

**BALTIMORE POLICE DEPARTMENT – EDUCATION AND TRAINING SECTION**

**LESSON PLAN**

**COURSE TITLE:** Field Training Officer Program

**LESSON TITLE:** Stress & Wellness

**New or Revised Course**

**New**

**Revised**

**Prepared By:** Det. Derreck Sargent

**Date:** January 1, 2021

**Academic Director Approval:** Director Gary Cordner

**Date:**

**PARAMETERS**

Lesson hours: 1 hour

Entry-level

Class size: 30

Continuing Education

Space needs: Classroom

Other

**STUDENT/COURSE PREREQUISITES/QUALIFICATIONS** (if any)

Students should be sworn member who meet the FTO application requirements

**LESSON HISTORY** (previous versions, titles if applicable)

Health and Wellness

**PERFORMANCE OBJECTIVES**

1. Given a facilitated discussion and interactive assessment tool, officers will identify and explain the mental, physical, and emotional stress, and demands of the law enforcement career to the satisfaction of the facilitator.
2. Given an article excerpt, collaborative discussion and listing activity, officers will explain the toxic physiological process that occurs during the course of a normal day in patrol to the satisfaction of the facilitator.

**ASSESSMENT TECHNIQUE**

1. Interactive assessment tool and facilitated discussion
2. Facilitated collaborative discussion and listing activity

|   |  |
|---|--|
| <p>3. Through collaborative discussion, officers will identify the components of optimum wellness and the resources to maintain it to the satisfaction of the facilitator.</p> <p>4. Given a MindMapping activity, officers will create a list of practice strategies that alleviate the cumulative stress of the LE occupation to the satisfaction of the facilitator.</p> | <p>3. Facilitated collaborative discussion</p> <p>4. MindMapping</p> |
| <p style="text-align: center;"><b>COURSE DESCRIPTION</b></p> <p>This course will provide sworn personnel with the knowledge and understanding of the types of stress and how to effectively manage them, and then communicate this to their Officer Trainees.</p>   |  |
| <p style="text-align: center;"><b>MPCTC OBJECTIVES</b> (if applicable)</p> <p>None</p>  |  |
| <p style="text-align: center;"><b>INSTRUCTOR MATERIALS</b></p> <p>PowerPoint<br/> Different Color Markers<br/> Chart Paper<br/> Sticky Notes</p>  |  |
| <p style="text-align: center;"><b>TECHNOLOGY/EQUIPMENT/SUPPLIES NEEDED</b></p> <p>Smartboard and/or smart TV<br/> Projector<br/> Computer<br/> Speakers<br/> Departmental Phones</p>  |  |
| <p style="text-align: center;"><b>STUDENT HANDOUTS</b></p> <p>APPENDIX A – Excerpt from an article in the American Journal of Managed Care<br/> APPENDIX B – BPD Resources (4 pages)</p>  |  |
| <p style="text-align: center;"><b>METHODS/TECHNIQUES</b></p> <p>Assessment Checks<br/> Facilitated Discussion<br/> Case Studies<br/> Vocabulary Review</p>  |  |

## REFERENCES

1. Gilmartin, Kevin M. (2002). Emotional Survival for Law Enforcement. E-S Press: Tucson.
2. Rosenberg, Jaime. "The Effects of Chronic Fear on a Person's Health," American Journal of Managed Care, Nov. 2017, web article.
3. Officer Wellness: What's Beneath the Surface? (Captain Darren Ivey KCPD)
4. Emotional Survival for Law Enforcement: A Guide for officers and Their Families (Kevin M. Gilmartin, Ph.D.)
5. Breaking the Silence: A National Symposium on Law Enforcement Suicide and Mental Health (International Association of Chiefs of Police, 2014)
6. Buffalo Cardio-Metabolic Occupational Police Stress (BCOPS)
7. Cumulative Career Traumatic Stress (CCTS): A Pilot Study of Traumatic Stress in Law Enforcement (Ellen Marshall, 2002)
8. A Guide to Utilizing Police Training as a Tool to Promote Resilience and Improve Health Outcomes Among Police Officers (Online First Publication, 2014)
9. Effects of a Comprehensive Police Suicide Prevention Program (B. Mishra & N. Martin, 2012)
10. Neurosculpting: A Whole-Brain Approach to Heal Trauma, Rewrite Limiting Beliefs, and Find Wholeness (L. Wimberger, 2015)
11. "It's Not About the Nail" video published by Jason Headley, May 22, 2013, Standard YouTube License
12. <http://www.officer.com/article/10850327/police-suicides-drop-in-2012>
13. Case Study for Slide 8: [https://www.youtube.com/watch?v=Rz\\_k8OsI7kA](https://www.youtube.com/watch?v=Rz_k8OsI7kA)

## GENERAL COMMENTS

- Pre-create a chart paper with the title "Effects of Secondary Trauma" written at the top. Have it ready to use with Slides 8 and 9. It should be displayed in the front of the room.
- Have 30 copies of Appendix A and B to hand out to students.

### Lesson Plan Checklist (Part 1)


| Format   | Yes | No | N/A |
|--|-----|----|-----|
| 1. All sections and boxes are completed.   | X   |    |     |
| 2. Performance objectives are properly worded and included in content.   | X   |    |     |
| 3. Assessment techniques are aligned with performance objectives.  | X   |    |     |
| 4. Copies of handouts and other instructional aids (if any) are included.  | X   |    |     |
| 5. References are appropriate and up-to-date.  | X   |    |     |
| 6. Instructions to facilitators are in the right-hand column.  | X   |    |     |
| 7. Content is in the left-hand column.   | X   |    |     |
| 8. Timing of instructional content and activities is specified.  | X   |    |     |
| 9. Instructional content and PowerPoint slides are consistent & properly aligned.  | X   |    |     |
| 10. Student engagement/adult learning techniques are included.   | X   |    |     |
| a. Instructional content is not primarily lecture-based.   | X   |    |     |
| b. Questions are posed regularly to engage students and ensure material is understood.                                   | X   |    |     |
| c. Case studies, role-playing scenarios, and small group discussions are included where appropriate.                     | X   |    |     |
| 11. Videos are incorporated.   | X   |    |     |
| a. Video introductions set forth the basis for showing the video and key points are highlighted in advance for students. | X   |    |     |
| b. Videos underscore relevant training concepts.   | X   |    |     |
| c. Videos do not contain crude or offensive language or actions that are gratuitous or unnecessary.                      | X   |    |     |
| d. Videos portray individuals of diverse demographics in a positive light.   | X   |    |     |
| 12. Meaningful review/closure is included.   | X   |    |     |
| a. Important points are summarized at the end of lesson plan.  | X   |    |     |
| b. Assessments are provided to test knowledge of concepts.   | X   |    |     |

