

Post-Critical Incident Trauma

Part A

Officer Jones, a 17-year veteran of the Central City Police Department, picks up the phone and dials a number he had saved a few weeks before. He feels a little nauseous.

“This is Chaplain Rogers.”

“Hi, Chaplain,” Officer Jones replies. “I think I need to talk to you.”

Six months before, Officer Jones had been one of a team responding to a request for a welfare check. The check had resulted in finding the bodies of a young woman and her eight-month-old son in their home after a neighbor had not seen them for several weeks. A brief investigation had determined the event was a murder and a death by suicide. Officer Jones was the one who found the child.

Jones had been exposed to the bodies of deceased adults many times over the course of his long career with the police department. He had never become numb to the experience, but he generally knew what to expect and how to process the event. At first, this incident seemed to fit into that framework: tragic, but part of his job. The team making the welfare check had made the appropriate calls, handled the scene appropriately, and moved on to the rest of their jobs.

Within just a few days of the incident, however, Jones noticed he was waking up feeling awful. He was always exhausted and almost always had a headache first thing in the morning. Well-accustomed to a beer with dinner in the evenings, after a week or so Officer Jones realized he was drinking much more than usual – his beer with dinner had turned into four or five or even six before bed; headaches were hangovers, and he was exhausted from the alcohol preventing deep sleep. His wife had mentioned a few times that he was constantly shuffling and turning in bed.

Annoyed with this change in his routine and the difficulty he was having, Jones tried to figure out what might be behind these issues as he drove to work one morning. His days often included tense interactions so it required a bit of thought to identify any one of them that might be causing problems sleeping and pushing him to feel like he needed to drink more in the evenings. He ran through the catalog of reports he had filed, conversations he had had, and so on, until he realized with certainty what was troubling him: he had found the body of the child during the welfare check.

Officer Jones had felt sad the rest of the day after the welfare check, but he hadn’t mentioned it to anyone else. His colleagues never came to him with their problems and he never mentioned any of his to them. He had grown up knowing that you leave home problems at home and work problems at work; it wasn’t anyone’s job to listen to him complain or whine. His wife had told him many times early in their marriage that he could talk to her if he had a rough day at work, but he didn’t want her to have to deal with some of the things he saw on the job.

Whenever he had had to respond to a distressing call at work, he reminded himself that this is what he had signed up for. He knew his commanding officer felt the same way: while he always gave his officers a slap on the back and a handshake when they made a tough arrest, he didn't want to hear about on-the-job difficulties. Another officer had once mentioned in passing that he started seeing a therapist after he had to fire his weapon on the job; a week later, he had been reassigned to a desk job.

Jones felt angry when he thought about telling anyone how he was feeling about the incident. He had seen lots of bad things over his career with the police department; there was no reason this time should be any different. He decided to try to let it go. It would work itself out.

Questions for reflection

- Police officers often encounter very difficult circumstances and situations. What are some reasons that some situations might be more difficult than others, even if they could all be described as tragic, catastrophic, or traumatic?
- In a past era, a culture within an organization might be described as “tough guy,” as a point of pride. This is common in highly confrontational professions, like law enforcement or the military. What are some other professions / settings which commonly put pressure on individuals to not discuss negative feelings or outcomes from on-the-job situations?
- Knowing what you do about chaplains, how might a chaplain encourage Officer Jones to seek assistance for the difficulties he is experiencing?

** Note: this case does not intend to represent a specific event or law enforcement organization. We thank Eric Skidmore, Director of the South Carolina Law Enforcement Assistance Program, for his consultation on this case.*

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Part B

Officer Jones's situation did not improve over the course of another two weeks. Eventually, he began having so much difficulty waking up and getting out of bed that he reported for duty late three days in a row. He started feeling tense any time he had to respond to a call anywhere near the house where he had found the child. Jones had had a spotless record to that point and his commanding officer knew the behavior was out of the ordinary. He pulled him into his office one day and told him to go see a doctor. "I don't know what your deal is, but something isn't right. You need to get yourself right or I'm going to park you somewhere inside without a car and a gun." Jones noticed his wife had become more tense in the mornings, as well, as he was leaving for work every day.

