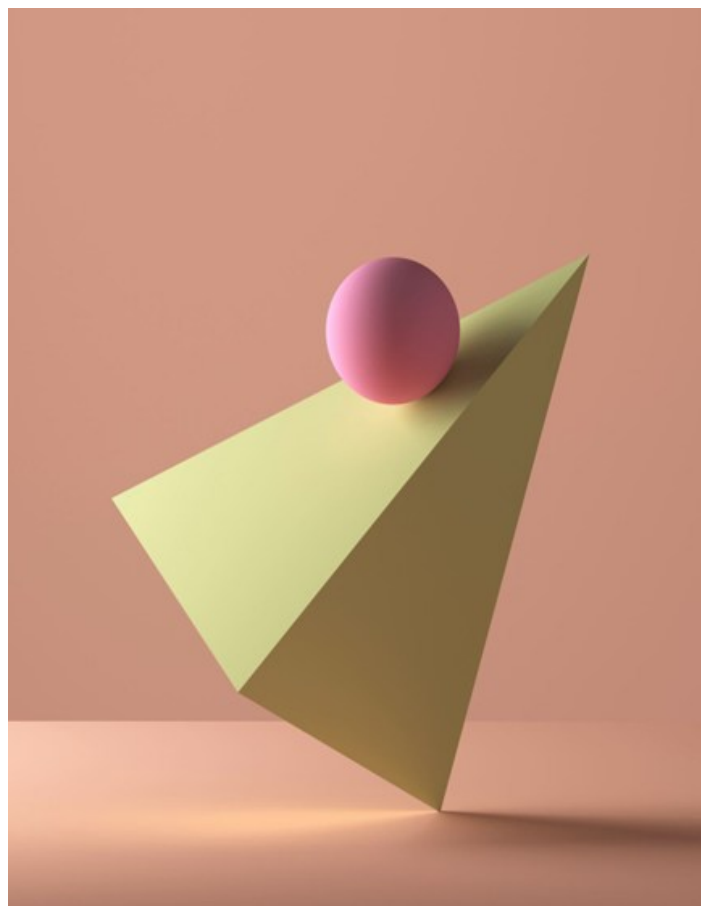


# MOVING RIGHT OF BANG

## CRITICAL INCIDENT EARLY INTERVENTION STRATEGIES



## The Five Cornerstones



### TEXAS POLICE CHIEFS ASSOCIATION—VINCIBLE

- As many as 50% of officer deaths in some years can be attributed to behaviors that are controllable, including fitness, emergency driving, and the wearing of seatbelts and body armor. How can police culture be invaded in a manner that will change risk-prone behaviors and ultimately reduce deaths and injuries? How can agencies remove the IN from INVINCIBLE and thereby remind their officers that they are VINCIBLE?
- The answer lies in the adoption of 5 cornerstones: [Wear Your Vest](#); [Wear Your Belt](#); [Watch Your Speed](#); and [Stay Fit, 540](#). These cornerstones are communicated through weekly roll call trainings created and communicated by the Texas Police Chief's Association (TPCA) Officer Safety Committee. They support Best Practices and require agencies to consider tactics in addition to policies and procedures. The program is free for participating Texas agencies.

# The VINCIBLE Journey

- A product of the TPCA Officer Safety Committee
- Began distributing roll call training in 2015
- Started partnership with TMLIRP in 2016
- Resources are available to all police agencies whether or not they are members of TPCA or the Risk Pool
- Partnership continues to grow with VINCIBLE provide training being the next step in the process (see TPCA or TMLIRP training calendars)
  - Tactical Emergency Casualty Care (Officer Safety Committee)
  - Resilience Strategies for First Responders (Rick Randall)
  - Moving Right of Bang: *Critical Incident Early Intervention Strategies*  
(Rick Randall)

## About the Instructor



Rick Randall founder and CEO of the Randall Group 911 is the Senior Chaplain and the Health and Wellness Division Director (retired) for the Austin Police Department. He served the Department as a senior training specialist, instructing in the Front Line Leadership Training Course, New Supervisor and Field Training Officer programs as well as in such courses as Resiliency, Performance and Accountability, Ethics, Conflict Resolution, Surviving a Toxic Work Environment, Cultural Diversity, Suicide Prevention, and Police Legitimacy. Rick also directed the efforts of the Health and Wellness Division to address the physical, psychological, and spiritual wellness of the employees of APD. Those efforts involved the supervision and coordination of the staff physician, staff psychologists, the exercise and nutrition specialist, the volunteer chaplain program and collaboration with the Department's Peer Support Unit.

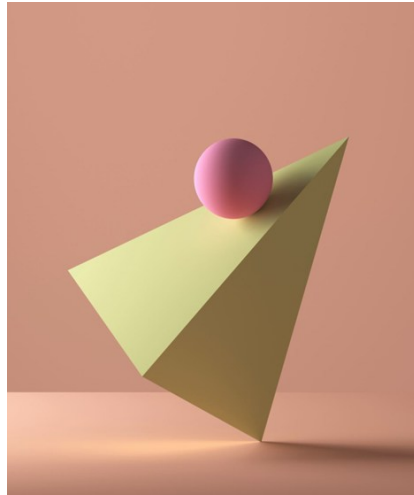
Rick has been active in promoting the wellbeing of officers and professional staff through such programs as heart disease detection and prevention, mindfulness, and exercise strategies for stress reduction, and a ground-breaking research project involving the utilization of Eye Movement Desensitization and Reprocessing (EMDR) as a preventive measure to address the trauma in law enforcement. That project was conducted in concert with Vanderbilt University and the LBJ School of Public Policy.

Rick holds a Bachelor's degree in Elementary Education and a Master's degree in Educational Administration from the University of Texas at San Antonio. He also holds a Master's degree in Biblical Theology from Abilene Christian University. He has a basic instructor certification with the Texas Commission on Law Enforcement and is certified as a QPR suicide prevention instructor, a Myers-Briggs facilitator, and an ADW certified facilitator. He is also CISM certified and certified as a Dispute Resolution Specialist.

Rick currently serves the Texas Municipal League as a contract instructor in the areas of Resiliency for First Responders and Critical Incident Early Intervention Strategies in partnership with the Texas Police Chiefs Association's Vincible Program. To date, he has taught this material to more than 2700 first responders across the State of Texas.

Rick has been married for 52 years to his wife, Faye. They were blessed with two children and seven grandchildren.

