Law Enforcement Critical Incident Teams: Using Psychodramatic Methods for Debriefing Training

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ABSTRACT. The Critical Incident Stress Management Team of the Mesa, Arizona, Police Department uses psychodramatic techniques for debriefing training. The process involves the action methods of roleplay, warm-up, doubling, role reversal, and deroling. These methods blend well with current critical incident training models and with the previous models developed in the psychodrama department of St. Elizabeths Hospital. In this article, the authors report on their use of the models and present a scenario that they developed for training personnel in debriefing procedures.

LAW ENFORCEMENT OFFICERS DEFINE a critical incident as any event that is beyond a typical police call. It is an incident that has the potential for causing extreme strain on law enforcement personnel and includes situations such as these:

1. Death/injury of an officer
2. Attempt on an officer's life
3. An officer involved in shootings
4. Suicide after lengthy negotiations
5. Multiple deaths at a scene
6. Major disasters (airplane/bus/train crashes)
7. Deaths involving children
8. Suicide by police (the intent of the victim being to precipitate a situation in which the officer is forced to shoot)

A critical incident means added distress on police personnel because of the additional demands of coordinating with various other departments, such as the internal affairs and the criminal investigation division. Officers must often deal with the media or with superiors and peers who may "second guess" the procedural decisions of those involved in the crisis. The last-mentioned stressor can be the most difficult to cope with. Not feeling the support of supervi-

sors and peers can have long-lasting negative effects on officers' morale and overall job performance.

Critical Incident Stress Management Team of the Mesa Police Department

To help law enforcement personnel involved in critical incidents, the Mesa Police Department employs a peer support team. The team is composed of dispatch and sworn personnel and have the aid of a mental health advisor. Team members endeavor to prevent cumulative stress difficulties by helping their peers understand the emotional, cognitive, physical, and behavioral responses to traumatic events. Upon request, team members respond to crime scenes, provide one-on-one help after incidents, and, as needed, manage debriefing groups.

When a debriefing group is required, a few team members (including the mental health advisor) are assigned to conduct the session. One member is assigned to lead, and the other members serve as auxiliaries. The auxiliaries act as therapeutic guides and help to encourage participants to explore feelings and reactions to the incident.

The Mesa Arizona Police Department encourages the use of peer support, to allow its personnel access to individuals who understand the special pressures involved in law enforcement. Peers, with the aid of a mental health consultant, help one another to come to terms with incidents that are beyond a typical police call.

Historically, this concept of peer helpers can be traced back to the late Jacob L. Moreno, M.D. Dr. Moreno, the founder of psychodrama, originated this concept in 1913-1914, in Vienna. He referred to group members as being "therapeutic agents for one another." This genesis of group therapy began with the creation of peer support groups with Viennese prostitutes. He gathered 8 to 10 prostitutes in groups that met 2 times per week. The groups dealt with common concerns such as sharing feelings, increasing self-esteem, addressing safety concerns, and getting health care.

In the 1990s, various forms of self-help and peer support groups are used throughout the United States. For instance, the Self-Help Support Group Directory in Maricopa County, Arizona (1993), included over 325 self-help groups. Goals vary, but the overall intent of most of these groups is to provide confidential support that lends mutual understanding, acceptance, encouragement, and coping strategies.

Law Enforcement Training

Jeffrey Mitchell, president of the International Critical Incident Stress Foundation, originated the current formalized process for creating and train-

ing critical incident teams. He (Mitchell, 1988) has stated that "during the past 2 decades, mental health professionals have gradually become aware of the stressors that negatively affect emergency personnel." Mitchell's dynamic model uses peer/mental health trauma teams, in conducting debriefings of critical incidents. The formal debriefing model that Mitchell recommends involves the following 7-step process:

1. Introduction
2. Fact phase
3. Thought phase
4. Reaction phase
5. Symptom phase
6. Teaching phase
7. Re-entry phase

The use of roleplay scenarios has been part of the procedure to train mental health and law enforcement officers for over 40 years. In the 1950s, James M. Enneis, who was chief of the psychodrama section at St. Elizabeths Hospital, introduced action-training models to teach police officers in the District of Columbia how to deal effectively with mentally and emotionally disturbed persons (Buchanan & Enneis, 1981). In 1974, Alice Blumer and Earl Housenfluck (1974) stated that a compelling reason for the success of the first patrol techniques exercise (September 1972) at the Law Enforcement Training Center in Washington, DC, was the professionalism and skill of the eight participating roleplayers, all of whom were psychodrama students at St. Elizabeths Hospital. Today, police departments throughout the country continue to use roleplay to train new officers in various aspects of law enforcement.

