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Peer Support – Support for Stressful Events in the Austrian Police Force



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In their everyday work police officers are repeatedly exposed to situations that not only represent a threat to their physical, but also to their mental state. In 1994 the Psychological Service of the Ministry of the Interior established the project “Support for Firearms Use” (= post-shooting), which in 2006 became “Peer Support” – support for stressful events at work. At the University of Applied Sciences Wiener Neustadt three students of the course “Police Leadership” dealt with this new project intensively. Issues such as the confidentiality of the conversations, the question of whether the peer support offer is sufficient and helpful and colleagues’ general expectations of the project are considered.



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INTRODUCTION

Police officers are repeatedly exposed to situations in the course of their everyday work that not only pose a risk to their health, but are also psychologically traumatic. Such situations include accidents whose victims are children, the death or injury of colleagues, informing relatives of a death, and the use of firearms (Steinbauer 2002; Krampfl 2007). Having shot or killed a person or having witnessed the violent death of a colleague is a great psychological burden for police officers that lies outside usual human experience (Küfferle/Walter 1994; Bundesministerium für Inneres 1993a). The impression often arises, not least under the influence of film and television, that the use of firearms is a matter of course for police officers. In reality, however, most police officers show emotional and physical reactions during and after shooting incidents (see also Hallenberger 2001).

The suffering and the feeling of helplessness experienced in connection with major catastrophic events is also a massive source of stress for operational forces.

“Secondary trauma” is also mentioned in this context. Those suffering from secondary trauma are persons who are involved indirectly, rather than directly, in traumatic events, such as helpers or uninjured witness (see, for example, Juen et al. 2009).

The effects of such experiences differ from person to person. In some cases a post-traumatic stress disorder as classified under ICD-10 can develop in the long term. According to a study by Krampfl (Krampfl 2007), fully developed stress disorder occurs in 12.1 % of cases after experiencing traumatic situations in service in the police force.

Significant factors influencing recovery after shooting incidents, for example, include social support and the occurrence of additional trauma. Good support and

little psychological trauma as a result of the behaviour of others (e.g. assessments by colleagues and superiors, court cases, media reports), have a positive effect on dealing with trauma. (Hallenberger 2001; Solomon/Horn 1986).

For that reason it was seen as vital for officers affected in Austria to be provided support by their employer in coping with such experiences, regardless of whether the use of firearms was justified or not. The CISM (Critical Incident Stress Management) model developed by Jeffrey Mitchell (cf. Mitchell 1983; Mitchell/Everyly 1998) was among the materials used.

STRESS MANAGEMENT FOLLOWING TRAUMATIC EXPERIENCES OF OPERATIONAL FORCES – MITCHELL’S CISM MODEL

Several operational organisations used Jeffrey T. Mitchell’s CISM model as the basis for stress management measures following traumatic experiences of operational forces in the German-speaking world. As a fireman, Mitchell knew of the possible effects of traumatic events both from his own experience and from discussions with colleagues. When he was called one day to an accident scene where a bride, only just married, had been impaled by pipes in the backseat of a vehicle, the images haunted him for a long time.

Mitchell went on to develop a package of measures to support operational forces (cf. Mitchell 1983), designed above all to make contact partners available to affected colleagues after traumatic operations, to listen to them and to provide information about stress and stress reactions (psychoeducation). These contact partners (so-called “peers”) are specially trained members of the operational forces from the same field (the police force, the fire department, the ambulance service, the military etc.).

They know and understand the job and speak the same “language” as those affected.

The latter is an important point since operational forces can be reluctant to seek help and often find it easier to speak with and accept support from a colleague from within their own ranks.

The CISM package of measures comprises a number of interventions essentially aimed at preventing the occurrence of traumatic stress, alleviating its affects and promoting recovery in order to maintain the wellbeing and health of employees (Mitchell/Everyly 1998). The individual interventions are described briefly below.

1. SAFE-R model: individual support at the site of the operation involving stimulation reduction, acknowledgment of crisis, facilitation of understanding, encouragement of effective coping and restoration of independent functioning.
2. Debriefing: this is a group discussion, ideally 24 to 72 hours after the event, conducted according to specified criteria in a clearly structured, seven-phase process. It is one of the best known intervention techniques, but has repeatedly come under fire by researchers, prompting a wide debate about its application or lack of application (cf., for example, Clemens/Lüdke 2000; Dyregov 1998).
3. Defusing: this is likewise a group discussion and is essentially a shortened version of the debriefing. The main difference, however, based on the key idea behind it, is that defusing can be performed immediately after the event without going into emotional depth.
4. Demobilization: this is chiefly performed immediately after a large operation, before the operational forces leave the scene, and consists, in simplified terms, of an information section and an “informal section”.