# Moving Right of Bang



## Bang = The Critical Incident

- Left of Bang = *Before* the incident
- Right of Bang = *After* the incident
- Public Safety Fact #1 – “Bang” Happens
- Public Safety Fact #2 – “Bang” produces TRAUMA

## OUR GOAL

To assist first responders to process the trauma in a healthy, resilient way.

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# WHAT WOULD YOU DO IF...?

- Medium-sized, tight knit community
- Well attended annual Fall fair and carnival
- Carnival Ferris wheel malfunctions with a full load of passengers, many of whom are children
- Several gondolas detach and plummet to the ground
- Several children critically injured, three pronounced dead at the scene
- Some of these casualties are related to first responders
- Based on your CURRENT Behavioral Health policies and resources:
  - Who has been impacted by this event?
  - What behavioral health services are needed by the first responders?
  - Who will provide those services for the first responders?

*Would this scenario qualify as a critical incident for your agency? Why or why not?*

# WHAT IS A CRITICAL INCIDENT?

**“A stressor (crisis) event which appears to cause, or be most associated with, a crisis response; an event which overwhelms a person’s usual coping mechanisms.”**

Everly and Mitchell, 1999

**“A direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about an unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate” (APA, 2000, p. 463)**

## EXAMPLES OF A CRITICAL INCIDENT

Line of Duty Death

Serious Line of Duty Injury

Suicide of a First Responder

Police Shooting (OIS)

Multi-casualty Incident/Disaster

Event that Draws Excessive Media Interest

Significant Event Involving Children

Prolonged Incident with Loss

Knowing the Victim of an Event

Any psychologically significant event



**NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# TRAUMA AND CRITICAL INCIDENTS

- Any critical incident is potentially traumatizing
- Trauma is produced by an event which is outside the usual realm of human experience and that would be markedly distressing to anyone who experienced it.
- Trauma is defined exclusively in terms of exposure to human suffering, i.e., personal or vicarious exposure to severe injury, illness, or death.

## UNDERSTANDING TRAUMA

Trauma is a normal human response to an abnormal event that is deeply distressing or disturbing and that....

- Overwhelms an individual's ability to cope
- Causes feelings of helplessness
- Diminishes their sense of self and their ability to feel a full range of emotions and experiences
- Trauma is stored in the brain at a sub-cortical level
- It is not accessible through language
- It produces significant side effects including but not limited to PTSD symptoms
- If untreated, it can alter the brain's DNA
- Trauma can be cumulative

NOTES: \_\_\_\_\_

---

---

---

---

---



## Texas Health and Safety Code

### Sec. 784.001

#### Definitions

In this chapter:

- (1) **“Crisis response service”** means consultation, risk assessment, referral, and on-site crisis intervention services provided by an emergency response team member to an emergency service provider affected by a crisis or disaster.
- (2) **“Critical incident stress”** means the acute or cumulative psychological stress or trauma that an emergency service provider may experience in providing emergency services in response to a critical incident, including a crisis, disaster, or emergency. The stress or trauma is an unusually strong emotional, cognitive, or physical reaction that has the potential to interfere with normal functioning, including:
  - (A) physical and emotional illness;
  - (B) failure of usual coping mechanisms;
  - (C) loss of interest in the job;
  - (D) personality changes; and
  - (E) loss of ability to function.
- (3) **“Critical incident stress management service”** means a service providing a process of crisis intervention designed to assist an emergency service provider in coping with critical incident stress. The term includes consultation, counseling, debriefing, defusing, intervention services, case management services, prevention, and referral.
- (4) **“Emergency response team member”** means an individual providing critical incident stress management services or crisis response services, or both, who is designated by an appropriate state or local governmental unit to provide those services as a member of an organized team or in association with the governmental unit.

## Texas Health and Safety Code

Sec. 784.002

### Closed Meetings

(a) Except as provided by Subsection (b) and notwithstanding Chapter [551 \(Open Meetings\)](#), Government Code, or any other law, a meeting in which critical incident stress management services or crisis response services are provided to an emergency service provider:

(1) is closed to the general public; and

(2) may be closed to any individual who was not directly involved in the critical incident or crisis.

(b) Subsection (a) does not apply if:

(1) the emergency service provider or the legal representative of the provider expressly agrees that the meeting may be open to the general public or to certain individuals; or

(2) the emergency service provider is deceased.

## Texas Health and Safety Code

Sec. 784.003

### Confidentiality

(a) Except as otherwise provided by this section:

(1) a communication made by an emergency service provider to an emergency response team member while the provider receives critical incident stress management services or crisis response services is confidential and may not be disclosed in a civil, criminal, or administrative proceeding; and

(2) a record kept by an emergency response team member relating to the provision of critical incident stress management services or crisis response services to an emergency service provider by the team is confidential and is not subject to subpoena, discovery, or introduction into evidence in a civil, criminal, or administrative proceeding.

(b) A court in a civil or criminal case or the decision-making entity in an administrative proceeding may allow disclosure of a communication or record described by Subsection (a) if the court or entity finds that the benefit of allowing disclosure of the communication or record is more important than protecting the privacy of the individual.

- (1) the emergency response team member reasonably needs to make an appropriate referral of the emergency service provider to or consult about the provider with another member of the team or an appropriate professional associated with the team;
  - (2) the communication conveys information that the emergency service provider is or appears to be an imminent threat to the provider or anyone else;
  - (3) the communication conveys information relating to a past, present, or future criminal act that does not directly relate to the critical incident or crisis;
  - (4) the emergency service provider or the legal representative of the provider expressly agrees that the communication or record is not confidential; or
  - (5) the emergency service provider is deceased.
- (d) A communication or record described by Subsection (a) is not confidential to the extent that it conveys information concerning the services and care provided to or withheld by the emergency service provider to an individual injured in the critical incident or during the crisis.

## Texas Health and Safety Code

### Sec. 784.004

#### Limitation on Liability

(a) Except as provided by Subsection (b), an emergency response team or an emergency response team member providing critical incident stress management services or crisis response services is not liable for damages, including personal injury, wrongful death, property damage, or other loss related to the team's or member's act, error, or omission in the performance of the services, unless the act, error, or omission constitutes wanton, willful, or intentional misconduct.

(b) Subsection (a) limits liability for damages in any civil action, other than an action under Chapter [74 \(Medical Liability\)](#), Civil Practice and Remedies Code.

