



# Re-thinking the critical incident response (CIR) for police officers involved in ambush situations

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## ABSTRACT

Over the past decade, the role and expectations of police officers has undergone significant transformation. Challenges such as social media, societal pressures, officer fatigue, and increasingly sophisticated and lethal criminal activities have made the job more difficult. Specifically, police ambushes and targeted attacks have created a divide between officers and the communities they serve, often resulting in moral injury and mental health issues for officers. From a leadership perspective, ambushes have caused emotional distress, a situation that is becoming more frequent in Canada. The progression in crisis support practices has been slow, with many services still using Critical Incident Stress Debriefing, a program with questionable effectiveness and safety. An alternative strategy involves peer teams that are trained in clinical intervention techniques and have access to an external clinical psychology team. This setup offers peer team members the necessary support and guidance when assisting colleagues in distress. This trauma-informed approach, which considers the needs of individual officers while delivering quick and effective intervention, can reduce the impact of critical incidents on officer mental health.

**Key Words** Police; ambush; trauma; critical incident; debrief; peer support; mental health.

## INTRODUCTION

With almost 60 years of police service and over 20 years in peer support and counselling experience between them, the authors are well placed to write this timely article on the importance of a police/psychological support collaboration to best support police officers' mental health before and after a critical incident. The nature of crime and social problems have both intensified over the past three decades. The strain on service providers has also continually increased. Only recently have we begun to understand and acknowledge the jeopardy of moral injuries and post-traumatic stress on frontline personnel. Agencies have a responsibility to care for their members' mental health.

Reports such as the Ontario Ombudsman's report "In the Line of Duty" (Marin, 2012) and "Staying Visible, Staying Connected, for Life: Report of the expert panel on police officer deaths by suicide" (Chief Coroner of Ontario 2021) have played a significant role in bringing police officers' mental health and well-being to the forefront. The evolving nature and methods of crimes have heightened anxiety among frontline police officers across Canada. One area of concern is the increasing public scrutiny, disrespect, and antagonism

toward officers. For example, there has been a notable rise in ambushes and unprovoked assaults specifically targeting police officers in Canada (Rai et al., 2023). In this article, we explore the ambush phenomenon and highlight the need for evolved trauma mitigation processes outside of the familiar Critical Incident Stress Management (CISM) debrief model.

## AMBUSHED ON DUTY

Policing inherently involves risk, with officers often facing emergencies and violent criminals with little time to plan and prepare. However, ambushes are particularly egregious because they deceive officers into believing they are responding to help, only to be violently attacked. Such assaults underscore the vulnerability of police and can threaten the community's perception of law and order (White, 2020). Additionally, ambushes can significantly influence police attitudes and behaviours toward the public and impact the ongoing debate about officer safety (Balko, 2015).

The Federal Bureau of Investigation's (FBI's) Law Enforcement Officers Killed or Assaulted program distinguishes the differences between an ambush and other violent phenomena (Federal Bureau of Investigation, 2019). A premeditated

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ambush involves a scenario in which an unsuspecting officer is deliberately targeted or lured into a dangerous situation as the result of conscious consideration and planning by the offender. An unprovoked attack is an assault on an officer that, at the time of an incident, is not prompted by official contact between the officer and the offender (Federal Bureau of Investigation, 2019).

In other words, an unprovoked attack occurs without any long-term planning and is typically a crime of opportunity. The subject usually decides to act as the officer moves into their area or while an officer may be preoccupied with other duties (e.g., investigating a traffic accident). The International Association of Chiefs of Police reported that officers were killed about 54% of the time when they were ambushed. Blair and Duron (2022) predict ambushes to be deadly because they happen by surprise and officers are not adjusting their behaviour to deal with a potential threat. Typically seen as an occurrence that happens more frequently in the United States than in Canada, both ambushes and unprovoked attacks have been prevalent in the media in Canada. In 2022 and 2023, 10 Canadian police officers died in the line of duty, with 5 officers being ambushed (Rai et al., 2023).