### Lesson Plan Checklist (Part 2)

| Integration   | Yes   | No | N/A |
|---|---|----|-----|
| 13. Does the lesson incorporate BPD technology?                                     | X   |    |     |
| 14. Does the lesson plan integrate BPD policies?                                    | X   |    |     |
| 15. Does the lesson reinforce BPD mission, vision, and values?                      | X   |    |     |
| 16. Does the lesson reinforce the Critical Decision Making Model?                   |   |    | X   |
| 17. Does the lesson reinforce peer intervention (EPIC)?                             |   |    | X   |
| 18. Does the lesson incorporate community policing principles?                      |   |    | X   |
| 19. Does the lesson incorporate problem solving practices?                          |   |    | X   |
| 20. Does the lesson incorporate procedural justice principles?                      |   |    | X   |
| 21. Does the lesson incorporate fair & impartial policing principles?               |   |    | X   |
| 22. Does the lesson reinforce de-escalation?  |   |    | X   |
| 23. Does the lesson reinforce using most effective, least intrusive options?        |   |    | X   |
| 24. Does the lesson have external partners involved in the development of training? |   | X  |     |
| 25. Does the lesson have external partners in the delivery of training?             |   | X  |     |
| <b>Subject Matter Expert:</b> Det. Derreck Sargent                                  | <b>Date:</b><br>March , 2021                      |    |     |
| <b>Curriculum Specialist:</b> Danalee Potter  | <b>Date:</b><br>August 25, 2021<br>April 20, 2021 |    |     |
| <b>Reviewing Supervisor:</b> Sgt. Kara Gladden                                      | <b>Date:</b>                                      |    |     |
| <b>Reviewing Commander:</b> Lt. Michael Brinn                                       | <b>Date:</b>                                      |    |     |

**COURSE TITLE:** Field Training Officer Program

**LESSON TITLE:** Stress and Wellness

| <b>PRESENTATION GUIDE</b>  | <b>FACILITATOR NOTES</b>   |
|--|--|
| <p><b>I. ANTICIPATORY SET</b></p> <p><b>Slide 1:</b><br/><b>SAY:</b> Welcome. My name is.....and I have been working with the Baltimore Police Department for .....years.</p> <p><b>SAY:</b> When we hear “wellness,” we usually think about exercising, eating right and getting enough sleep. But it also covers our emotional, psychological and spiritual health.<br/>We see each other every day but what’s going on inside?</p> <p><b>ASK:</b> Is this what you and your fellow officers look like on a normal day in patrol? Happy? Light-hearted? Relaxed? Enjoying life and their job?</p> <p><b>SAY:</b> Today we’re going to talk about what steals this energy and how to get it back.</p> | <p><b>Time:</b> 5 minutes</p> <p><b>Slide 1:</b><br/><i>The facilitator should provide a brief introduction of themselves and summarize their time and role(s) within the Department.</i></p> <p><i>Don’t bring up Slide 1 until you are ready to begin. The reaction to the slide is part of the Anticipatory Set.</i></p>  <p><i>Look for responses from students (head nods, facial expressions, etc.)</i></p> |

**Slide 2:**

**SAY:** During today's lesson we will work through and master the following learning objectives:

1. Through facilitated discussion, officers will identify and explain the mental, physical, and emotional stress, and demands of the law enforcement career.
2. Given a series of questions and collaborative discussion, officers will explain the toxic physiological process that occurs during the course of a normal day in patrol.
3. Through collaborative discussion, officers will identify the components of optimum wellness and the resources to maintain it.
4. Given a MindMapping activity, officers will create a list of practice strategies that alleviate the cumulative stress of the LE occupation.

**SAY:** The following section of this training program is intended to outline the stress factors and how to mitigate them as it relates to the role that personal counseling plays in a successful FTO experience.

**Slide 2:**

**Objectives**

- Officers will identify and explain the mental, physical and emotional stress, and demands of the law enforcement career
- Officers will explain the toxic physiological process that occurs during the course of a normal day in patrol.
- Officers will identify the components of optimum wellness and the resources to maintain it
- Officers will create a list of practice strategies that alleviate the cumulative stress of the LE occupation

**II. INSTRUCTIONAL INPUT (CONTENT)**

**Slide 3:**

**SAY:** Take a look, at the information on the following slide. Listen carefully, as I read it aloud to you.

The cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress, DOES NOT have to be trauma-related. It's Burnout.

**SAY:** Burnout results from stress related to too much of a thing. Too many hours put into doing the same thing repetitively will lead to burnout.

**ASK:** How have you experienced burnout?

**Time:** 40 minutes

**Slide 3:**

The cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress, DOES NOT have to be trauma-related. It's...

**Burnout**

*Look for hands or head nods*

**ASK:** What are some sources of Burnout?

**SAY:** Burnout is common for most everyone. It's not unusual and we usually have one solution to handle this type of stress.

**ASK:** What is normally everyone's single solution to handle this type of stress?

**SAY:** You won't likely see burnout in your trainees, but you will see the signs of stress that relate to learning and wanting to do a good job.