As he was trying to figure out what to do, Officer Jones remembered getting an email from Chaplain Rogers, who coordinated a number of programs in the state, to all officers in the department about a post-critical incident seminar. The seminar would be offered for emergency responders from anywhere in the state. Officer Jones had ignored it when it came in a few weeks ago, but now he wondered if it might help. He didn't really want to go to a therapist – maybe some people would benefit from it, but probably not him – but if this seminar was offered for law enforcement, maybe there was something useful there. Anything to get himself back on track and out from under his commander.

Officer Jones attended the seminar and ended up being very glad he did. Over the course of three days, a team with experts from psychology, counseling, trauma, and spiritual care offered a series of sessions for emergency responders who came from across the state. The seminar, which Chaplain Rogers helped coordinate and host, offered opportunities to share and process stories from critical incidents, with gentle facilitation by Chaplain Rogers; therapeutic massage; presentations on fear and coping mechanisms; and other sessions to help participants contextualize their experiences and learn healthy strategies to process past and future incidents.

The seminar included optional times set aside for communal prayer, meditation, or a variety of spiritual practices, through which Chaplain Rogers guided participants if they chose to attend. Officer Jones didn't consider himself a religious person, but he knew Chaplain Rogers wasn't the kind of person to demand people pray or go to church and so he decided to check one of the services out. As Chaplain Rogers began with a simple grounding practice to help attendees focus, Officer Jones suddenly felt angry. He didn't know why. He tried focusing on what Chaplain Rogers was saying but his mind kept coming back to the image of the dead child. Officer Jones didn't know who he was mad at – he didn't really pray, so how could he be mad at God? Did it make sense to be mad at the world? As Chaplain Rogers got the other participants started on a silent journaling exercise, he came over and sat down next to Officer Jones. "Thanks for coming," he said quietly.

"I'm glad you're here." Officer Jones gave a sort of nod and noticed he felt a bit less angry. He began the journaling exercise and, by the end of the service, at least felt grateful to Chaplain Rogers, alongside his anger.

After the seminar, Officer Jones noticed things were getting easier. He had been able to meet others who had also had traumatic experiences, and he felt less lonely. He wasn't as anxious all the time, although he still struggled to fall asleep at night. He didn't have a hard time stopping after one or two beers in the evening. Once he had seen others struggling with similar problems and learned that there was real science behind why he was feeling the way he felt, Officer Jones felt more confident in his ability to cope with his memories of the welfare check in healthier ways. In fact, things got better enough that his commander pulled him back into his office again one day. He stuck out his hand to shake and said, "I don't know what you did to deal with whatever it was, but it's like night and day. Glad you're back with us." He slapped him on the back and sent him back to work.

Things continued to improve for several weeks. Officer Jones felt so much better that he decided to quit drinking altogether and soon found he was asleep within a few minutes of going to bed every night. His wife was happier, too, since he quit tossing and turning at night. His new workout regimen seemed to be helping, as well. A few months went by and Officer Jones stopped thinking of himself as improving – he was just "normal" again.

Wrapping up his shift one evening, Officer Jones was driving down a two-lane county road when he noticed the car in front of him start shaking from side to side, and then saw the car begin to swerve gently. Suspecting an intoxicated or otherwise distracted driver, he called in the incident, requested support, and turned on his lights and siren. Another officer reported being nearby and that they would respond.

The car ahead sped up, and Officer Jones followed for several minutes. The vehicle continued to sway gently from side to side but never slowed down. After a few minutes the car started veering to the right, then jerked back to the left and crossed the road into oncoming traffic. Barely missing cars traveling in the other direction, the car sped off the road and onto the shoulder. It slammed into a tree and nearly spun all the way around it. The airbags deployed, but by the time Officer Jones was able to stop his own vehicle – blocking traffic on the road – he could see that the driver was injured and slumped horizontally across the front seat. He called in an update on the pursuit and ran to the crashed car.

