



Part One: The Psychological Impact and Response to an Officer-Involved Shooting (OIS)

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Editor's note: This article is the first in a three-part series. In our next issue of the Courier, you will find Part Two: Departments and Families, and in the following issue, you'll be presented with

Part Three: Wrapping It Up with Coping Skills. If you have any non-emergency questions or comments, please feel free to email them to Lynda@aocds.org and she'll pass them along to The Counseling Team International. You can also contact TCTI directly 24 hours a day, 365 days a year at 1-844-655-1035.

So many of us are wondering what is going on right now in our country, and

of course California, when it comes to the attacks and violence towards our law enforcement officers. According to the "officer down page," we have lost 26 police officers to gun fire. That is an increase of 24% from 2020. This is unacceptable, painful, and frustrating. The Counseling Team International (TCTI) has responded to more than 1,500 Officer-Involved Shootings (OIS) throughout the years. We have been providing our Behavioral Health and Wellness Services to law enforcement agencies and have talked to more than 3,000 officers involved in shootings. This article will discuss the reactions and impact on those involved in an OIS, during and after the event.

Whenever a Law Enforcement officer (LEO) is involved in a shooting situation, certain mental and psychological reactions

take place. During these severely stressful situations, where an LEO may kill or seriously injure another person, stress can be so severe that much of the trauma is internalized. This occurs as a defense mechanism because the stress is too intense for the LEO to handle in the moment. It is this internalization of stress that can lead the officer into a journey of traumatic stress reactions.

Let's start with the immediate reactions as the situation explodes. There is an instant increase in adrenaline which leads to a physiological arousal. Perceptual distortions are commonly experienced by officers during moments of peak stress. Many officers will talk about their perceptual distortions. Time either slows down or speeds up. Many have told us that it appeared time slowed down. They have

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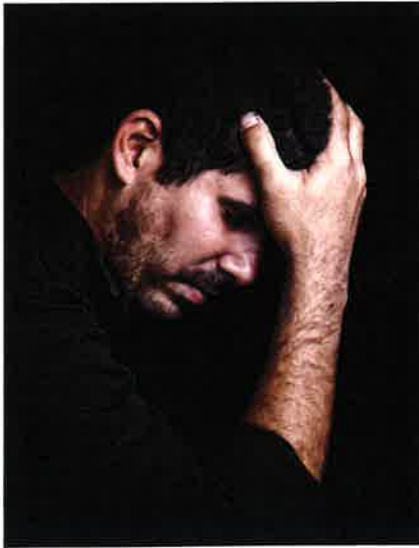
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said they feel like they are moving in slow motion, and oddly enough, claim they could see the bullet leave their weapon and make several turns. There are those who talk about auditory distortions, which are diminished sounds (never hear their weapons fire, or the suspects weapon fire), or they say they experience intensified sounds; most have experienced diminished sounds. There are also visual distortions. There can be a heightened

level of details remembered, and more importantly, a tunnel vision experience happens.

When we interact with an LEO after a shooting, we always try to help them understand that their reactions are normal responses to an abnormal situation. Think about it. Not many people will ever be faced with an incident like this, except our LEOs, but even for them it's an abnormal event. Even though OIS' are on the rise, it is my hope that it never becomes so routine or normal for any LEO.

There are a variety of emotions felt within a couple of days after an OIS. Reactions may continue for several days, weeks or longer, depending on the situation, the officers' support system, and coping skills. They are:

- **Sense of Vulnerability:** Especially now, with not knowing who the attacker might be. Our LEOs are more worried now than ever of being ambushed.
- **Second Guessing:** Officers have always done some second guessing of their actions, because they always wish it would have come to a peaceful resolution and that they never would have had to fire their weapon. Now, they have more second guessing because they are worried about the community reacting more negatively regarding any OIS. We have been told that the worry and concern is greater now because they don't feel they have the backing of their communities. Worrying about whether they are going to be judged constantly for their actions can cause anger and irritability. The anger can be from the frustration of being "Monday morning quarterbacked," especially because it is done by those who were not there, and know nothing about police work. The anger can also be directed towards the suspect(s) for putting them in the position they now find themselves in.
- **Sleep Difficulties:** After an OIS, officers will talk about the adrenaline they know they still have in their systems. This can cause them to remain awake when they are craving sleep. It takes a while for the adrenaline to leave their systems, so sleep is less frequent. This causes fatigue and is one of the

reasons why they are given time off after an OIS, so they can get through a few sleep cycles before they return to work. Officers may also experience problems sleeping due to nightmares or terror dreams. There are those "cop" dreams that keep them from getting the right amount of sleep. For example, they may have a dream about their weapon not firing, missing their target, or being shot. They have also told us about the nightmares where their gun barrel melts, and the bullets drop to the ground.

