

# **Law Enforcement Critical Incident Information**

Information for  
Law Enforcement Officers and Family



**Peer Support Team**  
“We are here for you”

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Please contact a member of the Peer Support Team if you have any questions or if we can help in any way.

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## ***Critical Incident Information***

### Critical incidents:

are often sudden and unexpected  
disrupt ideas of control and how the world works (core beliefs)  
feel emotionally and psychologically overwhelming  
can strip psychological defenses  
frequently involve perceptions of death, threat to life, or involve bodily injury

It is not unusual for police officers to experience several out-of-the-ordinary perceptions and responses during and following a critical incident. These are normally of short duration and resolve over time without difficulty.

Officers: If you have experienced or are now experiencing distressing perceptions or responses following a critical incident you should contact an available professional resource.

### Perceptual distortions possible during the incident:

slow motion	visual illusion or hallucination
fast motion	heightened visual clarity
muted/diminished sound	vivid images
amplified sound	memory loss for part of the event
slowing of time	memory loss for part of your actions
accelerated time	false memory
dissociation	temporary paralysis
tunnel vision	automatic pilot

### Possible responses following a critical incident:

heightened sense of danger  
anger, frustration, and blaming  
isolation and withdrawal  
sleep difficulties  
intrusive thoughts  
emotional numbing  
depression and feelings of guilt  
no depression and feelings of having done well  
sexual or appetite changes  
second guessing and endless rethinking of the incident  
interpersonal difficulties  
increased family discord  
increased alcohol or drug use  
grief and mourning

## ***Officers and Spouses: Critical Incident Information***

Many officers have asked about how much incident information should be provided to their spouses. There are several factors that should be considered. Two of the most important are (1) is the officer retraumatized by recounting the information and (2) how much information is desired by the spouse. For some officers, talking about the incident is not a problem. They can recount the event and their experiences without emotional or other difficulty. For others, this is not possible. For them, each recounting of the incident is retraumatizing. In the latter cases, responding to a spouse's repeated request for more information may be detrimental to the officer.

Following a traumatic incident, some spouses want to know every detail. They want to see photographs, read case reports, listen to dispatch tapes, and so on. Other spouses desire or can tolerate only a broad description of the incident. For these spouses, providing more than general information may result in vicarious traumatization. This is especially true if the incident details involve blood, body damage, and gore. To keep officers from being retraumatized and spouses from being vicariously traumatized, a healthy balance must be struck between how much information officers can provide without detriment to themselves and how much information is desired by spouses.

A particularly difficult circumstance arises when the officer's need to talk about the incident exceeds the capacity of the spouse to listen. Capacity may be overwhelmed by the nature of the incident or the sheer number of times that the spouse has heard the story. Even if the officer is still struggling with the incident and feels better after talking about it, at some point most spouses will become *incident-info saturated*. They want to move past the event and get back to normal. For these spouses, like the spouses that cannot tolerate much incident detail, further exposure may result in vicarious traumatization, an exacerbation of pre-existing problems, or the creation of problems that did not exist prior to the incident.

Officer: if your spouse becomes incident-info saturated, limit further discussion of the incident with him/her and initiate or continue to process the incident with alternative support resources. Spouse: if not already started, consider that it may be helpful for you to engage counseling support services.

### After a critical incident

Although things generally improve with time, there may be no getting back to what was previously normal. Some traumatic events will change persons and relationships forever. The officer and spouse (the entire family) must find a *new normal* and live on from there. The new normal may be better than the old, but the opposite is also possible. Some police officer relationships do not survive traumatic incidents. The incident either creates new and unbearable difficulties or intensifies previously existing problems. Some relationships collapse under the strain, and the couple separates. Other relationships appear to be strengthened by the pulling together of couples following traumatic exposure.

*Do not become a critical incident statistic.* Seek appropriate professional assistance if your relationship becomes troubled following involvement in a critical incident.