Burnout is one element of the negative effects of caring that is known as Compassion Fatigue. Most people have an intuitive idea of what burnout is. From the research perspective, burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. Burnout can happen without trauma. But trauma and secondary trauma can take someone on the verge of burnout, right over the edge.

**ASK:** What are some of the common red flags that someone is experiencing burnout?

**Expected Responses:**

- Too much of an activity/sport
- Work – in general
- Certain aspect of work
- Relationship/family demands

**Expected Response:**

To stop doing the thing that is producing burnout, i.e. quit a job, end a relationship, stop the activity where burnout is being experienced.

**Expected Responses:**

- Sleep disruption, Increasing thoughts of job related issues, Diminished sense of safety, Nightmares or intrusive imagery, Isolation or withdrawal from others, Feeling numb, Inability to establish healthy boundaries, Cynicism, Physical ailments
- Ignoring or dismissing the people you serve



**Slide 4:**

**SAY:** Compassion fatigue or stress has a significant impact on first responders and medical care personnel. Compassion Fatigue occurs when the emotional strain of witnessing or working with those suffering from traumatic events leads to a diminished ability to empathize or feel compassion for others. We want to help but can only do so much. The frustration from what we can't do or change can have an impact on us and can build up. It takes energy to stay positive and compassionate.

**ASK:** Do you recognize that you've experienced compassion fatigue?

**SAY:** Trainee energy is high, and you're not likely to see compassion fatigue in them. But talk to them about it and how to recognize it. A big part of prevention is defining the potential problem and recognizing it early.

Compassion Fatigue is part of a yin-yang relationship, the positive (Compassion Satisfaction) and the negative (Compassion Fatigue).

It's most common in medical care, social work and 1st responders. When you suffer from Compassion Fatigue you become tired of caring, have nothing left to give, and have diminished empathy. Diminished empathy is the #1 thing that gets you in trouble as an officer.

**Slide 4:**



*Challenge the class and draw it out of them*

**Slide 5:**

**ASK:** Have you, or do you think your trainee is likely to experience trauma?

**SAY:** As officers, it is highly likely that some of you have experienced trauma, witnessed trauma, or will experience trauma during your career. Let's discuss what trauma is.

**ASK:** What is trauma?

**SAY:** Trauma is what impacts you just beyond your coping mechanisms – physically, emotionally, psychologically or spiritually.

**ASK:** What are some examples of trauma you may have experienced during your career?

**SAY:** Keep in mind, these types of traumatic experiences describe things that a person experiences firsthand.

**Slide: 5:**

*Content is hidden on this slide.  
Click to reveal when directed below*



*Expect majority of students to acknowledge with a “yes” but expect a few “no’s”.*

**Desired Response:**

An emotional or psychological response to a distressing or disturbing event.

*Click to reveal content on the LEFT side of the slide*

*The facilitator should write the word “TRAUMA” on chart paper in front of the room, and record students’ responses below it*

**Possible Responses:**

- Car accident
- Homelessness
- Job loss
- Death
- Abuse
- House fire

**ASK:** So, if trauma is what you have experienced first-hand, what would secondary trauma be?

**Slide 6:**

**ASK:** Has anyone heard of vicarious or secondary trauma?

**SAY:** Secondary trauma involves how your body and mind are impacted by something you witness or overhear. This experience can have a profound impact on your ability to work and function normally.

Think of an experience in patrol where you saw, heard, or experienced someone suffering.

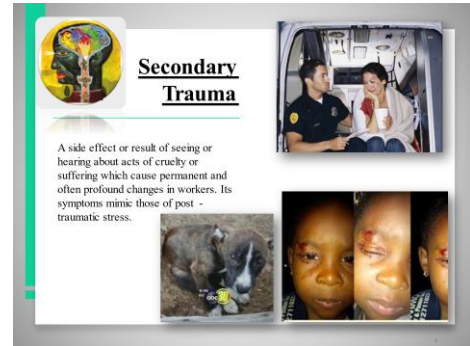
**ASK:** What are some examples of secondary trauma you might experience as officers during patrol? What types of incidents have the greatest potential for conveying secondary trauma?

**SAY:** As an FTO, it will be important for you to monitor your trainees for reactions to secondary trauma, as well as monitor your trainee for primary or experienced trauma. Secondary trauma is work-related, secondary exposure to people who have experienced extremely or traumatically stressful

*Click to reveal content on the RIGHT side of the slide*

**Possible Response:**  
Something you witnessed

**Slide 6:**



*Look for nods/acknowledgments*

*The facilitator should draw a line on the chart paper list already created and write SECONDARY TRAUMA underneath of it. Add student response to this list.*

**Possible Responses:**

- Seeing animal abuse
- Witnessing physical abuse
- Shootings
- Neglect or abuse of a child
- Seeing a partner injured/shot

*Be prepared to discuss the incident and make sure they know it's*

events. The negative effects of secondary trauma may include fear, sleep difficulties, intrusive images, or avoiding reminders of the person's traumatic experiences.

Secondary trauma is similar to PTSD except that it applies to those emotionally affected by the traumas others have experienced.

**Slide 7:**

**SAY:** When we see the suffering of others and what humans do to humans, it begins to challenge the common innocence and naiveté that we have.

First is your identity. Your self-confidence, political views, and religious views are affected. As you change, you struggle with how you adjust or deal with it. Sometimes people attempt to deal with secondary trauma by drinking, engaging in strange behaviors, overly sexual behavior, and/or avoidance. There is an 18-24 hour physiological cycle that you're fighting. We'll discuss this cycle in a future slide.

**ASK:** If we respond to numerous serious or fatal accidents involving teenage drivers and we have teenage drivers at home, what does that look like?