5. On-scene support: In the case of major operations, for example, trained peers are at the scene of the operation and provide support, where necessary, to traumatised colleagues.

The CIS and SBE teams always consist of well-trained peers and psycho-social professionals (for example, psychologists or emergency pastors). The important thing is to have stress management on a number of levels. That includes good information policy in advance (information events and training on topics such as stress, stress management, trauma, familiarization with support opportunities etc.), as well as measures taken directly on the spot and at the time of the operation (on-scene support) and interventions after a traumatic event (demobilization, debriefing).

DEVELOPMENT OF THE POST-SHOOTING PROJECT IN THE AUSTRIAN POLICE FORCE

1993 saw the launch of a project that was a complete novelty to the Austrian Ministry of the Interior. The then “psychological-pedagogical service” developed a concept for providing advice and support to officers after life-threatening shooting incidents, drawing on international experiences.

Before implementation of the planned concept, seminars for the exchange of experiences between officers who had already been involved in shooting incidents were held for the purpose of obtaining information and adapting the concept to the situation in Austria.

The first of these seminars took place in October 1993 with the participation of 15 affected officers from the federal police force and the federal gendarmerie in a seminar hotel in Lower Austria. Three more “post-shooting” seminars were held between then and October 1994, with 59 officers opting to participate.

For many it was the first possibility to report on their experiences in a structured way, to exchange experiences with others affected and to receive information about possible psychological reactions after shooting incidents. In line with the research of Solomon and Horn (Solomon/Horn 1986), Austrian officers reported reactions that had occurred before and after shooting incidents, such as changes in perception and the way they experienced time, as well as increased sensibility to danger as well as fears and concerns regarding future situations in the period afterwards.

PEER TRAINING

Post-shooting support providers should be peers from within the ranks, rather than “professionally and geographically distant experts” (Bundesministerium für Inneres 1995).

In 1994, 18 senior officers were selected to take part in a two-week training course to prepare them for the task of approaching those officers affected and supporting them in gaining an overview of the given incident and dealing with the associated feelings, as well as providing information about possible reactions, depending on the given needs. The aim was to counteract the possible occurrence of post-shooting trauma.

“Post-shooting peers” were to be available as soon as possible after the event solely to provide support to the officers affected and not be involved in the investigation in any way. Essentially three occasions of contact were planned, with the first taking place as soon after the incident as possible. The second was envisaged to take place after approx. 48 hours, to allow the affected person to reflect on the event in a stress-free environment and to discuss the possible occurrence of reactions.

The third was scheduled to take place one to six weeks after the incident, with a psychologist of the Ministry of the Interior

being involved in the case of exacerbated symptoms.

In 1996 a further 13 officers from all three law-enforcement agencies (the *gendarmerie*, the security police and the criminal investigation service) were trained as peers, making 31 post-shooting peers available across Austria.

The fact that only senior officers on one of the highest levels in the internal police hierarchy were trained as peers was a major criticism of the support model for a long time. In addition, many employees only associated “post-shooting care” with support following use of firearms. However, the majority of traumatic situations in everyday police life were other events: official acts in which children or adolescents suffer violence or are even killed, dealing with devastated family members when informing them of a death, dealing with suicidal persons, and severe accidents where nothing more can be done to help are experienced as extremely stressful by most police officers. Many repeatedly experience such situations in the course of their careers. As Krامل (Krامل 2007) showed in his study, more than a third of employees in the police, fire and ambulance services are affected negatively by traumatic, stressful events. In addition to the classic trauma reactions of reexperiencing, avoidance and arousal, there were cases of chronic stress and reduced competence and locus of control, which in turn brings about a wide range of psychological and physical effects.

The focus of the support measures was soon no longer limited to “post-shooting care”, although life-threatening shooting incidents continue to be one of the most dramatic experiences of police officers. Peer activity increasingly shifted to other events and general problems associated with everyday life in service.

In order to lend emphasis to the reality of the support provided, the project was re-

named as “peer support” in 2006 following discussions within the team.

PEERS FROM ALL LEVELS OF THE HIERARCHY

The second point of criticism, namely the exclusive use of senior officers as peers, was already taken into account during the training of new peers in 2000, with officers from the “middle management level” also being admitted. From 2006 police officers of all levels were admitted.

CURRENT SITUATION

At present 58 peers are available across Austria. In addition to performing “normal” police service in their given units, they are also active as peers.

With regard to the level of the officers, six peers are senior officers, 28 peers are officers from the middle management level (which is most strongly represented) and 20 peers come from the E2b group (subordinate officers). Seven of them have completed studies in psychology. Four employees of the Psychological Service of the Security Academy are active members of the team and a further three are available to provide support.