## ***Police Spouse Anxiety and Critical Incidents***

Some police spouses that have not experienced anxiety about the risks of policing prior to a police critical incident become anxious following a critical incident. This is because prior to the incident, three primary psychological defenses mechanisms function sufficiently to keep police spouse anxiety in check. These psychological defenses are known as *rationalization*, *intellectualization*, and *denial*. Together they create a protective buffer against policing-related anxiety. For police spouses, these psychological defense mechanisms work something like this:

- (1) Rationalization - I am confident that *my* police officer has the skills to survive any work circumstance and return home safely after every shift. Therefore, I do not have to think or worry about it.
- (2) Intellectualization - the chances that *my* police officer will be harmed or killed in the line of duty is a slight and unlikely theoretical possibility. Therefore, I do not have to think or worry about it.
- (3) Denial - if a police officer is killed or seriously injured it would not happen here, and if it did it would not happen to *my* police officer. Therefore, I do not have to think or worry about it.

### Psychological defense mechanisms

Rationalization, intellectualization, and denial are three of several hypothesized psychological defense mechanisms. In general, psychological defense mechanisms operate below the level of conscious awareness. Another way of saying this is that we seldom recognize the role that defense mechanisms play in our psychological life. Psychological defense mechanisms are normal components of our psychological composition. However, when over-developed they can create a myriad of problems, including relationship, family, occupational, and social difficulties.

### Police spouse anxiety and psychological defense mechanisms

Following a critical incident, especially those in which the officer could have been killed, some spouses come to realize the true dangers of policing. The dangers of policing now feel much more “real” and generate officer-safety anxiety. In such cases, the reality of the critical incident has overwhelmed the psychological defenses which previously protected the spouse from the anxiety associated with the risks of policing.

### Police officers, police spouse anxiety, and psychological defense mechanisms

It is important to know that the critical incident does not have to involve actual death or serious injury, nor must it involve the officer of a particular spouse. Spouses can be affected by what happens to officers that are not their husband, wife, or partner. Spouse anxiety following a police critical incident can be mild and temporary, or become chronic and so problematic that some officers have chosen to leave policing. Police officers involved in critical incidents can help lessen spouse anxiety by openly discussing the dangers of policing and how they managed the risks or threat of the actual incident. It also helps to discuss the three T’s of policing (*training*, *tactics*, and *technology*) and how they help to counterbalance police occupational dangers.

Not surprisingly, the psychological defense mechanisms of rationalization, intellectualization, and denial are also employed by police officers. Like anyone else, police officers too can have their psychological defenses overwhelmed.

## ***Recovering from Traumatic Stress***

Police officer: Recovering from traumatic exposure takes time. The most difficult challenge for action-oriented officers is to be patient in recovery. If you are exposed to a traumatic event, accept your feelings. Depending on actual impact, the intensity of your emotional experiences may surprise you. Many officers have reported crying like a baby following shootings and other traumatic incidents. They describe the experience of strong emotion as *having lost it*. They are talking about feeling as if they lost control—control of their emotions.

In fact, they have not lost anything. Instead, they have *found* something. They have found the emotion that underlies their traumatic experience. When strong feelings surface, let them in, let them fade. Experience and explore the emotion. It is a natural part of recovery. Imagine intense emotion as an ocean wave. It will come, and it will go. Although it may feel overwhelming for a brief time, you can manage it. You know what it is: it is the healthy expression of strong emotion. You know what to do about it: you breathe through it.

Keep in mind that physical symptoms sometime accompany strong emotion. These will normally subside as recovery continues. Additionally, remember that family members may not fully understand your experiences. Try not to become angry or frustrated. They cannot know what it is like for you. Be patient with yourself and with your family. Maintain your family connections. Keep your lines of communication open.

Police Spouse: Understanding the likely responses of your spouse will help you to provide appropriate support. Keep in mind that you will also respond to the incident in some way and that you may also need to process your feelings. Utilize available support resources.

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For the police officer: *What if I develop posttraumatic stress disorder after a critical incident and my symptoms persist? Can I be disabled by posttraumatic stress disorder?*

Unfortunately, yes. If you develop PTSD after a critical incident, and the symptoms are severe and enduring, you can become *totally* or *occupationally* disabled.

Total disability occurs when the severity of the symptoms renders an officer incapable of engaging in any employment. Occupational disability occurs when an officer experiences disabling symptoms in the policing environment, but remains relatively symptom free in other work environments. This renders the officer incapable of returning to policing, but able to perform other work.

Occupational disability can occur following a critical incident because traumatic experiences have the power to “split” environments. That is, whereas officers are normally symptom free in their work environment prior to the traumatic incident, following the incident their work environment transacts to produce significant posttraumatic stress disorder symptoms. In such cases, the officer cannot safely return to the type of environment that produced the traumatic event. In essence, work environments have been split into symptom and non-symptom producing environments.