Psychodramatic role training can be viewed as a positive addition to critical incident training models. Psychodramatic role training employs unrehearsed action techniques to create an environment that allows for role exploration, role experimentation, practice of peer support skills, and general (simulated) debriefing experiences.

A Model: A Barricade With Hostages

In February 1994, Mesa Police Department's Critical Incident Stress Management Team began its advanced debriefing training. Dr. Mitchell's debriefing model was the basis of the training, along with psychodramatic role-training techniques.

The debriefing format in these training sessions encouraged the participants to express their thoughts and feelings and provided them with information on stress management techniques and healthy coping strategies. The debriefing

leader warmed up the group by clarifying the reason for the debriefing and explaining how the debriefing process worked. Individuals were then asked to give their names, explain their roles in the department, and state something personal about themselves. After individuals were sufficiently warmed up, the members of the group reviewed the roles taken at the incident scene, what they experienced, the thoughts they had during and after the incident, the sensory images they remembered, and their current symptoms of distress that related to the incident. The team members or the leader provided information on common responses by law enforcement personnel and positive strategies for dealing with the incident. During the discussion that followed, the members considered the ways that would eventually enable them to gain emotional distance from the event.

The format of the sessions required some flexibility in order to meet the needs of each person in the group. The leader always made clear to the group that this was peer support and not psychotherapy. If some members needed therapy, those persons were referred to qualified, mental health professionals. After the debriefing, there was a post session in which the process was assessed, the required follow-up needs were clarified, and the debriefers are deroled.

The Scenarios

Training scenarios were created to allow the team members to practice the skills necessary for leading actual debriefings. We created the simulations to be as close to real life as possible. The following is a sample of a training scenario that we created.

As evening approaches, two officers respond to a family-fight call on 720 E. Brown Ave. in Mesa, Arizona. The first officer arrives and hears a blast of gun fire. He wants to approach but is informed by the sergeant (enroute) to wait for back up. The sergeant, a second officer (a field training officer), and his recruit arrive on the scene.

Radio (dispatch) advises that phone contact has been made and that the voice of a hysterical woman was heard before the line went dead. When the field lieutenant arrives on the scene, he advises using the radio to call out the tactical team (SWAT/Negotiators.) A perimeter is set up. (The officers on the scene are unaware that the woman and two children are now dead.)

The tactical team arrives, and the female SWAT sergeant takes command. The tactical team is composed of one SWAT sergeant, two SWAT members (including a sniper) and two hostage negotiators. As the team organizes, the male suspect opens the back window of the house, fires a shot, and closes the window. The round misses the recruit by about 1 ft.

The female negotiator establishes phone contact with the suspect. (She is

chosen because the background check of other calls to this location show a 918 [psychiatric patient] male with a diagnosis of paranoid schizophrenia. Males with this diagnosis respond better to females.) The suspect shouts into the phone, "Everyone will die if you don't go away," and then breaks phone contact. As SWAT prepares for J.E.R.K. the robot to enter, another burst of gunfire is heard. The robot opens the door, the police dog and SWAT enter. The suspect surrenders without a fight and states, "It's your fault they're dead. I told you to leave." He then whispers to the officer who is handcuffing him, "I won't do a day in jail. I'm crazy." The suspect laughs and is led away.

Role Warm-Ups

One week prior to training, the training group received a copy of this simulated incident. It was reread to the trainees the day of training. The debriefers were the first to be assigned roles. For this simulation, we selected three debriefers and asked them to take chairs in the center of the action-stage area. The instructions to the team were "Take your role when you enter the inner circle." The assigned leader of the debriefing was coached to be aware that the male negotiator and the male lieutenant would not be present but that everyone else in the scenario would be there. The leader was also told to do a pre-group warm-up with the team. The warm-up is a preparatory period during which the team discusses roles and the process to be followed. The team members were advised to review points about leadership style and how stress management education will be addressed.