**ASK:** What would the teens and spouse see in the house from the officer?

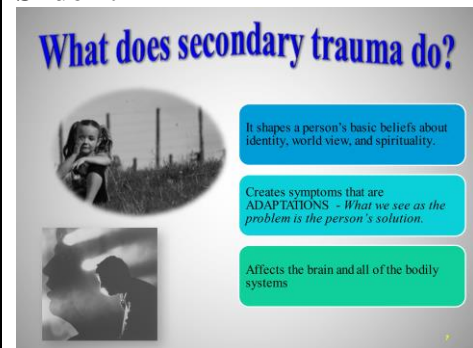
**SAY:** Our bodies react to our thoughts. Stressful or fearful thoughts release stress hormones – cortisol and adrenaline. These contribute to the Fight or Flight response. The thinking part of the brain disengages.

Take a moment to read the following excerpt from an article taken from the American Journal of Managed Care.

**SAY:** After you read this excerpt, be prepared to discuss the potential side effects from chronic fear.

*normal for all first-responders to be affected by secondary trauma.*

**Slide 7:**



**Possible Responses**

- Paranoia that our own teenager might die in a crash
- Fear of letting our teenager drive a car

**Possible Responses**

- Lots of driving rules
- Fearfulness
- Negative Communication

*Pass out the article excerpt "Appendix A" to all students and give them about 3 minutes to read it.*

**Desired Responses:**

**ASK:** What are the potential side effects to your physical health?

**ASK:** What are the potential side effects on your emotional health?

**Slide 8:**

**SAY:** Take a moment to view a short clip from this case study. As you view it, listen to how the impact of trauma can affect officers' mental health.

**Slide 9:**

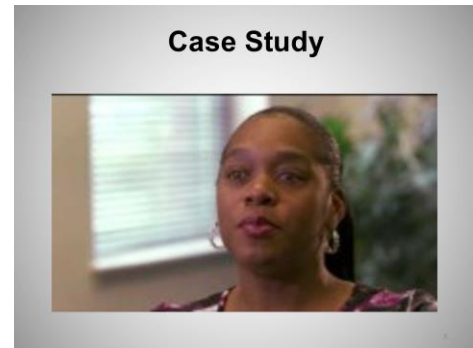
**SAY:** Now that we've had a chance to better

- Immune system dysfunction
- Endocrine system dysfunction
- Autonomic nervous system alterations
- Sleep/wake cycle disruption
- Eating disorders
- Alterations in hypothalamus-pituitary-adrenal axis

**Desired Responses:**

- Dissociation from self
- Unable to have loving feelings
- Learned helplessness
- Phobic anxiety
- Mood swings
- Obsessive-compulsive thoughts

**Slide 8:**



**NOTE:** STOP the case study after 48 seconds

**Slide 9:**

understand how secondary trauma can affect both and emotional and physical health, let's consider things that police officers sometimes do as a result of this trauma.

Think about the stories you've heard about our fellow officers. Addictions? Suicide?, Anger?

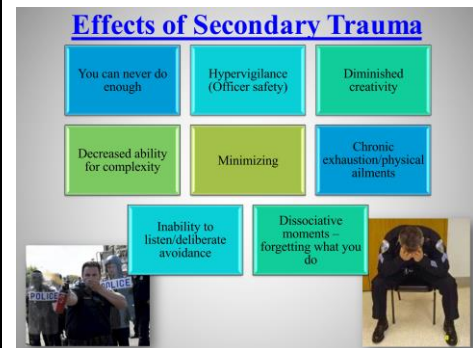
**SAY:** Using the sticky notes in front of you, I'd like for you and your table group partners to come up with three effects of secondary trauma that officers end up having as a result of the secondary trauma they are exposed to.

After you've recorded each effect on your sticky notes, please add them to the chart in the front of the room.

**SAY:** Ok, let's see what you came up with

*Content on this slide and slide 9 are hidden. Do NOT reveal the content until after the group activity is completed and discussed.*

*Ensure that the Effects of Secondary Trauma chart is displayed in front of the room*



*The facilitator should utilize the Management By Walking Around (MBWA) strategy to ensure groups are on task.*

*After about 3 minutes, begin reviewing the sticky notes posted*

#### **Possible Responses:**

- You can never do enough
- Hypervigilance (Officer safety)
- Diminished creativity
- Decreased ability for complexity
- Minimizing
- Chronic exhaustion/physical ailments
- Inability to listen/deliberate avoidance
- Dissociative moments – forgetting what you do
- Sense of persecution
- Guilt
- Fear

**SAY:** Let's see if there's anything we missed. It is important to remember that some trauma at work can be direct (primary) trauma. Work-related trauma can be a combination of both primary and secondary trauma.

**ASK:** Listen to the following key points and ask yourself, "How many of these describe me"?

- Loss of caring for others in emotional pain.
- Tired of caring
- Nothing left to give
- Diminished empathy

**Slide 10:**

**Slide 11:**

**SAY:** Here is what we might lose and/or experience

- Anger and cynicism
- Inability to empathize/numbing
- Addictions
- Grandiosity
- Feeling helpless/hopeless/worthless (this is otherwise known as suicide)

*The facilitator should review the boxes on both slides 8 and 9 and reinforce any that might have been overlooked.*

**Slide 10:**

*Use the mouse click to reveal the content on the slide*

**Effects of Secondary Trauma**

|                      |                                     |                                      |
|----------------------|-------------------------------------|--------------------------------------|
| Sense of persecution | Guilt                               | Fear                                 |
| Anger and cynicism   | Inability to empathize/numbing      | Addictions                           |
| Grandiosity          | Feeling helpless/hopeless/worthless | (this is otherwise known as suicide) |

POLICE

**Slide 11:**

as a result of both primary and secondary trauma:

- Every 18 hours an officer commits suicide
- Officers across the nation have high divorce rates
- Domestic violence is very common within families off law enforcement personnel
- Officers, in general, are more prone to potentially fatal health issues such as Diabetes and Heart Disease

**SAY:** Suicides can happen in any profession, but they occur 1.5 times more frequently in law enforcement compared to the general population. LEOs kill themselves at a rate of 18/100,000 vs. 12/100,000 of the rest of the US. Quite truthfully, the actual rate is probably higher as law enforcement suicides are more likely to be underreported or misclassified as accidental deaths. This misclassification usually occurs to protect the family, other survivors, or the agency from the stigma of suicide.