# Traumatic Event Mental Health Leave For Police Officers

## SUBCHAPTER A-1. MENTAL HEALTH LEAVE

Sec. 614.015. MENTAL HEALTH LEAVE FOR PEACE OFFICERS. (a) In this section, "law enforcement agency" means an agency of the state or an agency of a political subdivision of the state authorized by law to employ peace officers.

(b) Each law enforcement agency shall develop and adopt a policy allowing the use of mental health leave by the peace officers employed by the agency who experience a traumatic event in the scope of that employment.

(c) The mental health leave policy adopted under this section must:

(1) provide clear and objective guidelines establishing the circumstances under which a peace officer is granted mental health leave and may use mental health leave;

(2) entitle a peace officer to mental health leave without a deduction in salary or other compensation;

(3) enumerate the number of mental health leave days available to a peace officer; and

(4) detail the level of anonymity for a peace officer who takes mental health leave.

(d) The mental health leave policy adopted under this section may provide a list of mental health services available to peace officers in the area of the law enforcement agency.

Added by Acts 2021, 87th Leg., R.S., Ch. 396 (S.B. [1359](#)), Sec. 1, eff. September 1, 2021.

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

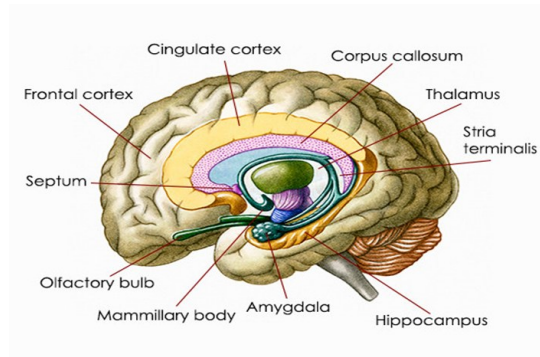


# UNDERSTANDING TRAUMA

Trauma is a normal human response to an abnormal event that is deeply distressing and that...

- Overwhelms an individual's ability to cope
- Causes feelings of helplessness
- Diminished an individual's sense of self and of their ability to feel a full range of emotions and experiences

## Trauma and the Brain



- Trauma is stored in the brain at a sub-cortical level
- The memory is not accessible through language
- It can produce significant side effects including but not limited to PTSD symptoms
- If untreated, it can alter the brain's DNA
- Trauma can be cumulative in the brain

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PREDICTING POSSIBILITY OF PSYCHOLOGICAL TRAUMA

- Interpersonal violence and abuse
- Life-threatening accidents and medical trauma
- Sudden or violent loss of a loved one
- Watching someone else die, experience extreme pain or physical injury
- Natural disasters and environmental catastrophes
- War, terrorism, and mass violence
- Child neglect and abandonment
- Workplace and occupational trauma
- Psychological and emotional betrayal
- Social and community-level trauma
- Secondary and vicarious trauma

NOTES: \_\_\_\_\_

---

---

---

---

---

---

---

---

# TRAUMA AND THE BRAIN

## Prefrontal Cortex

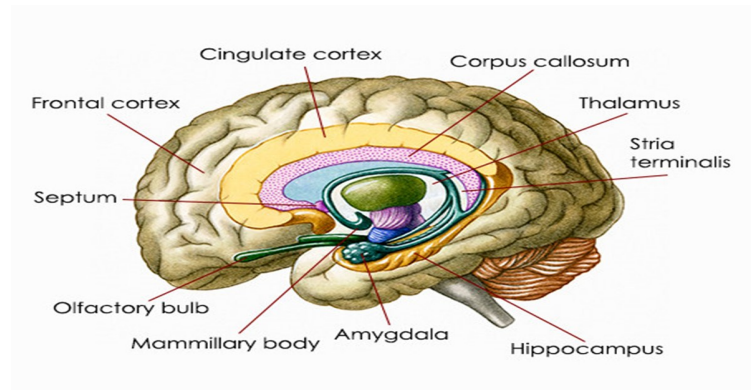
(Reason and Logic)

## Amygdala

(Survival)

## Hippocampus

(Memory)



## Trauma and Memory Impact

### Normal Memory

Organized - Categorized - Sequential - Verbally Accessible

You have control over the retrieval of the memory

Time-tagged (You know when it happened)

Can be updated by future information

### Trauma Memory

Not well organized - Defies categorization - Not sequential

Situationally accessible - You have little control over the retrieval of the memory—Not time tagged (you don't know when it

happened) - Feels like the memory is frozen in time

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# TRAUMA AND MEMORY

Normal memory has these qualities...

- Organized
- Categorized
- Sequential
- Verbally Accessible
- You have control over the retrieval of the memory
- Time-Tagged (you know when it happened)
- Can be updated by future information

Trauma memory has these qualities.....

- Not well organized
- Defies categorization
- Not sequential
- Situationally accessible
- Little control over the retrieval of the memory
- Not time-tagged (you don't know when it happened)
- Feels like the memory is "frozen" in time

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# POST TRAUMATIC STRESS INJURY

A mental health condition that's triggered by a terrifying event (either experiencing or witnessing it)

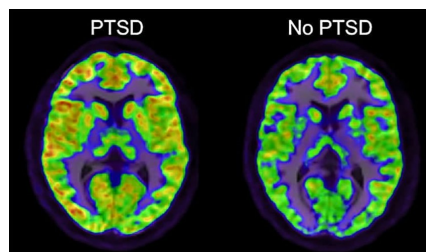
Symptoms may include flashbacks, nightmares, severe anxiety, as well as uncontrollable thoughts about the event

25% of people who develop PTSI experience delayed onset of symptoms (more than 6 months)

PTSD is a chronic condition. 1/3 of all PTSD patients were still symptomatic 10 years after exposure

1/3 may recover by their one-year follow up (1997 National Comorbidity Survey)

## POST TRAUMATIC STRESS INJURY SYMPTOMS



Flashbacks, Traumatic Dreams, Memory Disturbances, Self-Medication (alcohol), Anger/Irritability/Hostility which is difficult to control, Persistent Depression, Withdrawal, a "Dazed" or "Numb" appearance, Panic Attacks, Phobia Formation

**SYMPTOMS MUST PERSIST FOR AT LEAST 30 DAYS**

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## The Value of Early Intervention

Early detection of and early intervention with PTSI leads to:

- Less treatment time required
- Lower treatment costs
- More favorable prognoses associated with victims of trauma