All peers take a three-week basic training course, led by the psychologists of the Psychological Service of the Security Academy of the Austrian Federal Ministry of the Interior. In addition to topics such as personality psychology, communication, stress and trauma, stress management and special topics (informing family members of a death, suicide etc.), a particular focus of the training is on intervention techniques (need-based individual and group discussions based on Mitchell’s CISM model (cf. Mitchell/Everyly 1998), as well as discussion exercises and coping with own stress. Mandatory annual further training and additional training options are designed to maintain and increase the professional standards of the peers.

Essentially individual and group care is offered if officers are exposed to a massive risk of stress, regardless of whether or not they themselves or others were injured in the course of an operation. Of course the most dramatic situation is always if co-workers or others are killed during an operation. Peer support is also offered if an official act or intervention had to be performed under particularly difficult or traumatic circumstances (operations involving a high level of physical stress, contact with family members, corpses of children etc.). More and more support discussions are provided in connection with “general stress in service” and in the case of interaction between professional and private stress.

As a rule, the peer support service should be informed after an incident, with the peer then contacting the affected colleagues directly. It is also possible for the officer concerned to get in contact with the peer or, and this is perhaps the most frequent version, for a peer to take on an difficult official act and to contact the police officers affected of his/her own accord.

An integrated support concept, however, should not focus solely on discussion following a traumatic event. Instead, it should be directed at several levels, and should include preparation for operations and support during operations.

Accordingly, the peer support team also offers training and information events. In addition to presenting the support model, these also provide information about stress and trauma management. Measures providing support during operations are also envisaged in the case of major catastrophic events.

The team’s professional psychologists endeavour to support the peers in difficult cases and to draw their attention to boundaries where necessary. In some cases they are also involved, after agreement with the colleagues affected. Essentially the ano-

nymity of the colleagues receiving support should always be maintained since confidentiality is one of the key principles of the system.

In cases that require longer-term treatment or therapy, the search for suitable therapeutic support outside the organization is supported.

FURTHER DEVELOPMENTS

Partly because of criticisms (in particular regarding debriefing), and based above all on personal experiences, Mitchell’s model was modified in recent years and adapted to individual cases to suit needs better. Experiences from resilience support were also integrated into the model.

There is a risk of emotional contagion and reinforcement, particularly among highly traumatised participants (“risk group”, cf. Fischer/Riedesser 1998), in the case of group interventions following a harrowing intervention.

An analysis of the professional literature by Clemens and Lüdke (Clemens/Lüdke 2000), for example, showed that the classic debriefing at best has no effect, even though those affected frequently experienced this measure as providing relief and helpful. The authors recommend a target group-oriented debriefing or (in the presence of participants who are highly traumatised) cognitive debriefing that is limited closely to stabilizing and structuring interventions and avoids interventions that activate the experience emotionally.

Essentially there is no clear-cut answer to the question about the effectiveness of debriefings. Beck et al. (Beck et al. 2007) provide a further overview of the “debriefing debate”.

Predominantly “needs-oriented” individual discussions are carried out in the context of peer support in the Austrian police force.

In the case of group debriefing following major operations or complex official

acts, in general led by a psycho-social professional, the focus is less on working through the emotional experience than on stabilising interventions, as well as information and psychoeducational interventions where required, and in particular on resource-oriented interventions. Ideally a group debriefing after an operation is followed, if the need is observed, by individual discussions to look separately at the individual stress and open questions and difficulties of understanding of the individual. The group discussion can, however, help provide structure and a general overview of the operation, by making the tasks, perspectives and the experiences of colleagues involved in the operation transparent. For operational forces in particular, the solidarity of colleagues, team spirit and recognition and support by the organization are of great importance. The identification of positive, successful elements and experiences gained that can be used in the future, including those from tragic incidents, are therefore an important aspect of the group debriefing.

The way in which the tsunami operation of the Austrian operational forces was handled (see Krampfl/Schneider 2007) serves as an example of a comprehensive "support package" following a major catastrophe, with interventions on several levels (training in advance for special operational groups such as the Disaster Victim Identification [DVI] team, group debriefings in seminar form and individual discussions).

Ultimately both the group and the individual discussion should help recognise a structure in the given processes, make sense of what happened, provide space for open questions, rebuild damaged basic assumptions and illusions, explain and normalize reactions, restore security and locus of control, and manage feelings of guilt where applicable. The deeper sense of the

event should also be made comprehensible (see also Krampfl 2007).

FIGURES

In 2011 there were 336 cases providing cause for support.¹ A total of 638 police officers were provided with support in 335 individual and 42 group discussions. Use of firearms was the reason for the support being provided in only 13 cases. Most cases involved professional stress of a general type, as well as suicide and accidents.

EVALUATION OF THE PROJECT

A number of police management students from the Wiener Neustadt University of Applied Sciences dealt intensively with the topic of peer support for their bachelor theses and examined and evaluated the project from various perspectives.