Fortunately, most police officers do not develop PTSD after a critical incident, and many of those that do are successfully treated. They are then able to return to work and continue their police career without significant difficulty.

## ***Trauma: Chronological History and Psychological History***

Most officers who have experienced traumatic events want to place the incident behind them and move on. The difficulty for many officers is that the incident continues to impact their lives in less than desirable ways. This is because the incident, while in *chronological history*, is not yet in *psychological history*. The incident is in chronological history the instant that it is over. However, this is not the case with psychological history. When thoughts and other stimuli associated with the incident evoke powerful distressing responses following the incident, the incident is not in psychological history.

Placing the incident into psychological history involves disconnecting the memory of the incident from the gut-wrenching or negative emotional responses experienced during or immediately following the incident. When an incident is in psychological history, conditioned responses are minimized. Thoughts of the incident may produce emotional responses, but they will not be disabling. The person will be able to move forward, no longer being psychologically stuck in the incident.

A major component of traumatic incident recovery is placing the event into psychological history.

The ability to place experiences into psychological history is also important in everyday life. This is especially true of functional interpersonal relationships. In functional interpersonal relationships persons are able to emotionally move beyond the memory of minor transgressions and prevent such memories from continually exerting an undesirable influence on the relationship.

According to psychologist Albert Ellis, PhD (1913-2007), author of *Rational-Emotive Behavioral Therapy* (REBT) there are 12 primary irrational ideas that cause and sustain psychological difficulty. Irrational idea number 9 is presented here because of its relevance to “placing the event into psychological history” and as a reminder of what can be accomplished:

REBT Irrational Idea Number 9: *The idea that because something once strongly affected our life, it should indefinitely affect it* - Instead of the idea that we can learn from our past experiences but not be overly-attached to or prejudiced by them.

Ellis, A. (2004). *Rational Emotive Behavior Therapy: It Works for Me--It Can Work for You*. Amherst, NY: Prometheus Books.

## ***Tips for Recovering From Disasters and Other Traumatic Events***

Disasters and other traumatic events are often unexpected, sudden and overwhelming. In some cases, there are no outwardly visible signs of physical injury, but there is nonetheless a serious emotional toll. It is common for people who have experienced traumatic situations to have very strong emotional reactions. Understanding normal responses to these abnormal events can aid you in coping effectively with your feelings, thoughts, and behaviors, and help you along the path to recovery.

### **What happens to people after a disaster or other traumatic event?**

Shock and denial are typical responses to terrorism, disasters and other kinds of trauma, especially shortly after the event. Both shock and denial are normal protective reactions.

Shock is a sudden and often intense disturbance of your emotional state that may leave you feeling stunned or dazed. Denial involves your not acknowledging that something very stressful has happened, or not experiencing fully the intensity of the event. You may temporarily feel numb or disconnected from life.

As the initial shock subsides, reactions vary from one person to another. The following, however, are normal responses to a traumatic event:

- Feelings become intense and sometimes are unpredictable. You may become more irritable than usual, and your mood may change back and forth dramatically. You might be especially anxious or nervous, or even become depressed.
- Thoughts and behavior patterns are affected by the trauma. You might have repeated and vivid memories of the event. These flashbacks may occur for no apparent reason and may lead to physical reactions such as rapid heartbeat or sweating. You may find it difficult to concentrate or make decisions, or become more easily confused. Sleep and eating patterns also may be disrupted.
- Recurring emotional reactions are common. Anniversaries of the event, such as at one month or one year, as well as reminders such as aftershocks from earthquakes or the sounds of sirens, can trigger upsetting memories of the traumatic experience. These 'triggers' may be accompanied by fears that the stressful event will be repeated.
- Interpersonal relationships often become strained. Greater conflict, such as more frequent arguments with family members and coworkers, is common. On the other hand, you might become withdrawn and isolated and avoid your usual activities.
- Physical symptoms may accompany the extreme stress. For example, headaches, nausea and chest pain may result and may require medical attention. Pre-existing medical conditions may worsen due to the stress.

### **How do people respond differently over time?**

It is important for you to realize that there is not one 'standard' pattern of reaction to the extreme stress of traumatic experiences. Some people respond immediately, while others have delayed reactions - sometimes months or even years later. Some have adverse effects for a long period of time, while others recover rather quickly.