## AMBUSH DIFFERENT FROM OTHER CRITICAL INCIDENTS

As a staff sergeant and team leader, the author Beth Milliard's platoon recently experienced an ambush that resulted in a deadly force encounter. Members of Milliard's platoon were called to a residence for a break and enter in progress. When the officers arrived on scene and exited their vehicles, a male started shooting from a bedroom window. Realizing he was not successful in hitting his target, he left the residence to face the officers head on. Besides minor injuries to one of Milliard's officers, none were physically hurt; however, they all felt the toll emotionally and psychologically. These types of incidents not only affect the members who are directly involved but the psyche of the whole platoon.

## MORAL INJURY

In an ambush scenario, a police officer is sent to a call believing they are going to assist someone in need. Upon arrival, without any forewarning, their role can swiftly shift from helper to victim in mere moments. In a split second, they can be compelled to take another person's life. Moral injury refers to the "moral and ethical challenges experienced by frontline professionals in the line of duty" (Papazoglou & Tuttle, 2018, p. 6). In ambush situations, police officers face moral injury as they grapple with the reality that someone intentionally devised a plan to harm or kill them simply because they are in uniform. Then they are compelled to use lethal force against that person.

Police officers can find themselves in conflict with the community they vowed to safeguard, leading to an ethical and moral dilemma. Involved officers are forced to grapple with the following question: why would those for whom I risk my life want to harm me? Clifton et al. (2018) explain that following the attacks on officers in Dallas, Texas, and Louisiana in 2016, officers who did not receive the appropriate professional support reported decreased motivation levels while at work. Some wanted to quit.

Traumatic experiences that pose a high level of personal threat, such as being ambushed, are more distressing to police officers than those that do not (McCaslin et al., 2006). McCaslin et al. (2006) found that officers whose critical incident was in the categories of duty-related violence or personal life threat had higher symptoms of hyperarousal than the officers whose critical incident involved a civilian death (Teaff, 2019). With the rise of ambushes and unprovoked attacks, it is crucial that police services embrace swift psychological intervention and incorporate a variety of programs and procedures to support members before and after a deadly force encounter.

## ROLE OF THE FRONTLINE SUPERVISOR

As leaders, we must be cognizant that, over time, in ambush situations officers may start to feel cognitive overload. When processing the incident, they realize the attack was initiated without warning and start to question their role and the high risk the job puts them in. For example, according to the Ontario Special Investigations Unit (SIU), both subject and witness officers are those who are directly involved. However, as supervisors, we must not forget the impacts on the officers who were indirectly involved. This includes those officers who held the scene, transported officer's equipment, provided peer support, and continue to come into work and pick up the workload for those officers who are off. It also affects the civilian staff who dispatch the call and play various support roles. In addition, an ambush has the potential to greatly impact the officer's family and significant others. Since these individuals often provide valuable support following an incident, it can be beneficial to involve them in the intervention process.

Leaders need to be mindful that people may respond to crisis events in a physical/physiological, psychological, behavioural, and spiritual/existential levels (Levers & Buck, 2012). In addition, the way an individual mentally processes an event will largely depend on their personal experiences. People's reactions and the extent to which they recover can differ greatly due to previous risk factors and experience. Supervisors should have a basic understanding of the purpose and utility of peer support programs, know the SIU process, be aware of the services debrief procedures, and have awareness of Workplace Safety programs. Knowledge, and in some cases re-vamping of internal policies and practice, gives experienced leaders an advantage when supporting members.

It is essential to consider group dynamics, existing relationships, and personal styles when deciding if senior leaders should engage with the affected group. In certain situations, senior leadership can offer crucial reassurance, guidance, and support. This largely depends on the leader's style and their previous connection with those impacted by the ambush. Therefore, selecting the most appropriate people to provide effective and well-received support is crucial.

Most police services have the best intentions when supporting their members. The response to officer wellness and how we support our members who have gone through critical incidents such as ambushes must change. Police services are encouraged to create partnerships with various psychological resources to best ensure members are supported well. Affected officers should be assessed and

provided appropriate treatments and consistent follow-up, including for their families and loved ones.