The debriefing team roleplayers were told to "freeze action at any time, either for a break or to ask questions." They were informed that the trainer would stop action at various stages, to lend moral support or to check in with the team members. To achieve a more intensive experience, the roleplayers were encouraged to use psychodramatic doubling of their reactions or feelings.

To lead this scenario, we chose an officer who had never led an actual debriefing. Because he was the first to take a simulated leader role, he was allowed to hold cue cards to remind himself of the process. He calmly discussed with his peers how they would run the debriefing and what help he needed from his teammates. Next, we assigned the on-scene officer and dispatcher roles. Then we called on the team members and read their role instructions.

In the hostage scenario, for example, one of the roleplayers is warmed up to her role with these instructions: "You were the lead negotiator on the scene. You have eight years on the force. You were the one who found the two deceased children huddled together in their closet. The 6-year-old girl seemed to have been trying to shield her 3-year-old brother. Both children were shot twice in the face and once in the back. You recognized the pink pajamas the girl was wearing because your daughter has an identical outfit. The pajamas

were splattered with blood. Since the incident, you have been going to your daughter's room 2 or 3 times each night to make sure she is okay." We then asked the negotiator to walk around the outside of the debriefing circle as she gave a verbal soliloquy about how she felt in the role and what thoughts she was having about her role.

As the roleplayer walked around the circle, she discussed her feelings of helplessness that were related to her not being able to guarantee the safety of her own children, let alone children in the community. The horror of the deaths of the murdered children had been etched onto her memory bank.

When she entered the inner debriefing circle, we asked her to take a seat and stay in role until given other instructions. After all roles are assigned, the team leader began the debriefing/action phase. The debriefing was conducted with various stops in action for role reversals, mirroring, and doubling. This process took about 1½ to 2 hr.

In a roleplay scenario, three members usually take roles as the team members conducting the debriefing, with one being assigned a leader role. In advanced training, all three can be reversed into leader roles to allow for maximum training.

Mirroring can be used after a stop action. Peers not involved in the roleplay may be asked to mirror a leader, for the purpose of instantaneous feedback. Doubling can be used to provide feedback to any roleplayer and to increase the emotional depth of a role.

Deroling/Closure

Upon completion of the debriefing, those assigned to roles of on-scene personnel are deroled first. This is and essential procedure before closure and experiential integration. Each roleplayer is asked to leave the inner circle and slowly walk around the outside circle one or more times, while giving a verbal soliloquy about his or her reactions/thoughts in the role, and then, their personal thoughts/feelings touched off during the session. As they derole, one by one, they remove their chair from the inner circle, to concretize this process.

One roleplayer reports that in the role, he is fearful of continuing nightmares. He states that it helped him to talk about the incident but that he still wishes that it had never happened. From his own life, he states that he has children of his own and that calls involving children are the hardest to deal with.

The necessity of deroling has been addressed by Altman and Hickson-Laknahour (1986). In a simulation lasting almost 15 hr, they discovered roleplayers had acute stress symptoms similar to actual hostages. They found that "a strong element of denial was operating and several role players reported a further need for processing over the next few days."

Trainers should note that the longer the action ensues and the fewer breaks

there are in the action, the more emphasis there should be on this deroling process. For instance, a 2-hr simulation (with breaks in action) may require only verbal soliloquies to derole. However, a 6-to 10-hr simulation without breaks would require a more intensive, lengthy deroling and relaxation/time-out period. Deroling is essential, regardless of the experience level of role-players.

Post Debriefing for Debriefers

Prior to deroling the debriefers of the scenario, we gave them this instruction: "Please move your chairs in closer together and process the debriefing as you would after an actual session. This entails discussing how you felt leading or participating in the debriefing, how the flow of the session went, who you are concerned about among the participants, and who will do individual follow-up contacts." After this processing, the debriefers were deroled, using the same deroling process we described previously.

After this session, the debriefing team reported that they were exhausted from having to deal with the intensity involved in the deaths of children. Everyone agreed that the lunch break was a needed role relief from the scenario. Everyone also agreed that stops in action were positive ways to decrease the intensity of the simulation.

Evaluation of Team Roleplayers

During the training, team members who were not given roles in the scenarios assessed those taking part in the scenario. The Mesa Police Department uses a 5-point Likert-type scale for its assessments. The evaluation forms for assessing the leader of the debriefing and the team members are shown in Tables 1 and 2.