And reactions can change over time. Some who have suffered from trauma are energized initially by the event to help them with the challenge of coping, only to later become discouraged or depressed.

A number of factors tend to affect the length of time required for recovery, including:

- The degree of intensity and loss. Events that last longer and pose a greater threat, and where loss of life or substantial loss of property is involved, often take longer to resolve.
- A person's general ability to cope with emotionally challenging situations. Individuals who have handled other difficult, stressful circumstances well may find it easier to cope with the trauma.
- Other stressful events preceding the traumatic experience. Individuals faced with other emotionally challenging situations, such as serious health problems or family-related difficulties, may have more intense reactions to the new stressful event and need more time to recover.

### **How should I help myself and my family?**

There are a number of steps you can take to help restore emotional well being and a sense of control following a terrorist act, a disaster or other traumatic experience, including the following:

- Give yourself time to heal. Anticipate that this will be a difficult time in your life. Allow yourself to mourn the losses you have experienced. Try to be patient with changes in your emotional state.
- Ask for support from people who care about you and who will listen and empathize with your situation. But keep in mind that your typical support system may be weakened if those who are close to you also have experienced or witnessed the trauma.
- Communicate your experience in whatever ways feel comfortable to you - such as by talking with family or close friends, or keeping a diary.
- Find out about local support groups that often are available such as for those who have suffered from natural disasters, or for women who are victims of rape. These can be especially helpful for people with limited personal support systems.
- Try to find groups led by appropriately trained and experienced professionals. Group discussion can help people realize that other individuals in the same circumstances often have similar reactions and emotions.
- Engage in healthy behaviors to enhance your ability to cope with excessive stress. Eat well-balanced meals and get plenty of rest. If you experience ongoing difficulties with sleep, you may be able to find some relief through relaxation techniques. Avoid alcohol and drugs.
- Establish or reestablish routines such as eating meals at regular times and following an exercise program. Take some time off from the demands of daily life by pursuing hobbies or other enjoyable activities.
- Avoid major life decisions such as switching careers or jobs if possible because these activities tend to be highly stressful.
- Become knowledgeable about what to expect as a result of trauma.

## **How do I take care of children's special needs?**

The intense anxiety and fear that often follow a disaster or other traumatic event can be especially troubling for children. Some may regress and demonstrate younger behaviors such as thumb sucking or bed wetting. Children may be more prone to nightmares and fear of sleeping alone. Performance in school may suffer. Other changes in behavior patterns may include throwing tantrums more frequently, or withdrawing and becoming more solitary.

There are several things parents and others who care for children can do to help alleviate the emotional consequences of trauma, including the following:

- Spend more time with children and let them be more dependent on you during the months following the trauma - for example, allowing your child to cling to you more often than usual. Physical affection is very comforting to children who have experienced trauma.
- Provide play experiences to help relieve tension. Younger children in particular may find it easier to share their ideas and feelings about the event through non-verbal activities such as drawing.
- Encourage older children to speak with you, and with one another, about their thoughts and feelings. This helps reduce their confusion and anxiety related to the trauma. Respond to questions in terms they can comprehend. Reassure them repeatedly that you care about them and that you understand their fears and concerns.
- Keep regular schedules for activities such as eating, playing and going to bed to help restore a sense of security and normalcy.

## **When should I seek professional help?**

Some people are able to cope effectively with the emotional and physical demands brought about by a natural disaster or other traumatic experience by using their own support systems. It is not unusual, however, to find that serious problems persist and continue to interfere with daily living. For example, some may feel overwhelming nervousness or lingering sadness that adversely affects job performance and interpersonal relationships.

Individuals with prolonged reactions that disrupt their daily functioning should consult with a trained and experienced mental health professional. Psychologists and other appropriate mental health providers help educate people about normal responses to extreme stress. These professionals work with individuals affected by trauma to help them find constructive ways of dealing with the emotional impact.

With children, continual and aggressive emotional outbursts, serious problems at school, preoccupation with the traumatic event, continued and extreme withdrawal, and other signs of intense anxiety or emotional difficulties all point to the need for professional assistance. A qualified mental health professional can help such children and their parents understand and deal with thoughts, feelings and behaviors that result from trauma.