Some studies indicate that it is two to four times more common for a police family to experience domestic violence

**SAY:** The next slide represents a little test of how you've been changed by your job. When you see the slide, say the first thing you think. Don't analyze the slide.

**Slide 12:**

**SAY:** The slide says it all.....

**ASK:** But what other words could be substituted for "When"?

**Slide 13:**

**SAY:** The following case study provides another way

What  
we lose

"Every 18 hours an officer commits suicide" \*Dr. Kevin Gilmartin

High Divorce Rates

Domestic violence is common.

More prone to potentially fatal health issues

- Diabetes
- Heart disease

10

**Slide 12:**

**WHEN?**

The issue is not *IF* we are affected by secondary trauma, but rather *WHEN* we will be affected...

Answers can vary but focus on How-physical, mental, emotional and Who-self, co-workers, family

**Slide 13:**



to look at the issue of dealing with secondary trauma, but in a humorous way.

Take this scenario and apply it to a life experience where someone wouldn't recognize the problem that you could clearly see. As you view this case study, think about the answer to the following question – "How did you handle it?" Be prepared to discuss your own experience and answer to the question after viewing the case study.

**SAY:** Ok, now that you've viewed the case study, think back to a time in your life where you had a problem, tried to explain the problem to someone else and they wouldn't recognize the problem as you saw it.

**ASK:** How did you handle it?

**SAY:** This scenario could be us recognizing the effects of secondary trauma on our own lives or us seeing the effects in fellow officers. This touches on the EPIC philosophy and saying something when we see something.

As officers and department staff... and really as humans, we are often expected to solve other people's problems for them. And we often carry this into our personal lives... The following is a humorous interpretation of this scenario.

What is this about? HINT we have all, at one time or another, played both of these roles, no matter your gender or marriage status, you have had a nail in your head and you have desperately tried to save someone from the pain and suffering of their own "nail". So, what is the nail about anyway?

Readiness for change?

Perspective?

Listening?

Empathy?

Laughter?



*Play case study.*

*Call on a few volunteers to share their stories*

These tools have shown you where your nail is. Now we're going to switch gears for bit.

**Slide 14:**

**SAY:** This is a very technical definition. It was written by Kevin Gilmartin, who wrote the book, "Emotional Survival for Law Enforcement." Let's try to use words here that a layperson can understand.

**ASK:** Can I get your help to rephrase "sensory sensitivity" and "intensity of behaviors to detect threats"?

**SAY:** Working in your groups, list one-word or short phrase equivalents to this definition of hypervigilance in 2 minutes.

**SAY:** What words did your group replace with the definition?

**ASK:** Have you recognized this in yourself or co-workers?

**ASK:** Have you seen the anxiety?

**ASK:** The exhaustion?

**SAY:** The sympathetic autonomic nervous system (or

**Slide 14:**

**HYPERVIGILANCE**

An enhanced state of sensory sensitivity accompanied by an exaggerated intensity of behaviors whose purpose is to detect threats. It is also accompanied by a state of increased anxiety which can cause exhaustion.

The slide includes three book covers: 1. A book with a person's face and the words 'PTSD ANXIETY INSOMNIA'. 2. A book titled 'TRAUMA' with 'FLASHBACKS' below it. 3. A book titled 'HYPERVIGILANCE AND HOW TO OVERCOME IT'.

*When done, ask groups to share out*

**Possible Responses:**

- overanxious
- high alert
- amped up
- aware
- always on guard

*Look for students to acknowledge the questions with yes/no, head nods, or hands up*

*Call on a volunteer or two to share*

on-duty branch of the nervous system) has you at a more alert level when you're in the self-protective mode at work, ie. Increased peripheral vision, hearing, reaction times, blood sugar, heart rate, blood pressure, and energy. And then you crash. It takes 18-24 hours to get back to "normal" from working one shift.

Everybody is designed to do this when they feel challenged or threatened, but we get to do it 8 to 10+ hours a day for 4-5 days in a row.

**Slide 15:**

**SAY:** Now that we understand what Gilmartin is talking about, we need to understand its impact on our minds and bodies. It's referenced as a rollercoaster because the highs can be extremely high and the lows can be exceptionally low, and it is always in motion up and down.

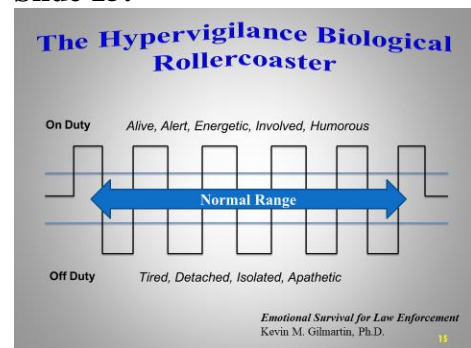
The hormones released take 24 hours to leave the system, but we're back at work before then and ramped up again. The unused hormones stay in our body and have a toxic effect.

**SAY:** The off-duty behavior of tired, detached, isolated and apathetic can build to end of result of destroying your family life or finding yourself a loner with no relationships other than police.

**Slide 16:**

**ASK:** So, if this process is so damaging, how is it that we survive as long as we do?

**Slide 15:**



**Slide 16:**

**But..... we are  
RESILIENT!!**

- able to recoil or spring back into shape after bending, stretching, or being compressed
- able to withstand or recover quickly from difficult conditions

**WE ARE NATURALLY RESILIENT**

*Take thoughts from the class from the question posed*

**Desired Response:**

**ASK:** What is resilience? How do we define it?

**SAY:** Resilience is the human super power to thrive beyond adversity. Our ability to adapt to all situations. And, the ability to survive and thrive – as an individual, a household, a community, a country, a world. Resilience is our response to any challenge. Our minds and bodies are tough but, over time, we can collapse from the persistent stress of police work.