In a 1988 study of 200 PTSD cases, the results, adjusted for current dollar values, show early intervention was less expensive in terms of treatment, required less time to return to work, and resulted in greater employee satisfaction with the treatment and recovery process

## The Benefits of Early Intervention

Opportunity for Venting Emotions

Opportunity to Verbalize Trauma

Behavioral Structure (Finite beginning and end of the process)

Psychological Structure (Engaged the cognitive and effective domains)

Benefits of Group Support

Peer Support (unique credibility)

Stress Education (knowledge and understanding)

Allows for Follow-up

Action Oriented (stabilizing,/mobilizing/normalizing)

*Early intervention strategies must be established and well functioning BEFORE the traumatic incident occurs. They are impossible to develop in the midst of a chaotic and traumatic situation.*

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MOVING RIGHT OF BANG

## A Comprehensive and Proven Effective Strategy



### EARLY INTERVENTION PROVIDERS

Peer Support Team

Mental Health Professional

Chaplain

Referral Resources

### PEER SUPPORT:

Trusted Colleagues

Experienced with Life and Trauma

Proven Ability to Maintain Confidentiality

Possess Good Interpersonal and Listening Skills

Approachable

Willing to Serve

Essential to any Wellness Program

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EARLY INTERVENTION PROVIDERS (continued)

### MENTAL HEALTH PROFESSIONAL:

Certified (MCSW, LPC, Psychologist, Psychiatrist)

Able to related to First Responders

Familiar with Crisis Intervention Models (e.g. CISM)

Willing to assist in providing Behavioral Health Training, Advice, and Clinical Supervision to the Peer Support Tea

### CHAPLAIN

Ordained, Professional Clergy

Experienced in counseling, listening, and advising on critical issues and personal problems

Able to provide NON-DENOMINATIONAL Mental, Emotional, and Spiritual Support to First Responders regardless of race, gender, sexual identity, beliefs, or religion

Empathetic

Able to maintain CONFIDENTIALITY

Willing to serve and be available as needed

### REFERRAL RESOURCES

Alcohol and Substance Abuse Treatment and Support

Trauma-Trained Therapists experienced with PTSD

Psychiatric Services (Depression, Suicidal Ideation)

EAP

Stress Management and Resiliency Resources (Yoga, Mindfulness, Fitness)

Experience with First Responders

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EARLY INTERVENTION ACTIONS

## ON-SCENE SUPPORT

DEFUSING

DEBRIEFING

BRIEFING



## ON-SCENE SUPPORT

*STABILIZE* the situation and protect personnel from additional stress

*MITIGATE* the IMPACT of a Traumatic Event

*MOBILIZE* a wide range of resources to assist personnel

*NORMALIZE* the experience and reduce feelings of uniqueness and abnormality

*RESTORE* to adaptive function as soon as possible

## FOCUS OF ON-SCENE SUPPORT

Distressed Primary Personnel

Personnel with Obvious Signs of Distress

Command and Supervisory Personnel who receive only Advice and Consultation

## PROVIDERS OF ON-SCENE SUPPORT

Peer Support Personnel

Chaplains trained in Critical Incident Intervention

Mental Health Specialists when needed (rare)

## TIMING OF ON-SCENE SUPPORT

Immediately

While the incident is still in progress (as soon as safety allows)

Interventions are brief

Focus is on immediate concerns

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **DEFUSING**

**DIRECTED** at the core workgroup most effected by the event

**PROVIDED** by Peer Support, Chaplain, and Mental Health Professionals trained in crisis intervention

### **GOALS OF DEFUSING**

Rapid reduction in the intense reactions to a traumatic event

“Normalize” the experiences so that people can return to routine duties as soon as possible

Facilitate return to routine duties as soon as possible

Mitigate the impact of the traumatic event

Reduce the cognitive, emotional, and physiological symptoms

Reestablish the social network so people don't self-isolate

Allow for the exploration of the experience and dissemination of information on managing the stress

Identify individuals who may need emotional assistance

Accelerate the recover process

### **TIMING OF DEFUSING**

Provided within eight hours of the end of the event (3-12)

Provided as close as possible to the end of the event (The first 2- 3 hours is ideal)

Not effective after shift dispersal



## DEBRIEF

- A *MULTIPHASED* approach
- Mitigates psychological distress following a traumatic event
- Facilitates a normal recovery process for those experiencing normal reactions
- Identify those who may need support

## TIMING OF A DEBRIEF

- Provided within a week of the event
- Within 24- 72 hours of the event is ideal

## FOCUS OF A DEBRIEF

- Participants **MUST HAVE SIMILAR EXPOSURE/EXPERIENCE** with the event (They do not have to work together)
- **CAUTION:** Damage can be done if the wrong people are in the room

## PROVIDERS OF A DEBRIEF

- Peer Support managed and driven
- At least two trained team members (more if group is larger)
- A Mental Health Professional is **ESSENTIAL**
- CISM trained chaplains can be helpful



# STRUCTURE OF A DEBRIEF

STAGE 1 - **INTRODUCTION**: Introduce the team, the process, the guidelines, and address primary concerns and anxieties

STAGE 2 - **FACT**: A discussion of the facts of the incident.

*Who are you?*

*What was your role in the incident?*

*A brief description of what happened from your point of view.*

STAGE 3 - **THOUGHT**: Transitioning from the cognitive to the emotional.

*What was your first thought or most prominent thought once you got off an "autopilot" mode of operating?*

STAGE 4 - **REACTION**: Exploring the emotional reactions to the event

*What was the worst thing about this situation for you personally?*

*What part of this event bothers you the most?*

STAGE 5 - **SYMPTOMS**: Transitioning back to the cognitive. Group is asked to describe any cognitive, physical, emotional, or behavioral experiences they may have encountered while working the scene

STAGE 6 - **TEACHING**: Point out the symptoms mentioned and normalize them. Offer instructions on healthy ways to deal with the stress and ways to avoid the unhealthy strategies.

STAGE 7 - **RE-ENTRY**: Allow any new material to surface; answer any questions; reassure and inform to normalize emotions; provide information in handout form; make follow-up and additional resources available.