- **Isolation:** If an officer begins to isolate from their regular support system after an OIS, peer support would be perfect to jump in and support the officer, so their isolation does not lead to withdrawing from their friends and family. They also are isolated from their work support group that they have become accustomed to having around, due to their placement on administrative leave, depending on the circumstances. They don't like being told not to have contact with anyone at work until the investigation is finished (which is understandable), but it keeps them away from their friends and co-workers. This withdrawal also comes from feeling alone, and they begin to feel that they are the only ones that have ever gone through these emotions.

Providing a peer supporter that has been through a shooting really helps confirm that they are not alone and that someone else has



experienced many of the same reactions. When we discuss the "disrupted memory" experience, which is broken into two parts, we can sense they are relieved because they think they are supposed to remember all the details about the OIS, and that may not be possible. We have had officers remember details of their shooting ten years later. It happens. Explicit memory refers to the recollection of facts and events; this is how we usually identify memory. Implicit memory is skills and habits, similar to a reflex action (riding a bike). There is no conscious thought process in implicit memory. Our memories can also be "flashbulb" memories, which is one part of the event they remember, and what keeps coming back to them in their daily lives. There have been some officers who describe "dissociation," which can upset them, because they have never felt that way before their OIS. It is a process that produces a discernible alteration in an officers thought, feeling or actions so that, for a

period of time, certain information is not integrated as it normally or logically would be. It may occur during or shortly after an OIS if it was one that was emotionally overwhelming. It does have adaptive survival value though because it can serve as a defense against experiencing overwhelming fear or helplessness or even physical pain during the OIS. It may interfere with the recall of an OIS. Another reaction which can come from this is emotionally numbing. They don't want to feel anything, so they shut out good feelings at the same time they are trying to shut out the bad feelings. This is a complaint from many families. Intrusive thoughts about the event can go on for a long time. They may think of the event and replay it repeatedly, like an automatic replay button, several hundred times a day. Fortunately, with the passage of time, it slows down; however, the replaying of the event can be haunting for some. TCTI provides "Eye Movement Desensitization Reprocessing (EMDR),"



which can help with these intrusive thoughts and disturbing memories. EMDR can also help with flashbacks if the officer experiences these, which by the way, are very rare but scary. A true flashback puts the officer back in the moment of the OIS and can be physically and emotionally disturbing. Depression may rear its ugly head after an OIS, because of the lack of sleep, the replaying of the event, and the stress involved in the entire situation. The lack of serotonin in their system has this negative effect. Also, just feeling bad, worried and concerned about the outcome of the investigation can cause an officer to slip into depression, until they have

been cleared and the investigation is over. Alcohol use and abuse doesn't help with depression. Many turn to alcohol to soothe their reactions, but in the long run, it only ends up making them feel worse. God forbid an LEO is killed in the shooting, but if they are, the surviving officers feel a tremendous amount of responsibility, and may live with "survivor guilt." A clinician who understands complicated grief issues can help the officer with this, for living with it can be haunting.

There are officers who will talk about sexual difficulties after an OIS, which can cause problems with their intimate partner. These difficulties most likely rise from the stress of the incident and dwelling on what happened. Once the focus of what happened begins to subside, and the obsessive thinking about it all the time decreases, this problem usually goes away.

One of the reactions and experiences we do not talk about enough is the fear. Fear is a normal reaction to the perception of danger and is used constructively in an OIS. We can't imagine any officer not experiencing some level of fear in a life-or-death situation. They are not robots; they want to live as much as everyone else does, and they want to protect other lives in the face of their own danger. Talking about fear is the best way to process it.

There are some officers who experience a lot of anxiety as a result of their shooting. They do not want to go back to the exact job duty they had before the shooting. The anxiety comes from worrying if it could happen to them again. The anxiety associated with the incident may be prolonged for the officer. Hopefully, counseling can help it not get to a phobic level.

There are a variety of physical reactions that occur, during and after the shooting, which can be worrisome for the officers involved. They are, nausea, hyperventilation, muscle tremors, profuse sweating, dizziness, chills, gastrointestinal cramps, headaches,

and chest pains. If any of these symptoms continue past what we consider "typical," we would want the LEO to see a physician. It's always better to be safe than sorry. What we don't want to happen is for the officer to have post-traumatic stress symptoms that last more than 30 days and at a level of distress that gets them a diagnosis of PTSD. It is manageable, but very hard to live with, depending on the severity of the symptoms.

After an OIS, some officers may lose interest in their work and feel differently about returning. The hypersensitivity to any comments made by coworkers or supervisors creates a lot of stress. They become extremely sensitive at work, tend to view comments as criticism and may feel the comments imply that they acted inappropriately. There are officers who re-evaluate their career choice. Frequently, they will consider giving up law enforcement as a career, and many re-evaluate their personal relationships. We hope with a lot of support, a re-evaluation causes the officers to make a stronger commitment to their families, and a stronger commitment to their departments and mission. It may help them remember why they became an officer in the first place, to protect and serve.

I realize that LEOs live daily with the thought of walking into a life and death situation and often diffuse the concern and worry with the tough guy, or gal, attitudes, telling themselves and each other, "It's no problem, I'm good," "I can handle anything." However, it seems that after being involved in an OIS, this superficial shield may dissolve.