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## ***20 Considerations and Suggestions for Spouses of Officers Involved in a Critical Incident***

1. Express caring feelings. Saying something like, “I love you, I’m here for you” reinforces your emotional bond and lets your spouse know where you stand. In some relationships this might be communicating something that is often said, in others it may represent the first time in awhile that such emotions have been expressed. Either way, it makes a difference.
2. Be patient. Critical incidents can cause some undesirable emotional changes in the officer. These changes are normally temporary and subside over time. If this happens in your relationship, keep communication open and try to remain supportive. It is also possible that positive change can occur. Positive change should be reinforced.
3. Be emotionally available to your spouse. Listening is important. Stay connected without being intrusive. After a critical incident some officers need to talk a lot about the incident, others will “open up” gradually and only after a period of time.
4. Be gentle in your communication, verbal and non verbal. The period immediately following a critical incident is not the time to discuss pre-existing sensitive topics.
5. Touching is important. Caring touch without overstimulation is a significant expression of love and support. Following a critical incident, some officers will want to be touched often, others not so, even by their spouses. Note on touching: if you are transported to the police department to be with your spouse following a critical incident, *do not touch the officer until approved to do so*. This is especially true if your spouse was involved in a shooting. Officers are normally restricted from touching anyone in these cases in order to protect possible trace evidence on their person or uniform. Do not take this personally. Every officer is aware of this and accepts this element of the incident investigation.
6. Anticipate “internal processing” on the part of the officer. This often leads to some degree of physical or emotional isolation as the incident replays itself over and over in the officer’s mind. This mental preoccupation with the incident is normal and usually subsides within a few weeks.
7. Anticipate some change in the officer’s mood. It does not occur in every instance, but for some officers their mood “flattens” following a critical incident. This means that the officer will seem to have little expression of happiness or sadness, and may appear uninvolved, disengaged, or simply neutral. Another possibility is that the officer’s mood will appear energized and almost giddy. Again, these reactions normally moderate over a few weeks time.
8. The officer’s desire and ability to engage in sexual activities may vary with mood. This can range from no desire to heightened desire for sex. Remain aware that the officer’s mood can vary with changing thoughts of the incident.
9. Sleep can be fitful for both of you for several nights following a critical incident. Mild exercise and staying within the limits of your regular consumption of caffeine during the day is helpful in restoring normal sleep patterns.

10. Gently encourage appropriate couples or family activities.
11. Do not encourage alcohol or other drugs as a primary means to cope with the emotional and psychological aftermath of a critical incident. While there is a place for a glass of wine or a beer at dinner, using alcohol to numb feelings resulting from a critical incident is not the best way to work through issues, for you or your spouse.
12. If the officer exhibits any behavior that concerns you, talk to him or her about it. Talk in a caring manner. Describe the behavior first, then communicate your concerns.
13. Occasionally, officers will become depressed after a critical incident. If you observe behaviors associated with depression, talk to your spouse. If necessary, arrange for proper assessment, treatment, and support interventions. Do this together, as a team.
14. Call for help immediately if you think that your spouse is or is becoming suicidal. Know the warning signs of suicide. (see *Law Enforcement Critical Incident Handbook*)
15. Help your spouse but also help yourself. Remain aware of vicarious traumatization and moderate your involvement to remain within healthy boundaries. Use available resources if you become *incident-info saturated* (see *Officers and Spouses: Critical Incident Information*, page 27)
16. Monitor and try to mitigate outside stressors. Life demands do not stop following a critical incident. Ask for help with everyday chores and responsibilities if necessary. If you find it difficult to ask for help, think about this: You would be happy to assist those you care about if they were experiencing stressful times. It is likely that they feel the same way about you. Why not give them a chance to help?
17. If you have children, talk to them with your spouse. Talk to them about the incident in an age-appropriate manner. Answer any questions with age-appropriate honesty. Reassure them that they are safe, that you are ok, and that you are there for them.
18. Work as a team to address any particular stressors arising out of the incident.
19. Seek support early from available resources. Many police agencies maintain employee assistance programs, peer support teams, and staff psychologists or counselors. Stay in touch with supportive friends and trusted spouses of other officers.
20. Seek support even if everything looks ok. Although it is not unusual for officers to do well after a critical incident, engaging support services is a good idea. Some police departments have specific support protocols which are automatically initiated following a critical incident. Many do not. If the officer's agency does not have a protocol or support services, ask for what you need. Most agencies respond favorably to requests for support from officers and spouses.