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# DEBRIEF BREAKDOWN

## 1-2 Hours Total

- Stage 1 - Introduction = 5-10 minutes
- Stage 2 - Fact = 5-25 minutes
- Stage 3 - Thought = 5-10 minutes
- Stage 4 - Reaction = 10-40 minutes
- Stage 5 - Symptoms = 10-15 minutes
- Stage 6 - Teaching = 5-10 minutes
- Stage 7 - Re-entry = 5-10 minutes



## Brain Processing Breakdown

- Stage 1 - Introduction = Cognitive
- Stage 2 - Fact = Cognitive
- Stage 3 - Thought = Cognitive - Affective
- Stage 4 - Reaction = Affective
- Stage 5 - Symptoms = Affective - Cognitive
- Stage 6 - Teaching = Cognitive
- Stage 7 - Re-entry = Cognitive

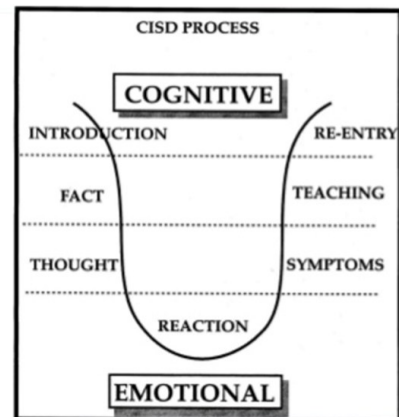


Figure 3: Seven phases of Debriefing modified according Mitchell and Everly, 2002

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BENEFITS OF A DEBRIEF

- Allows for emotional ventilation
- Provides reassurance that stress is controllable and recovery is likely
- Forewarns of potential symptoms and signs
- Establishes contact with chaplains and behavioral health specialists
- Prevents or mitigates symptoms of Post Traumatic Stress

## BRIEFING

- Used for mixed groups
- Useful in disasters, terrorism events, community violence, school crises, etc.

## GOALS OF A BRIEFING

- Provide information, guidance, and instructions
- Rumor control
- Reduction of chaos
- Provide coping suggestions
- Facilitate follow-up care
- Promote community cohesion
- Enhance community morale
- Restore people to adaptive functioning

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TIMING OF A BRIEFING

- As soon as practical after a traumatic event
- May need to be done multiple times to accommodate various groups and needs
- Usually lasts 20-45 minutes (LESS IS MORE)
- NOT RECOMMENDED TO TAKE QUESTIONS

## STRUCTURE OF A BRIEFING

- Assemble the group (communication is essential)
- Provide facts regarding the current crisis situation
- Describe and normalize common behavioral/psychological reactions
- Describe personal stress management suggestions and guidelines
- Provide information about available resources



NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BIBLIOGRAPHY

### FIRST RESPONDER CULTURE

Dunham, Roger G. & Alpert, Geoffrey P. (2010). *Critical Issues in Policing*. Long Grove IL: Waveland Press

Gilmartin, Kevin M., Ph.D. (2021). *Emotional Survival for Law Enforcement* (revised). Tucson: E-S Press

Jetmore, Larry F. Ph.D. (2008). *The Path of the Warrior: An Ethical Guide to Personal and Professional Development in the Field of Criminal Justice* (2<sup>nd</sup> ed). Flushing, NY: Looseleaf Law Publications

Melskey, Ryan E. (2006). *Building a Successful Law Enforcement Career: Common Sense Wisdom for the New Officer*. Flushing, NY: Looseleaf Law Publications

Marx, John. (2017). *Armor Yourself: How to Survive a Career in Law Enforcement*. Littleton, Co: The Law Enforcement Survival Institute

Schaffer, Bernard. (2011) *Way of the Warrior*. Create Space Independent Publishing

Sutton, Randy. (2004) *True Blue: Police Stories By Those Who Have Lived Them*. New York, NY: St. Martin's Press

Perez, Douglas W. & Moore, Alan J. (2002). *Police Ethics: A Matter of Character*. Belmont Ca: Wadsworth

### STRESS MANAGEMENT

Denninger, John. M.D., Keegan, William., Robinson, Richard., Ruszczyk, Scott., & Sylvia, Louisa, Ph.D. (2022). *SMART: Stress Management and Resiliency Training for First Responders*. Boston, Mass: Benson-Henry Institute for Mind Body Medicine

Pranzo, Peter J. & Pranzo, Rachela. (1999). *Stress Management for Law Enforcement*. Longwood, Fl: Gould Publications

Toch, Hans (2022). *Stress in Policing*. Washington, D.C.: American Psychological Association

Territo, Lawrence & James D. Sewell, Editors. (2013) *Stress Management in Law Enforcement* (3<sup>rd</sup> edi). Durham, NC: Carolina Academic Press

## **RESILIENCY**

Divine, Mark. (2014) *Unbeatable Mind: Forge Resiliency and Mental Toughness to Succeed at an Elite Level* (3<sup>rd</sup> ed.). Kindle Book

Friedman, Cary A. (2005) *Spiritual Survival for Law Enforcement*. Linden, NJ: Compass Books

Glenn, Tania. PsyD, LCSW. (2017). *First Responder Resilience: Caring for Public Servants*. Progressive Phoenix Rising Press

Monta, Howard A. (2009). *How to Survive Low Morale, Stress, and Burnout in Law Enforcement*. Baltimore, MD: Publish America

Southwick, Steven M. & Charney, Dennis S. (2018). *Resilience: The Science of Mastering Life's Greatest Challenges*. Cambridge, UK: Cambridge University Press

## **CRITICAL INCIDENTS AND TRAUMA**

Grossman, Dave. (2009). *On Killing: The Psychological Cost of Learning to Kill in War and Society* (3<sup>rd</sup> ed). New York, NY: Open Road Integrated Media

LeDoux, Joseph. (2015). *Anxious: Using the Brain to Understand and Treat Fear and Anxiety*. New York, NY: Penguin Books

Mitchell, Jeffrey T. Ph.D. & Everly, George S. Jr. Ph.D. (1997): *Critical Incident Stress Management: An Operations Manual for CISD, Defusing and Other Group Crisis Intervention Services* (3<sup>rd</sup> ed). Ellicott City, MD: Chevron Publishing

Siebert, Al. Ph.D. (2005). *The Resiliency Advantage: Master Change, Thrive Under Pressure, and Bounce Back from Setbacks*. San Francisco, CA: Berrett-Koehler

Rupp, Tim. (2016). *Winning a Gunfight: Securing Victory Ethically, Mentally, and Tactically in a Gunfight*. Snowfall Press

Van Horne, Patrick. & Riley, Jason A. (2014). *Left of Bang*. New York, NY: BlackIrishBooks