Organizations with established peer support teams need to ensure peers have established protocols incorporated before and after the incident. In this way, officers can be properly informed and assisted in processing traumatic events to ensure they can return to work with a healthy frame of mind.

## ISSUES WITH CRITICAL INCIDENT STRESS DEBRIEFING

Critical Incident Stress Debriefing (CISD), part of the CISM program, was developed by Jeffrey T. Mitchell. It has faced scrutiny regarding its effectiveness. Nevertheless, this program is extensively utilized in police services across North America. Concerns over protocol structure, appropriate referrals, psychoeducation, and risk assessment were noted as early as 2004 (Jacobs et al., 2004).

The CISD process is commonly employed, but there is insufficient evidence supporting its benefits (Dangermond et al., 2022; Khalid et al., 2022). Khalid et al. (2022) suggest that skilled clinicians can effectively use psychological interventions to address post-traumatic stress disorder (PTSD) among first responders. Moreover, Dangermond et al. (2022) discovered that psychoeducation programs, which improve mental health knowledge and build resilience, along with suicide prevention programs, are effective for first responder groups.

Further reviews indicate CISD might cause harm in some cases (Carlier et al., 1998, 2000; van Emmerik et al., 2002), often due to low facilitator skill level, poor protocol adherence, and group dynamic challenges (Williams et al., 2021). Mandatory debriefs that promote sharing details of any event with peers should be avoided, as they often do not reduce trauma symptoms effectively (Kenardy, 2000). Furthermore, facilitators using CISD in individual formats can overstep therapeutic boundaries. Conversely, trauma clinicians can assess recovery from ambushes and provide psychoeducation without pathologizing natural recovery. A different approach to debriefing is needed, especially considering the current environment of targeted attacks on police.

## NEW CONSIDERATIONS IN RESPONDING TO POLICE AMBUSHES

Providing timely and effective support to police officers after ambushes is crucial in reducing the impact of trauma and moral injury. In recognition of the urgent need for programs in first responder agencies that promote resilience, early issue identification, and swift intervention, a shift in service provision has been adopted. Historically, psychologists treating first responders who had endured severe trauma from their work would not see members come through their doors for years post incident. By the time they seek treatment, their symptoms of PTSD, panic, anxiety, and other challenges are often deeply entrenched. In the interim, many have developed additional issues such as addiction, workplace discipline problems, and marital breakdowns. Some become estranged from their children due to their challenging behaviours. This prolonged period of suffering frequently leads to the development of mood disorders, adding another layer of complexity to their struggles. This underscores the importance of early

intervention and support for first responders to prevent these cascading effects.

For a critical incident program to function effectively between police organizations and psychology clinics, it is essential to establish strategic relationships. Lara Sigurdson (one of the authors) has worked with trauma for many years. She describes a more ideal process for managing trauma. Sigurdson's program incorporates processes that guarantee a swift response to the needs of the organization and ensure that trauma clinicians are available when a critical incident arises. A common challenge is that police services struggle to have psychologists available when critical incidents take place.

## EARLY POST INCIDENT

The service should quickly determine which officers and communicators have been impacted by the ambush. This ensures that those participating played a central role in the event engendering appropriate group cohesion. Peer support teams are influential in ascertaining who is at risk in the early stages post event and are integral in providing information on the next steps in the debrief process and normalizing acute trauma reactions. In the aftermath of a targeted police attack, peer support teams should focus on offering practical assistance to members. This includes contacting families, supplying food and clean gear, providing transportation home, and sharing information about the next steps in the debriefing process.

The goal is to avoid conducting a detailed debrief within the first 3 days since members are likely to experience nervous system disruptions like sleep disturbances, fixation on event details, emotional fluctuations, hypervigilance, and significant discomfort. These reactions are normal responses to being attacked and do not necessarily indicate long-term problems. It is important to differentiate operational debriefs that are traditionally conducted in policing from a psychological debrief.