**Slide 17:**

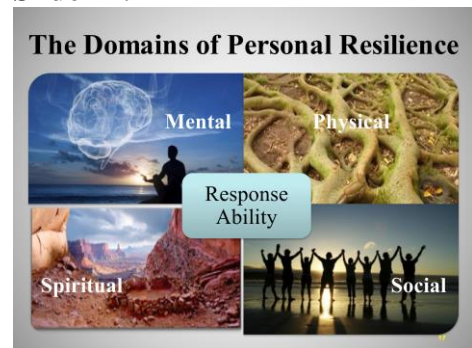
**SAY:** We have a responsibility or response ability to guard these four areas of our lives. We need to proactively watch for negative impacts on our mental, physical, social, and spiritual health. When we identify a weakness or unhealthy lack in one of these areas we need to address it right away.

**Slide 18:**

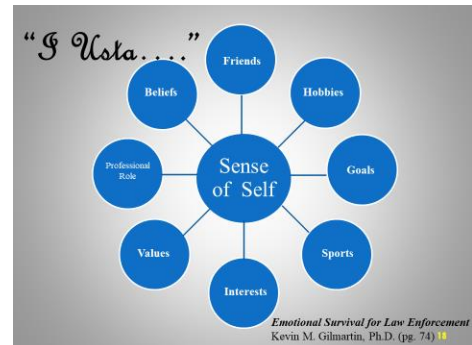
**SAY:** The “I Usta” mind map or self-map could literally be hung up or posted in a locker for us to check ourselves against. Some legs could be more personalized to better reflect what we want to monitor....and not lose. The next step is to schedule specific days and times to make these connections.

The ability of a substance or object to spring back into shape; elasticity OR the capacity to recover quickly from difficulties; toughness.

**Slide 17:**



**Slide 18:**



**Slide 19:**

**Slide 19:**

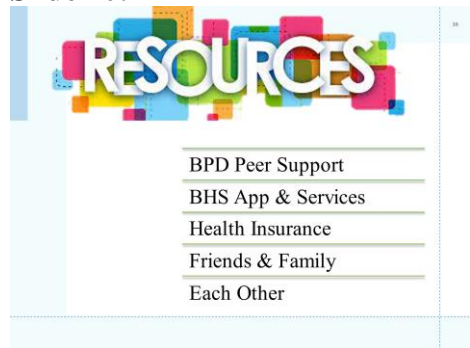
**SAY:** These words, or the acronym WIN, could also be posted as a reminder. When feeling out of balance or overwhelmed, we ask ourselves what’s important and take action to move back to a healthy balance.



**Slide 20:**

**SAY:** But sometimes, we need help....and knowing where to get that help is critical. The need for us to get out what is locked up in our heads is quite common. We need to be humble enough to seek help from peers or professional counselors if needed. Our health insurances have wellness benefits if we prefer to keep it outside of the workplace.

**Slide 20:**



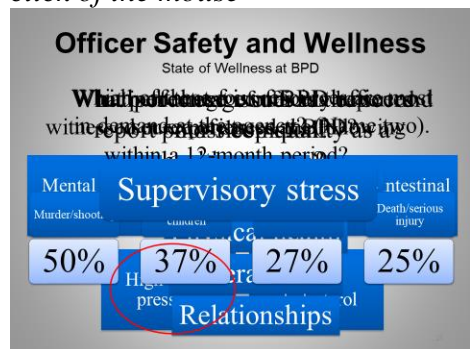
**Slide 21:**

**SAY:** Many of you may have heard of the Officer Wellness section in passing, and some of you may have even worked with them during your time as an officer. Here, I wanted to take a moment to discuss the resources they offer, as some of them may not only be helpful for you, but for your recruits as well.

**Slide 21:**

*This slide may look jumbled on here, but it’s actually an animated Q&A slide with all content revealing itself one by one with the click of the mouse*

First, a quick quiz to test your knowledge about the state of wellness at BPD. Each year, BPD administers a general health and wellness survey to identify members’ health concerns and determine what kinds of services they would like to see offered in the agency. Let’s get started [slide transitions tied to each question/answer]:



**ASK:** What percentage of BPD officers report poor sleep quality as a health concern?

**Desired Response:**

52%

*Click mouse to reveal answer*

**SAY:** We all know that shift work can be hard on our sleep. We share this problem with airline pilots, healthcare workers, truckers, and many other occupations. As your recruits come through the pipeline, they may be getting used to shift work for the first time, especially if they are coming from a 9 to 5 job or are straight out of school. The Officer Wellness section can connect you and your recruits to various types of therapy—acupuncture and sound therapy, to name a few—that can help with your sleep rhythms.

**ASK:** What is the second most common concern?

**SAY:** Amazing, right? You'd think that as officers, our number one priority would be to stay in shape, and yet 40 percent of our members report concerns with high blood pressure. That creates anxiety folks, which can further reinforce the poor health cycle. Did you know that Officer Safety and Wellness can help you with your primary care appointments? Well, they can, and they also partner with local gyms to provide discounts to BPD members.

**ASK:** Which of these four resources are in most demand at the agency? (Name two).

**SAY:** Not surprising, right? This kind of reinforces the latter two. Members want to see more resources for “physical and emotional health.” That may seem kind of general, but it's important to know that Officer Wellness is working on expanding its resources to include physical trainers from local university exercise science programs and even an in-house psychologist familiar with the law enforcement realm. So—more for your awareness that these things are in the works.