Willis, Dan. (2019). *Bulletproof Spirit: The First Responder's Essential Resource for Protecting and Healing Mind and Heart*. Novato, Ca: New World Library

## **RELATIONSHIPS**

Kirschman, Ph.D. (2007). *I Love a Cop*. New York, NY: Guilford Press

Newman, Victoria M. (2015). *A Marriage in Progress: Tactical Support for Law Enforcement Relationships*. North Charleston, SC: CreateSpace Publishing

Patterson, Kerry., Grenny, Joseph., McMillan, Ron., & Switzler, Al. (2002). *Crucial Conversations: Tools for Talking When Stakes Are High*. New York, NY: McGraw Hill

## **EMOTIONAL INTELLIGENCE AND PERSONALITY**

Goleman, Daniel. (1998). *Working with Emotional Intelligence*. New York, NY: Bantam Books

Goleman, Daniel. (1995). *Emotional Intelligence: Why It Can Matter More Than IQ* 10<sup>th</sup> ed) New York, NY: Bantam Books

Hennessy, Stephen M. ED.D. & Delung, James R. Ph.D. (2021). *Police Personalities: Why Cops Act the Way They Do*.

## **BURNOUT**

McDargh, Eileen. (2020). *Burnout to Breakthrough*. Oakland, CA: Berrett-Koehler

Nagoski, Emily. Ph.D. & Nagoski, Amelia DMA. (2020). *Burnout*. New York, NY: Ballantine Books

## **BRAIN SCIENCE**

Grant, Adam. *Think Again: The Power of Knowing What You Don't Know*. New York, NY: Viking

Kahneman, Daniel. (2011). *Thinking Fast and Slow*. New York, NY: Farrar, Straus and Giroux

Malpass, Michael. (2018). *Taming the Serpent: How Neuroscience Can Revolutionize Modern Law Enforcement Training*. UK: Ockham

Sharps, Matthew J. (2010). *Processing Under Pressure: Stress, Memory and Decision-Making in Law Enforcement*. Flushing, NY: Looseleaf Law Publications

Van Der Kolk, Bessel. M.D. (2014). *The Body Keeps the Score: Brain, Mind, and Body In the Healing of Trauma*. New York, NY: Penguin Books

## **SLEEP**

Maas, James B, M.D. & Robbins, Rebecca S. (2010), *Sleep for Success: Everything You Must Know About Sleep But Are Too Tired To Ask*. Bloomington, IN: AuthorHouse

Vila, Bryan (2000). *Tired Cops: The Importance of Managing Police Fatigue*. Washington, D.C.: Police Executive Research Forum

## RETIREMENT

Bolles, Richard N. & Nelson, John E. (2007). *What Color Is Your Parachute?: Planning Now For The Life You Want*. Berkley, CA: Ten Speed Press

Warren, Rick. (2002). *The Purpose Filled Life*. Grand Rapids, MI: Zondervan

## INSPIRATIONAL BIOGRAPHIES AND BOOKS

Chernow, Ron. (2010). *Washington: A Life*. New York, NY: Penguin Books

Goodwin, Doris Kearns. (2006). *Team of Rivals*. New York, NY: Simon and Schuster

Kilmeade, Brian. (2021) *The President and the Freedom Fighter: Abraham Lincoln, Frederick Douglas, and Their Battle to Save America's Soul*. New York, NY: Sentinel

Long, Matt. with Butler, Charles. (2010) *The Long Run: A New York City Firefighter's Triumphant Comeback from Crash Victim to Elite Athlete*. New York, NY: Rodale Books

Marcou, Dan. (2015) *Law Dogs: Great Cops in American History*. West Branch, MI: Thunder Bay Press

McCullough, David. (2001). *John Adams*. New York, NY: Simon and Schuster

McCullough, David. (2019). *The Pioneers: The Heroic Story of the Settlers Who Brought the American Ideal West*. New York, NY: Simon and Schuster

Salka, John. (2004). *First In, Last Out: Leadership Lessons from the New York Fire Department*. New York, NY: Portfolio Books Wall, Sandy. (2022). *The Long Road Home*. Plano, Tx: Infinite Sky Publishing

Walsh, Michael. (2020) *Last Stands: Why Men Fight When All Is Lost*. New York, NY: Macmillan

# RESOURCES

## SUICIDE PREVENTION

**Copline** - a not-for-profit 501©3 dedicated to serving active and retired law enforcement officers and their loved ones on a 24/7 confidential basis. **(800) 267-5463**

**Texas Law Enforcement Peer Network** - A state-wide Peer Network offering continuous support to the police officers in the field. TLEPN's mission is to eliminate police suicide in the state of Texas. Completely anonymous and peer staffed. **(972) 336-1314** or by email [TLEPN@untdallas.edu](mailto:TLEPN@untdallas.edu)

**QPR (Question/Persuade/Refer)** - An emergency mental health intervention for suicidal persons created in 1995 by Paul Quinnett, designed to identify and interrupt the crisis and direct the suicidal person to the proper care. [QPRInstitute.com](http://QPRInstitute.com)

## THERAPY

**EMDRIA (EMDR International Association)** - Eye Movement Desensitization and Reprocessing (EMDR) therapy is an extensively researched, effective psychotherapy method proven to help people recover from trauma and PTSD symptoms. Ongoing research supports positive clinical outcomes showing EMDR therapy as a helpful treatment for disorders such as Post Traumatic Stress Injury, anxiety, depression, OCD, chronic pain, addictions, and other distressing life experiences. **(512) 451-5200** [info@emdria.org](mailto:info@emdria.org)

## YOGA AND MINDFULNESS RESOURCES ([Yogamatters.com](http://Yogamatters.com))

### YOGA

**Ekhart Yoga** - New online classes each week, Ekhart Yoga helps to make yoga part of your daily routine. They also offer Pilates, meditation and programs to help you deepen your practice. You can sign up for a 2-week free trial.

**Movement for Modern Life** - Known for its variety in teachers and classes, this popular site features a great filtering system that helps you find a class to suit your mood. You can try a 14-day free trial before committing to a monthly or yearly subscription. Best for: A huge variety of teachers, all with a unique teaching style



**Downdog** - The **downdog** app group includes apps for Yoga, Yoga for beginners, HIIT, Barre, 7 Minute and Prenatal Yoga. All apps deliver a no-frills, personalized yoga experience right from your phone. Free for everyone until 1st May with students, teachers and healthcare professionals having free access until 1st July. Best for: The music lover! Switch it up from classical to sounds of nature.