Schrenk (Schrenk 2010) studied the peers themselves and looked at whether prevention support and care following traumatic events is seen as sufficient from their perspective. A questionnaire was developed for the study and sent to 46 peers (some peers were on leave or taking part in operations abroad at the time of the study and could not participate for that reason). A total of 31 questionnaires were collected using an anonymous procedure, giving a return rate of just under 74 %. The questionnaire collected socio-demographic data, information about support offered and given, the initial reactions of those affected, the role of the superior with regard to peer support and questions about psycho-social support offered in the police force.

The results show that the peers are extremely satisfied with their training, although further training opportunities should be improved somewhat. Of those surveyed, 67.7 % judged the number of peers trained per federal state suitable and sufficient. Coordinators each in charge of a federal

state are desired. Of the peers, 87 % are of the view that the currently available support corresponds to the current needs.

There are problems, however, regarding informing peers, since the peers were active of their own accord in 63.8 % of cases. The wishes of those surveyed for more extensive and further training on the topic of “recognising and managing stress in the police profession”, both in basic training and for managers, is therefore hardly surprising.

In his study, Wilhelm (Wilhelm 2010) looked at the extent of awareness of peer support within the police force and expectations when taking advantage of peer support. A total of 259 police officers from throughout Austria served as a random sample. The majority of these officers (80 %) had not yet received any support through the peer support team. The survey was also performed anonymously using questionnaires. The questionnaire contained a demographic section, questions about traumatic events in service, questions about the peer support project (whether the officers surveyed were aware of it and if yes what experiences they had had regarding it) and general questions about stress management.

The results showed that 77 % of those surveyed were aware of the peer support project, while 90 % were aware of the previous post-shooting support model. This means that the majority of respondents were informed about support models following traumatic events. The main sources of information include training events, the intranet and colleagues.

Approximately one quarter of the police officers surveyed had received an offer of support from a peer and 7.5 % had made contact with a peer of their own accord. Of the respondents who had received support, 93 % considered the discussion/discussions to be helpful or very helpful.

Of those surveyed, 76 %, in the event of a relevant incident, would like personal contact by a peer, and only 11.6 % would like contact to a peer via their unit. That underscores the importance of direct and personal contact following a traumatic event.

The results concerning the expectations of peer support are as follows:

- ▶ 41 % would like support or assistance,
- ▶ 9 % would like somebody to speak to,
- ▶ 8 % expect competent/trained peers,
- ▶ 7 % require anonymity and discretion of the peers,
- ▶ 6 % would like to have a good listener.

Nicham (Nicham 2011) examined the question of how helpful or effective the use of peer support has proven following shooting incidents. In contrast to Wilhelm (Wilhelm 2010), he only looked at staff who had received support and limited his study to support provided following use of firearms. A random sample of 33 officers were surveyed, of whom 31 had themselves been involved in or observed as a witness life-threatening shooting incidents.

The survey was carried out anonymously using questionnaires, containing sections about socio-demographic data, the use of firearms, support received and expectations about future support.

The results of the study clearly show that 83.9 % of officers consider peer support to be helpful or very helpful and a total of 97 % of the respondents would like to receive support in the case of another such incident.

The picture with regard to confidentiality was also clear, since 97 % of those surveyed saw the discussions with the peer as absolutely confidential. The reasons for accepting support were psychological reasons (mentioned by just under 35 % of those surveyed), interest in peer support (30.6 %) and legal reasons (18.4 %). The rest of those surveyed did not name any

particular reasons for accepting support. That also reflects the results regarding expectations towards peers. Peers are expected to have abilities and skills in leading discussions, psychology and legal matters (service regulations, regulations for use of firearms etc.). Just under 47 % of those surveyed received support through superiors at various levels of the hierarchy, while just under 41 % received the offer of peer support directly from a peer.

SUMMARY AND OUTLOOK

It can be said in summary that the peer support project is sufficiently known across Austria from numerous training events, the Internet and word-of-mouth communication within the ranks. Police officers primarily wish for support or assistance from peers and therefore ex-

pect peers to have skills and knowledge in leading discussions, psychology and legal matters. Personal contact seems particularly important, with contact via their unit tending to be rejected. The support offered was felt by those affected to be extremely helpful for the most part, which underlines the importance of the project.

The peers themselves are very satisfied with their training and see the currently available supply of peers as largely appropriate.

In the coming years still existing reservations with regard to using the service need to be further reduced and the content of the project needs to be continually included in the training and further training of the police force to ensure even better and quicker support following traumatic operations.

¹ Internal records of the Psychological Service of the Security Academy of the Austrian Federal Ministry of the Interior. This number includes both support provided and support offered that was not engaged. Generally several officers affected are involved per case and the number of individual discussions also varies.

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