**ASK:** What percentage of officers have witnessed or experienced the following WITHIN A 12-MONTH PERIOD?

**Desired Response:**

high blood pressure (40%)

*Click mouse to reveal answer*

**Desired Response:**

Physical health (53%) and general stress (53%); second place - emotional well-being (34%)

*Click mouse to reveal answer*

**Desired Response:**

- a.) Murder or shooting – 50%
- b.) Crime against children – 37%
- c.) Sex crime – 27%
- d.) Death or serious injury – 25%

*Click mouse to reveal answer*

**SAY:** Now, here are some concerning ones. Fifty percent—half of our officers have witnessed or experienced a shooting within a 12-month period. Think about this from the perspective of your recruits, and how they have to be ready to confront these situations with mental resilience. It's your job to prepare them for this fact: being mentally and physically fit isn't just for your/their own good; it's essential for doing your job well and to continue functioning.

It's similar for crimes against children and sex crimes. Put yourself in the position of someone who is coming from a typical office job to this: what advice would you give them? Well, that's where Officer Wellness comes into play. You need to know that it's okay to refer yourselves or your recruits for help. OSW is there to provide this, and we'll get into some of the resources they offer in a minute.

**ASK:** Along that same vein, can you guess which experience officers reported most within a 12-month period?

**SAY:** To close, I'll note that 57 percent of our officers have experienced supervisory stress within a 12-month period. This is another challenging part of the job for both you and your recruits. The chain of command. Reporting for duty. If you come from a 9 to 5 job, it's going to take you a while to acclimate. The supervisory stress doesn't end at the academy; it continues here, in the field. And that's where the peer support team might be helpful: they're a shoulder to lean on, someone to talk to who knows our profession, a confidant. Don't hesitate to call them!

**Desired Response:**

Stress due to supervision

*Click mouse to reveal answer*

**Slide 22:**

**Slide 22:**

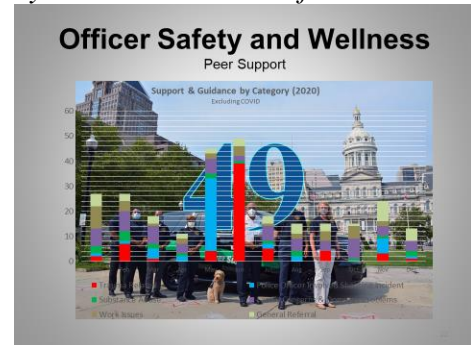
**SAY:** So, now that we have a sense of some of the wellness issues we face at BPD, let's review the resources offered by the Officer Safety and Wellness section. There's a phone number that I want everyone to save in their phones: 410.396.2451. Please save this number in your phones now. That's the OSW general line. Any time you need help with a recruit, see that a recruit is having trouble adjusting to police work, or you yourself need someone to vent to or discuss personal or family life issues, call them. They will dispatch the peer support team to call, Zoom, or meet with you in person to talk through your problems and connect you with appropriate resources.

**SAY:** I want you all to guess how many peer support team members we have

That number is actually **49**. That's right: 49 different officers specialized in various areas, from police-involved shootings and trauma, to family issues, substance abuse, and general emotional support. The peer support team is here to guide and lend an ear or shoulder to any BPD member who may be experiencing life challenges, whether on the job or outside of work.

**SAY:** Let me show you something. This chart represents all of the calls to which the peer team responded in 2020 (excluding COVID). As you can see, there is a lot of purple (family/domestic problems), and as we recently discovered, a lot of police-involved shootings (blue). But there are also calls for work-related issues, and then general referrals for help. This is just to give you all an idea of how active the peer support team is, and how they can be an ally for both you and your recruits during field training.

*This slide may look jumbled on here, but it's actually animated with all content revealing itself one by one with the click of the mouse*



*Click the mouse to transition the slide*

*Have student guess the percentage.*

*Click the mouse to transition the slide*

**Slide 23:**



**Slide 23:**

**SAY:** Now, let's discuss some of the other resources offered by Officer Safety and Wellness (OSW). The peer support team is certainly part of OSW's core service, but there are other important ones that act as a complement. Before you, you will find a handout with a list of all of the services and discounts available through OSW partnerships.

**SAY:** OSW partners with BHS, a mental health referral service which maintains on-call counselors 24 hours per day, 7 days per week. You can contact BHS through your departmental cell phones using the BHS app. They'll connect you with licensed psychologists for acute care and, if further counseling is needed, with ones that provide longer-term therapy. BHS counselors are the ones who respond to critical incidents such as police-involved shootings or other trauma-inducing field events, but it's important to remember that the term "critical incident" *does not only refer to shootings or physical trauma*. A critical incident can be the loss of a family member, a pending divorce, medical care needed for an elder, or any other work/life issue that could affect the performance of an employee. BHS services are free and confidential for all BPD members.

**SAY:** Second, OSW partners with substance abuse counseling centers Harbor Grace and Tranquility Woods. Third, OSW has secured certain discounts for therapy services including yoga, acupuncture, and sound therapy, as well as discounts for local gym memberships. Another connection maintained by OSW through "Nourish" and "FX Well" dieticians.

## Officer Safety and Wellness

Resources

BHS – Free, confidential, 24/7 counseling.

### Substance abuse counseling

- Harbor Grace
- Tranquility Woods

### Nutritional guidance

- Nourish
- FX Well

### Cell service discounts (AT&T FirstNet)

### Financial planning (InvestED, M&T, Op. Hope)

*Pass out copies of Appendix B to all students.*

**SAY:** Cell Service Discounts is pretty straightforward, through AT&T FirstNet. Some of you may already be enrolled in this, but it's worth having a look. Finally, OSW partners with firms such as InvestED, M&T Bank, and Operation Hope to provide financial education and planning services to members.

**III. REVIEW/EVALUATION/CLOSURE**

**Slide 24:**

**SAY:** After this hour, you have gained a better understanding about what the mental, physical, and emotional stress, and demands of your job are, the toxic physiological process that occurs during the course of a normal day in patrol, and the components of optimum wellness and the resources to maintain it. You now have a list of strategies that you and your trainee can use to alleviate the cumulative stress of your occupation.