**Glo** - Glo offers something for everyone with over 4000 classes in 16 different styles. Based on a community of members, Glo lets you interact with other members, including regular Q+A's with world-renowned teachers. Free for the first 15 days Best for: Range of classes that cover multiple styles.

**Gaia** - Gaia offers more than just yoga classes, they have an enormous amount of material aimed at deepening your mind, body and spiritual connection. Gaia is one of the biggest platforms yet one of the most budget-friendly. Offers 1 week free trial. Best for: If you want more than just a physical yoga practice.

## **ONLINE MEDITATION RESOURCES**

**Calm** – Rated as the best app for sleep, meditation, and relaxation. Includes meditation and mindfulness techniques, sleep sounds and relaxing music, breathing exercises, and stress reduction practices. Calm offers some free content or a yearly subscription to unlock all the content. They also offer a 7-day free trial. Best for: Finding (and sticking to) a daily meditation practice as there are new meditations every day. Available in both Apple and Android.

**Justbreathe** - An app that helps you find stillness and balance during life's ups and downs. The Justbreathe app is simple, incredibly easy to use and perfect for any time of day. The app is free. Best for: Those that don't think a meditation app is for them!

**Headspace** - Headspace focuses on making mindful living accessible for all. Recently Headspace created a collection called 'Weathering the storm'. It consists of meditations, sleep and movement exercises specifically made for this time of uncertainty. Some features on the app are free including all 'weathering the storm' content. They offer a 2 week free trial and an annual subscription after that. Best for: Beginners to mindfulness and those wanting to live a more mindful life.

**Smiling Mind** - This is a non-for-profit web and app-based meditation program. Smiling Mind's goal is to reduce the amount of mental health related illnesses in young people. They have started a 'Thrive Inside' initiative, which anybody can use. It helps you foster good mental habits. The app is free.

Best for: Those that want to feel good while supporting a great cause.

**Insight Timer** - Features over 30K free guided meditations, it's no wonder this app is one of the most popular out there. Their homepage is a never-ending scroll of talks, music and guided meditations, on a wide range of topics, it's a one-stop-shop for all your mental wellbeing needs. The app is free. Best for: If you're looking to spend more time meditating and want new content every time.

## **SLEEP AND PHYSICAL HEALTH**

**Sleepfoundation.org** - SleepFoundation.org is the go-to source for trustworthy sleep information. Their extensive article library is based on sleep science, and comprehensive reviews of different sleep and wellness products. A medical board and medical review panel ensures their work is rooted in medical literature and follows up-to-date research.

**Sigma Tactical Wellness ([iamsigma.com](https://www.iamsigma.com))** – Sigma Tactical Wellness is dedicated to providing affordable, convenient, accessible testing and consultation for the early detection of cardiac and metabolic risk in First Responders. Their goal is to help First Responders become more effective in their work, reduce health expenses, and improve First Responder survivability and longevity.

## **STRESS MANAGEMENT**

**National Institute of Mental Health/Brochures and Fact Sheets/I'm So Stressed Out!** Fact sheet <https://www.nimh.nih.gov/health/publications/so-stressed-out-fact-sheet>

**Cleveland Clinic Health Essentials – “Your Definitive Guide to Work Stress and Burnout** <https://health.clevelandclinic.org/work-stress-and-burnout/>

**Mayo Clinic Healthy Lifestyle Stress Management – Relaxation Techniques** <https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/relaxation-technique/art-20045368>

### Officer Involved Shooting Protocols

Officer Involved Shooting Protocols		
Officer	Scene security is priority. If additional officers are on scene, move up and handcuff. Communicate SIM model - Security, Incident Command including an Immediate Action Plan, and Medical	
Secondary Officers	Upon arrival, do not assume the scene is secure. Work the SIM model.	
Secondary Officers	Provide medical attention to all injured. Request Fire and EMS.	
Secondary Officers and Supervisor	Remove involved officer(s) from immediacy of scene but do not allow to leave. Leave officer's vehicle alone.	
Secondary Officers and Supervisor	Do not clear involved firearms. They are evidentiary. If injured officer needs to be transported, then seize firearm(s)	
Supervisor	Once EMS has either transported or declared suspect deceased, supervisors should ensure all recording devices are stopped, including dash-camera systems.	
Supervisor or Investigator/ Texas Ranger	Ask public safety questions of involved officers: type of force used; direction of shots fired by all; location of injured; description of at-large suspects; description and location of Vi's or WI's. Description and location of evidence.	
Supervisor	Request Range Master respond to scene to collect officer's evidentiary weapons. Do not let any weapons leave the scene.	
Supervisor	Notify Police Admin and Office of Professional Conduct	
Range Master	Request Range Master respond to scene to issue involved officers replacement weapons. Coordinate process with Investigator/ Texas Ranger. Involved officers' weapons used in the OIS will be collected at scene. Do not let weapons leave the scene.	
Supervisor	Identify companion officer(s) for all involved and have them respond to scene or PD	
Supervisor or Investigator/ Texas Ranger	Take photos of involved officers, including overall person. If officer is transported, photos will be taken at hospital.	
Supervisor	Ensure a urinalysis is conducted, absent officer being transported.	
Supervisor	Officer-assigned attorneys shall not be granted access to crime scene or allowed to review videos until deemed legally appropriate by Rangers and SMPD Admin	