Officer Jones was still talking into his radio when he noticed an infant car seat in the back of the car. He could hear a baby crying and saw the driver stirring awake and attempting to talk. Jones felt lightheaded as his colleague's car came to a halt a dozen yards away. He forcefully shook himself out of a daze and successfully finished responding to the wreck. The infant was physically unharmed; the driver, who was severely intoxicated, had broken a wrist and suffered some cuts but would otherwise be OK.

When Officer Jones signed off at the end of his shift, he suddenly felt nauseous as he was leaving the building. He managed to make it to the restroom before vomiting. This time, he knew what was going on: seeing the infant in the car, even though the child had not been injured, took him right back to the day he had found the body of the other child. The next morning, Officer Jones called in sick. His next call was to Chaplain Rogers, who had coordinated the post-critical incident seminar and left his card with all the attendees.

"Hi, Chaplain," Officer Jones said. "I think I need to talk to you."

Questions for reflection

- How might a chaplain help Officer Jones integrate the difficulty brought about by the car accident into an overall pattern of healing after the earlier trauma?
- In this scenario, Officer Jones's commander welcomes him back with open arms – *after* Officer Jones exhibits behavior more like that preceding the welfare check incident. How might organizations help people in leadership positions see the value of post-critical incident programs (including elements such as peer support, culturally-competent mental health providers, agency-supported wellness officers, and so on) rather than treat those who have been traumatized as somehow “damaged” or less capable of doing their jobs?
- At the post-critical incident seminar, experts from a variety of fields presented on their own subject matter – psychology, counseling, addiction, relationships, and so on. Yet when Officer Jones found himself in need again, it was Chaplain Rogers he called, not a therapist or counselor. What can or should chaplains offer to those in need that those in other professions cannot?

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Teaching Notes

Case Summary: This case shows how chaplains serve those who work in highly stressful occupations with sharply increased chances of being exposed to traumatic events. It portrays chaplains as part of a coordinated response effort that draws on the expertise of a number of fields, as well as offering gentle accompaniment that is not coercive. It suggests that even those who do not identify as religious in a “traditional” sense may have a strong spiritual reaction to traumatic events and thus come to view the spiritual component of their trauma as a significant issue to be addressed.

Teaching Objectives

- To consider the dynamics of individuals experiencing traumatic events within cultures that discourage open display of negative emotions or seeking assistance to cope with difficult events
- To illustrate how chaplains can participate in comprehensive response strategies that respect professional boundaries while also drawing on the strengths of multiple fields
- To illustrate how even comprehensive offerings like post-critical incident sessions should not be considered one-and-done solutions to traumatic experiences, but can instead serve as catalysts for seeking professional assistance, including spiritual care, when the effects of trauma are forced to the surface of an individual’s awareness

Target Audience

- Emergency response academy students (e.g., police and fire) and trainees (e.g., EMTs); police command candidates; chaplains connected with government agencies; state employee human resources professionals.

Additional Reading

Adam Booher, “Post-traumatic stress disorder plagues police: recommendations to help heroes silently suffering access care and remain resilient.” Master’s thesis, University of Wisconsin-Platteville, 2022.

Grace Claringbold et al., “A systematic review of well-being interventions and initiatives for Australian and New Zealand emergency service workers.” *Australian Journal of Psychology* 74:1 (2022):

Jacqueline M. Drew and Sherri Martin, “Mental health and wellness initiatives supporting United States law enforcement personnel: the current state-of-play.” *Journal of Community Safety & Well-Being* 8:supplement 1 (2023): S12-S22.

Valerie Gouse, “An investigation of an expanded police chaplaincy model: police chaplains’ communications with local citizens in crisis.” *Journal of Pastoral Care & Counseling* 70:3 (2016): 195-202.

Eric Skidmore, “Police chaplaincy: supporting those called to law enforcement.” *Presbyterian Outlook* 197:13 (2015): 19-21.

JH Wortmann et al., “Chaplain training in evidence-based practices to promote mental health and improve care for suicidality in veterans and service members.” *Archives of Suicide Research* 27:1 (2021): 122-134.