Post shooting trauma has been at the forefront now for our officers' mental health and well-being. Admitting to symptoms and reactions are not seen as a sign of weakness, self-doubt or problematic.

If you are in an OIS, there are many coping strategies you can do to help you get through it. Here are a few:

- Adaptive Attitude: How you deal with an OIS is more important than the OIS itself. It's not life's events that make us feel the way we do, it's the view we take of them. Whatever you are trying to avoid will not go away

until you confront it. What you cannot communicate can ruin your life and relationships.

- **Normal Reactions:** Your emotions are normal reactions to an abnormal situation.
- **Talk It Out:** Talking about your emotions helps release them, reduces emotional intensity, and helps you define and clarify what you feel. As you talk, you tend to feel more control over your emotions; once you capture and articulate your feelings, you have some power over them.
- **Coping with Anger:** The first step is to acknowledge that you are angry. Then, probe your anger: angry at whom, at what, and how come? Discover what is underneath your anger, vulnerability, fear, etc. Identify what you are doing with your anger, what is it doing to (and for) you?
- **Responsibility Guilt:** We all want to believe we are in control of situations as they arise. So, if something goes wrong, "It must be my fault." Taking responsibility for what happened may be a way to avoid facing the vulnerability that comes with the realization that events were beyond one's control. You can't always control what's happening, but you CAN control your response.
- **Second Guessing:** Acknowledge and understand your perceptions before and during the incident that led to your actions. Knowing what was going on in your mind at the time will help you understand why you did what you did, differentiate what was and what wasn't under your control, and differentiate what you knew at the time and what was impossible to know.
- **Dealing with Fear and Vulnerability:** You may experience tremendous fear which confronts your sense of vulnerability. Realize fear is an automatic response to the perception of danger and is NOT a sign of weakness.

Naturally, TCTI believes in critical incident stress management programs. One of the components of a program is responding to an OIS and helping the officers, the dispatchers, the department, and family members survive the aftermath of an OIS. A debriefing intervention is held after a shooting incident to maintain the officers' well-being and continued success as an LEO.

There is support offered more now than ever for anyone involved in an OIS. The resources available for officers involved in an OIS are debriefings, one-on-ones, counseling, telehealth, family counseling, peer support and chaplain support.

We have done OIS research over the past 25 years and found that not everyone will experience the same reactions after being involved in a shooting. We know that 1/3 will experience mild or no traumatic reactions, 1/3 will experience moderate reactions and 1/3 will experience severe reactions. So many different variables determine why their reactions vary. There is the extent of involvement (Were they the shooter, were they a witness officer or did they not shoot?). There is the degree of control the officer

felt during the shooting, and the degree of threat. What was the proximity distance? The closer the officer is, the greater the impact. How much support does the officer have after the shooting? How supportive are their administrators, peers, and immediate supervisors? Were they judged and convicted by the media to be in the wrong? Most of all, to what extent did their families support them and how open were they to discuss the shooting with them? Openness and communicating does matter.



The Riverside Sheriff's Department holds an OIS workshop retreat a few times a year. TCTI receives a flyer with the pertinent information and is the best contact if you're interested. We recommend anyone involved in an OIS attend.

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- This course will address topics, such as survival, isolation, depression, danger signs, myth vs. reality of stress, perceptual distortion, and moment of resolve.
- Attendees must have successfully completed a POST approved Basic Police Academy and/or are currently employed with a city, county, state, or federal law enforcement agency. They also must have been involved in a police shooting (OIS) OR critical incident.

When an officer second guesses their actions, we explain to them the Frame of Mind 1 and Frame of Mind 2 concept, which I learned from Roger Solomon, Ph.D. We begin with them acknowledging and understanding their perceptions before and during the incident that led to their actions - this is Frame of Mind 1. We explain the destruction that happens if they judge themselves from Frame of Mind 2, which is the frame of mind they had when the situation was over, and

they now know all the previous unknown facts and consequences. Now the officer from Frame of Mind 2 looks back at their behavior and actions and second guesses what they were thinking in Frame 1. This is second guessing. To change this, we get them to get in touch with Frame of Mind 1 and then go through the shooting FRAME BY FRAME. Getting in touch with what was going on in their minds at the time will help them understand why they did what they did. It differentiates what was and what

wasn't under their control and differentiates what they knew at the time from what was impossible to know. Perhaps their perceptions of the situation were inaccurate or incomplete. Perceptions are modified by experience, and they can learn (expanding their perceptions and making them more accurate and complete) from the experience by examining Frame of Mind 1. We discuss and help them not to dwell on the past but rather focus on what they will do differently in the future.

In closing, the only person who understands what an LEO goes through is the officer in the OIS. They can try to explain the time pressure that was put on them, which ultimately impacts their actions, but it can be difficult. Officer-involved shootings are not black and white, there are many shades of gray. Hopefully, after a shooting, our officers will say to themselves out loud, "I did the right thing," "I did the best I could." What more can anybody ask of them?



*Be safe!
Doc Nancy*



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