**VIOLENT ENCOUNTERS and MASS CASUALTY INCIDENT CHECKLIST**

Responsible Party	Description of Actions – NOT IN CHRONOLOGICAL ORDER	✓
Police/ Fire/ EMS	Leave ingress/egress routes clear of emergency vehicles	
Police	Gather go bag and rifle and armor; do not block ingress routes when parking; give LCAN report {location, conditions, actions, needs}; move to breach point; is this Push or Hold? If Push, Stop the Killing.	-1
Police	Enter Solo or Establish Contact Teams and enter structure to Isolate, Distract and Neutralize; designate Room and Hall Bosses	
Police	Continue sending Police in until Room/ Hall Boss says stop; work SIM model {Security, Incident Command, Medical}; create CCP	
Police	Establish Forward Command Post {OPS} near site; send additional responders to Staging. Move radio traffic to HCLE1. Receive updated LCAN from Room Boss.	
Police	Communicate# and severity of patients to OPS; Hall Boss assigns officers to create Safety Corridor; request Rescue Task Force {RTF}	
Police	OPS: assign security at Casualty/ Ambulance Exchange Point outside where transport vehicles will park {close to an exit}	
Police	Send representative to Unified Command to link with Fire	
Fire	Set Level 2 Staging and communicate it to Dispatch; assign Manager	
Fire	Send Fire Supervisor to Police Forward Command Post (OPS) and then establish Incident / Unified Command out of sight of crisis site	
Fire / Police	Create Rescue Task Forces as soon as Police and Fire are in Staging; await assignment; Fire Crew plus (2) Police at minimum	
Fire / EMS	Send RTFs to closest door to CCP, and inside to begin triage/evac	
Fire / EMS	Move transport vehicles to Casualty / Ambulance Exchange Point when Security is set	
Fire / EMS	Move priority casualties to ambulances first; Continue for all injured	
Unified Command	Established away from crisis; support OPS; Police, Fire, EMS and facility representatives included	
Unified Command	Create emergency response team to deploy to related calls and send officer(s) to hospital to await casualties	
Unified Command	Establish Media Staging Area and deploy PIO's	
Unified Command	Identify witness staging area (consider HVAC, restrooms, food and water)	
Unified Command	Identify and Communicate Reunification location asap	
Communications	Recall off-duty personnel; request mutual aid if needed	
Communications	Staff Notifications, Notify SWAT; direct all radio traffic to OPS Command; send additional responders and other agencies to Staging	
Communications	Request {3} wreckers to respond to Staging	

# SELF CARE FOLLOWING A CRITICAL INCIDENT

## ***What Is A Critical Incident?***

A critical incident is a "turning point" event often referred to as a crisis event. Any event which has a stressful impact sufficient enough to overwhelm the usually effective coping skills of either an individual or a group of individuals may be considered a critical incident. Critical incidents are typically sudden, powerful events which are outside the normal range of ordinary human experiences. Due to the sudden and unusual events they can escalate a strong emotional effect even on well trained professionals.

## Self Care Following A Critical Incident

### ***IC/SF IC/SM Intervention Process***

Is Confidential	Educational
Is Peer Driven	Not A Critique
Is Educational	Available At No Charge
Allows Ventilation	Allows Peer Support
Insures "we" are not alone	Provides Follow-Up

### ***C/SM Core Elements***

Pre-Incident Education/Preparation	Defusings
On-Scene Support	<b>CISM</b> Debriefings
Family Education/Support	School Crisis Management
Disaster Demobilizations	Chaplain Services
Crisis Management Briefings	Follow-Up Services
Industrial Consultations/Support	Referral Services

### ***Family and Friends***

- ◆ Listen Carefully
- ◆ Spend Quality Time With Loved One
- ◆ Reassure Safety
- ◆ Allow For Private Time
- + Avoid Critiquing, Probing Or Attempting To Fix The Problem
- ◆ Support With Everyday Tasks, e.g., Cleaning, Cooking, Children, Household
- ◆ Avoid Statements, e.g. "God's Will, "Could Have Been Worse", etc.

## ***Self Care Following A Critical Incident***

### ***Taking Care Of Yourself***

- + *Vigorous Exercise (especially within the first 24 hours)*
- + Plenty of rest
- + Normal routine
- + Structure your time, keep busy
- + Use Vitamins B & C to increase resistance decreased by stress.
- + Spend time with trusted family, friends, co-workers
- + Share your thoughts with trusted family, friends
- + Deep breathing exercises
- + Relaxation
- + Meditation
- + Do things that feel good to you
- + Reach out-avoid isolation
- + Avoid life altering decisions
- + Avoid / Reduce the use of caffeine, drugs, alcohol
- + Keep a personal journal-write your way through sleepless nights
- + Maintain good posture-removes the weight from your shoulders
- + Watch out for your peers / co-workers
- + Remember it is okay to smile and laugh-laughter increases oxygen to your brain
- + Recognize you are experiencing stress

### ***Avoid Negative Stress Copers***

- + AVOID-Denial or ignoring the problem
- + AVOID-Fault finding or complaining, or criticize or judgmental
- + AVOID-Indulging or buying on impulse or wasting time or sleeping in
- + AVOID-Passivity or procrastination ... Hoping it gets better
- + AVOID-Revenge or getting even or talking mean-sarcasm
- + AVOID-Stubbornness or rigidity or demanding your own way or refuse to be swayed
- + Watch out for illnesses, developing headaches, stomach disorders, accident prone

## Self Care Following A Critical Incident

### Common Signs/Reactions And Symptoms/Thoughts Or Concerns

Critical incidents may produce a wide range of stress symptoms. Stress symptoms usually occur in five different categories: Cognitive (thinking), Physical (body), Emotional (feelings), Behavioral (actions), and Spiritual (relationship with God).

The more symptoms experienced, the more powerful the stress reaction. The longer the symptoms persist, the more potential there is for lasting harm. The following is only a sample of stress symptoms that can show up after a critical incident:

Poor Concentration	<b>Cognitive</b>	Difficulties With Calculations
Poor Attention Span		Difficulty Making Decisions
Slowed Problem Solving		Memory Problems
	<b>Emotional</b>	Feeling Lost/Overwhelmed
Guilt		Anxiety/Fear
Depression		Loss Of Emotional Control
Grief Anger		
	<b>Physical</b>	Chest Pains
Muscle Tremors		Difficulty Breathing
Gastrointestinal Distress		Elevated Blood Pressure
Headaches		
	<b>Behavioral</b>	Sleep Disturbances
Excessive Silence		Changes In Eating Habits
Extreme Behavioral Change		Changes In Work Habits
Withdrawal From Contact		
	<b>Spiritual</b>	Anger At Clergy
Uncharacteristic Religious Involvement		Sense Of Isolation From God
Isolation From God		Questioning Basic Beliefs
Loss Of Meaning Or Purpose		Faith Practices Seem Empty
Withdrawal From Place Of Worship		Anger At God

Thoughts and reactions in relation to a stressful event may last a few days, weeks or months and occasionally longer depending on the severity of the traumatic event. With understanding and the support of loved ones, the stress reactions usually pass more quickly. Occasionally the traumatic event is so painful that professional assistance from a counselor may be beneficial and necessary. This does not imply craziness or weakness. The need simply indicates that the particular event was just too powerful for the individual to manage on his/her own.





# THANK YOU!