The main goal of an operational debrief is to review the actions undertaken during an operation, assess the success of the strategies and tactics used, identify any problems or challenges faced, and gather insights for future improvement. On the other hand, a psychological debrief is a structured process designed to offer support and aid recovery for those who have gone through a traumatic event. A key distinction is that psychological debriefs involve processing emotions, thoughts, reactions, and personal experiences related to the event, along with symptom exploration and assessment.

## IMPORTANCE OF EARLY PSYCHOLOGICAL ASSESSMENT AND INDIVIDUAL DEBRIEFS

An individual debrief (ID), based on Sigurdson's model, includes psychological testing to assess the current degree of distress, a risk factor assessment, and the delivery of a structured method of processing the event. IDs are provided as early as a week after an event, if the member wishes it. Importantly, the trauma clinician must be equipped to intercept moral injury issues, often associated with civilian oppression toward police early, possibly lessening long-term difficulties. Following this, another session is booked 30 days later, with an optional session 3 months post incident. The

longer-term screening is necessary to monitor and support the officer in natural recovery from the event and to provide information on maladaptive coping (e.g., substance use, avoidance) that could impede their progress. If a member is evincing notable distress, three sessions will be delivered within a shorter time span.

IDs, conducted by clinicians experienced in trauma care, cater to the specific needs of officers, enhancing recovery and processing. This approach also respects the privacy of officers and encourages openness and honesty. Furthermore, the risks inherent in traditional psychological debriefs are avoided when provided in individual format. IDs are deliberately not mandated for officers affected by a police ambush. Sigurdson claims it is crucial to give officers a sense of autonomy in their recovery process, as their feelings of control and power have often been compromised in the event itself.

The names of who attend IDs are not provided to the service to provide privacy. Indeed, officers are concerned they may suffer retribution if they acknowledge they are struggling and attend the ID. Conversely, if they do not attend, they worry they may be perceived by the organization to not be doing what they should to move through the event effectively. As such, anonymity of officers who choose to attend is a must.

## GROUP INTERVENTIONS

A second component of the CIR process is a group intervention. The group psychological response takes place only if a larger team of officers is impacted. For smaller groups, only IDs are activated. Members are invited to attend, if they wish, with the predetermined impacted group. Three trauma clinicians deliver the group intervention. Parameters are clearly set, namely, that details of the event will not be reviewed, with the rationale behind the risks explained. If a group member is having difficulty or withholding event details, a trauma clinician will guide them to a designated area where they can talk separately, protecting other group members from possible harm. The group focus is largely a discussion on current symptoms members may be experiencing, psychoeducation on the typical stress/trauma response, and helpful ways to cope.

Members can attend just the ID, just the group, or both. Participation in both individual and group sessions is voluntary, allowing members to choose based on their readiness. Additional components that Sigurdson has provided in CIR activations can include a psychoeducation group for families, as well as a multi-service group when several professions are impacted on the same call (police, EMS, fire, corrections, etc.).

## CONCLUSION

In this new era of increased risk of lasting psychological impacts from traumatic events, police agencies need to step up support for their members. This can require specialized resources that would be challenging to maintain within every organization. This regional shared service model offers an alternative that can deliver high-quality expedient service to officers, regardless of their location.

Until recently, CISM teams were considered the go-to option for many years, as organizations struggled with the stigma associated with police officers seeking mental

health support. However, as the nature and type of crime have changed, so have the complexities and challenges of being a police officer. As such, organizations have an ethical responsibility to not only offer mental health supports but also to evaluate the types of supports they are currently providing to their members. In addition, police organizations should be collaborating with experts in the mental health field.

Not every organization has the means to hire in-house psychologists. However, consulting and liaising with psychologists who are trauma/first responder informed can increase the efficacy of wellness programming. In addition, organizations should seek and encourage information from those leaders who can provide insightful accounts of their experiences in overseeing members who were directly and indirectly involved in an ambush.

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## DETAILS OF POSSIBLE PREVIOUS OR DUPLICATE PUBLICATION

None.

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