## ***Incident Debriefing Information***

It is possible to feel ok following a critical incident, participate in the incident debriefing, and come out of the debriefing feeling a bit unsettled. This is not overly concerning unless the feeling is uncomfortably intense. The unsettled feeling that can be generated by a debriefing is often related to the mild-to-moderate anxiety caused by psychologically revisiting the incident. This feeling usually diminishes within a few hours or days following the debriefing.

**Information** - Following a critical incident debriefing you may:

- feel unsettled; not quite “yourself.”
- replay the incident over and over in your mind.
- wonder why you did or did not do certain things.
- wonder why others did or did not do certain things.
- wonder why you are having particular feelings.
- not sleep normally.
- have dreams, even nightmares, about the incident.
- have dreams that include incident-specific themes.
- experience appetite changes - overeating or no appetite.
- find yourself drinking more alcoholic beverages.
- notice a difference in your sex drive or ability to perform.
- feel less safe than prior to the incident.
- think more about those closest to you.
- have feelings that seem unusual or *out of character* for you.
- think more about life and death, or the meaning of life.
- worry more about your job, your welfare, and the welfare of your family.
- feel a bit numb, edgy, irritable, angry, anxious, or “down.”
- experience gastrointestinal problems.
- feel physically uncomfortable - headache, fatigue, and so on.
- wonder when your life will return to normal.\*

*Most importantly, you may not experience any of the above.  
It is not abnormal to feel ok following a critical incident or incident debriefing.*

Many of the responses that can follow a critical incident will diminish within a month. Significant improvement is often experienced within two weeks.

Rarely, thoughts of suicide or of harming others are present following a critical incident. If you have suicidal thoughts or thoughts about harming others, you should tell someone and seek professional assistance immediately.

*Take care of yourself.* For the next several weeks: (1) watch how you talk to yourself, (2) be patient with yourself and others, (3) engage in mild exercise, (4) practice self-care by doing things that are calming and rewarding, (5) stay connected to those that you care about and who care about you, (6) some alone time is ok but do not isolate yourself, (7) avoid alcohol as a means of coping, (8) engage your support resources.

\* note that many of the possible debriefing responses are identical to the possible responses following the incident itself.

## ***Some Things to Remember***

When confronting change and managing stress there are things you can do that help. Most of the items listed below are self-explanatory. Some are not. This is because some things to remember have special application within individual counseling or support programs.

### *Some things to remember:*

- Watch how you talk to yourself (relationship with self)
- Relaxation breathing-*breath through stress*-inhale nose/exhale mouth
- Maintain a high level of self-care, make time for *you*
- Keep yourself physically active, not too much too soon
- Utilize positive and appropriate coping statements
- Enhance your internal (self) awareness and external awareness
- Remember the limits of your personal boundary
- Practice stimulus control and response disruption
- Monitor deprivational stress and overload stress
- Use “pocket responses” when needed/consider oblique follow-up
- Apply thought stopping/blocking to negative thoughts
- Identify and confront internal and external “false messages”
- Confront negative thinking with positive counter-thoughts
- Break stressors into manageable units; deal with one at a time
- Relax, then engage in a graded confrontation of what you fear
- A managed experience will lessen the intensity of what you fear
- Only experience changes experience, look for the positive
- Things do not have to be perfect to be ok
- Stressor strategies: confrontation, withdrawal, compromise (combination)
- Remember: transactions and choice points = different outcomes
- *Work*: do not forget why you do what you do
- Utilize your physical and psychological buffers
- Healing involves changes in intensity, frequency, and duration
- Use your shield when appropriate
- Create positive micro-environments
- Think of strong emotion as an “ocean wave”-let it in, let it fade
- Trigger anxiety: “I know what this is; I know what to do about it”
- *Walk off and talk out* your anxiety, fears, and problems (walk and talk)
- Being vulnerable does not equal being helpless
- Develop and practice relapse prevention strategies
- Develop and utilize a sense of humor, learn how to smile
- Things are never so bad that they can’t get worse
- Time perspective: past, present, and future (positive and negative)
- Do not forget that life often involves selecting from imperfect options
- Access your power: the power of confidence, coping and management
- Stay grounded in what you know to be true
- Keep things in perspective: keep little things little, manage the big things