We feel that this form of evaluation gives clear feedback to the trainees. To supplement the feedback, we suggest watching a video of the scenario, which can offer excellent critique material. Such a videotape can be viewed privately, with the group, or with the trainer(s).

Final Phase of Training

At this point in our training program, we reviewed the entire training simulation. Observers gave feedback, and we discussed these issues: What went well? What might we do differently? and What were the easiest and the most difficult issues to deal with? If the following points had not been previously addressed or if there were new team members, then trainer or team administrator/director reviewed these items:

TABLE 1
The Leader Evaluation Form

Statement	Scale					
Clarifies debriefing structure/warm-up	1	2	3	4	5	N/A
Defers to mental health professional, as needed	1	2	3	4	5	N/A
Demonstrates ability to facilitate expression of feelings	1	2	3	4	5	N/A
Demonstrates listening skills	1	2	3	4	5	N/A
Utilizes team members	1	2	3	4	5	N/A
Responds to verbal cues	1	2	3	4	5	N/A
Responds to non-verbal cues	1	2	3	4	5	N/A
Ensures that isolates are incorporated into process	1	2	3	4	5	N/A
Gives adequate attention to post-session with team members	1	2	3	4	5	N/A

Note: Scale—*Needs improvement* (1), *Adequate* (2), *Good* (3), *Very good* (4), *Excellent* (5), *Not applicable* (N/A)

1. Confidentiality in debriefings
2. Avoiding excessive blaming of other agencies involved in incidents
3. Using silence therapeutically
4. Ways of focusing participants to increase their depth of sharing
5. Methods for incorporating the discussion of visual images, sounds, and smells from the critical incident into the debriefing

In the conclusion phase of the training, team members were once again reminded that this was not a process for doing psychotherapy. They were not expected to respond with perfect, magical answers to a distressful event. The purpose of the debriefing was to help them and their peers understand and identify their shared responses to horrific events, to help those involved to know and accept their limits and strengths, and, we hope, to clarify positive ways for people to cope with distress.

Team members initially conduct debriefings by taking their roles according to a strict training format. As they gain experience, team members expand upon their debriefer roles. When their comfort levels increase, they can take leadership roles with increased creativity and spontaneity. This three-step process of role taking, roleplaying, and role creating was formalized by Jacob Moreno, M.D.

TABLE 2
Team Member Evaluation Form

Statement	Scale					
Demonstrates ability to facilitate expression of feelings	1	2	3	4	5	N/A
Demonstrates listening skills	1	2	3	4	5	N/A
Responds to verbal cues	1	2	3	4	5	N/A
Responds to non-verbal cues	1	2	3	4	5	N/A
Performs role assigned by group leader	1	2	3	4	5	N/A
Exhibits positive support to team leader and peers	1	2	3	4	5	N/A

Note: Scale—*Needs improvement* (1), *Adequate* (2), *Good* (3), *Very good* (4), *Excellent* (5), *Not applicable* (N/A)

Summary

We maintain that psychodramatic techniques are excellent tools to teach peer debriefing skills to law enforcement personnel. Critical Incident Stress Management Teams are essential additions to law enforcement agencies. Dealing with common responses to distress at the time of trauma can help to prevent potential decreases in job or personal performance, decrease the potential of long-term emotional and physical illness resulting from prolonged exposure to numerous critical events, and assist officers and dispatchers in returning to normal functioning after a brief time period.

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ERRATA

In the article by **Amy Schaffer** in the Spring 1995 issue of *JGPPS*, the last sentence on page 9 should read: I do **not** wish to suggest that transference to the director should become the major focus of psychodrama in the way that analysis of transference is central to psychoanalysis.

On page 11, the sentence in line 5 should read: To psychodramatists, the fundamental unit for understanding any human behavior is what Moreno called the "social atom," not the individual. So the construct of transference as a phenomenon involving only one psyche is of limited value. Moreno (1937, 1959) recognized the existence of transference and began the formulation of an interpersonal alternative to Freud's intrapsychic view.

Queries about the article *Sociodrama and Professional/Ethical Conflicts* (Spring 1995) should be addressed to **Steven A. Stein** at 629 Edgewood Drive, Kent, Ohio 44240.

The editor regrets these errors and apologizes for the stress and inconvenience they caused.