what happened during the shooting. Other experienced police mental health professionals prefer an integrated contact initially.

22. Each agency must decide if the post-shooting intervention will be voluntary or mandatory. Despite progress in the recognition of the place of mental health professionals in the field of law enforcement, many officers would still decline to participate if post-shooting interventions were offered solely on a voluntary basis. If the post-shooting intervention is mandatory and part of the standard operating procedure, this may help reduce the stigma of seeking help for the officer involved. However, voluntary interventions can reduce resentment and leave an officer feeling more in control at a time when the officer may feel he or she has lost control over what happens to him or her. An alternative is to require that an officer report to the department mental health professional and obtain any information or education that is available, but leaving the officer the option to participate, postpone or decline any intervention that requires sharing his or her personal experience. People reach the point of wanting to process an emotional experience at different times after an event. This can be dependent on other events and activities in an officer's life, the previous experiences with emotionally arousing events, or the individual's personal survival strategy and emotional defenses.

23. It is recommended that post-shooting interventions be done during on-duty time.

24. A single contact with a mental health professional may prove to be inadequate for officers who have been severely affected by an event. Also, a subset of officers may experience delayed onset of problems. Follow-up sessions should be made available to every officer involved.

25. It should also be made clear that the post-shooting intervention is a privileged communication between the mental health professional and the officer involved. There should never be an attempt to gain information about what is said in these sessions by anyone without the permission of the officer.

26. During the post-shooting intervention, there are numerous opportunities for the mental health professional to screen for unusual circumstances (past or present) that could intensify the impact of this particular incident on the officer. The mental health professional should also informally assess, for the sole purpose of voluntary referral, which officers may need additional or alternative types of assistance as part of their recovery process. If appropriate, referrals should then be offered to chaplains programs, peer support programs, additional counseling, and so on. Much of the time, the normalization process during the post-shooting intervention provides sufficient support to facilitate individual coping mechanisms. Frequently, after a life-threatening incident, officers are most concerned about how they reacted physiologically and emotionally, and whether these reactions were normal. Receiving reassurance during the post-shooting intervention frequently reduces worry, anxiety, and negative self-assessment. If not addressed, these reactions can frequently lead to more severe and chronic problems, and the need for treatment oriented services.

27. All interventions that did not lead to ongoing contacts with the mental health professional should have follow-up contact or a phone call from the mental health professional within four months.

28. Opportunities for a conjoint or family counseling session with the spouse, children, or significant others should be made available when appropriate.

29. It should be made clear to all involved personnel and their supervisors that post-shooting interventions are separate and distinct from any fitness-for-duty assessments or administrative or

investigative procedures. This does not preclude a supervisor from requesting a formal fitness-for-duty evaluation based upon concerns about the officer's ability to perform his or her job due to emotional or psychological issues. However, the mere fact of being involved in a shooting does not necessitate such an evaluation prior to return to duty.

30. If a fitness-for-duty evaluation is required, it should not be provided by the mental health professional who did a post-shooting intervention with the officer. A department may choose to enlist the mental health professional who did the post-shooting intervention to help the officer make decisions about returning to duty. In that situation, the department must understand the officer has the right to privilege and confidentiality for anything said in the session that does not pose an imminent threat to self or others.

31. In large-scale operations or incidents, group interventions may be beneficial. It is essential that the groups be screened so they contain individuals who responded to the same event, and that individual counseling referrals be available for those needing or wanting additional assistance. It is often not advisable for the primary officers (those who discharged their weapons) to be included in groups unless they truly desire it. The mental health professional and department administrators should consider legal ramifications caused by the changes in confidentiality and privilege that occur when information is processed in group settings. Legal considerations will vary from state to state.