**ASK:** What questions do you have for me?

**Time:** 10 minutes

**Slide 24:**



*The facilitator should answer questions posed by students.*

## APPENDIX A

*From an article in the American Journal of Managed Care*

Moller then outlined the potential consequences of fear on overall, physical, emotional, environmental, and spiritual health. The potential effects of chronic fear on overall health include:

- Immune system dysfunction
- Endocrine system dysfunction
- Autonomic nervous system alterations
- Sleep/wake cycle disruption
- Eating disorders
- Alterations in hypothalamus-pituitary-adrenal axis

The potential effects of chronic fear on physical health include headaches turning into migraines, muscle aches turning into fibromyalgia, body aches turning into chronic pain, and difficulty breathing turning into asthma, said Moller. The potential effects of chronic fear on emotional health include:

- Dissociation from self
- Unable to have loving feelings
- Learned helplessness
- Phobic anxiety
- Mood swings
- Obsessive-compulsive thoughts

If not checked, secondary trauma can end careers.

# APPENDIX B

## **Baltimore Police Department Resource and EAP List**

| <u><b>Organization</b></u>  | <u><b>Service Offered</b></u>  | <u><b>Contact Information</b></u>  |
|-----------------------------|--|--|
| Officer Safety and Wellness | Identifying resources and assisting members with contacting resources that may be beneficial to them                                 | 410-396-2451 or<br>OSW@baltimorepolice.org   |
| Peer Support Team           | Connect members with peers that may be able to assist by providing support and guidance in certain circumstances                     | 410-396-2451 or<br>OSW@baltimorepolice.org   |
| BPD Human Resources Section | Assist members with HR or Personnel issues   | 410-396-2322 or<br>Human.Resources@baltimorepolice.org   |
| FOP #3                      | Representative of general membership issues to include grievance and contract negotiations   | 410-243-9141 or info@fop3.org  |
| Vanguard Justice Society    | Representative of minorities within the law enforcement profession   | 410-542-5777 or vjsinc.org   |
| Signal 13 Foundation        | Offers emergency financial support and educational scholarships to members   | 443-442-7576 or<br>Signal13foundation.org  |
| InvestED                    | Financial education and planning   | 410-469-9532 or mdinvested.com   |
| MECU                        | Credit union for municipal employees of Baltimore  | 410-752-8313 or MECU.com   |
| Nationwide                  | Deferred compensation and retirement planning  | 443-907-8858 or 443-984-2389<br><a href="mailto:NRSFORU@nationwide.com">NRSFORU@nationwide.com</a> |
| Washington National         | Supplemental insurance provider  | 800-525-7662 or WashingtonNational.com   |
| BHS                         | Employee assistance program to include counseling services for members and their families  | 800-327-2251 or portal.BHSONline.com   |
| Burn-A-Long                 | Online physical training services offered to employees at no charge  | 855-494-6377 or BurnALong.com  |
| FX Physical Therapy         | Preventative physical therapy sessions   | 410-646-8272 or<br>FXPhysicalTherapy.com   |
| Nourish                     | Nutritional guidance service   | 410-370-04115 or NourishFamily.com   |
| Tranquility                 | Sound therapy offered at a discounted rate for employees   | 410-852-1100   |
| Yoga Works                  | Yoga classes at discounted rates for employees   | 800-336-9642 or YogaWorks.com  |
| AT&T FirstNet               | Cellular phone services through the FirstNet program designed for law enforcement use offering protected service and special pricing | 800-574-7000 or FirstNet.com   |
| MEND Acupuncture            | Acupuncture services at special pricing  | 410-235-1776 or MendAcupuncture.com  |
| FX Well Dietician           | Nutritional guidance service   | 240-285-6174 or FXStudios.com  |
| Harbor of Grace             | Substance abuse and PTSD counseling services   | 844-428-8333 or<br>HarborofGraceRecovery.com   |
| Tranquility Woods           | Substance abuse counseling services  | 410-517-7715 or 410-360-6600<br>Tranquilitywoods.com   |
| Marworth                    | Substance abuse counseling services  | 800-442-7722 or Marworth.com   |
| Jimmy's Famous Seafood      | Meal prep services offering member discounts and specials  | 443-966-3257 or JimmysFamousSeafood.com  |
| Xquisite Catering           | Meal prep services offering member discounts and specials  | 410-274-2601 or<br>Xquisitecateringllc.com   |
| Operation Hope              | Financial education and planning   | 410-531-8480   |
| M&T Bank                    | Financial education and planning   | 410-545-2321   |
| HOLEA                       | Hispanic Officers Law Enforcement Association  | 443-986-8627 or holea.baltimore@gmail.com  |

**Baltimore Police Department Resource Gym List**

| <b><u>Facility</u></b>   | <b><u>Discount Offered</u></b>                          | <b><u>Contact Information</u></b> |
|--|---|-----------------------------------|
| Brick Bodies<br>727 W 40th St, Baltimore, MD 21211                                   | \$24 BI-weekly. No contract \$10 enrollment fee         | (443-388-8511)                    |
| Coppermine Racquet and Fitness Club<br>Bare Hills<br>1420 Clarkview Rd, Balitmore,MD | \$45 Monthly  | (410-823-2500)                    |
| Cross Fit Federal Hill<br>1220 Key Hwy, Baltimore, MD 21230                          | \$160 Unlimited classes                                 | (443-840-7211)                    |
| Federal Hill Fitness<br>39 E. Cross St. Baltimore, MD 21230                          | \$54 Basic package                                      | (410-752-3004)                    |
| FX studios<br>10 Light St. Baltimore, MD 21202                                       | \$50 Monthly, non-enrollment fee                        | (410-646-8272)                    |
| Grind Baltimore<br>601 E Pratt St UNIT 400, Baltimore, MD 21202                      | \$54 Monthly, no contract                               | (443-504-8808)                    |
| Maryland Athletic Club<br>655 President St. Baltimore, MD 21202                      | \$83 (3 month commitment and month to month thereafter) | (410-625-5000)                    |
| Merritt Clubs<br>Baltimore City/County   | Gold \$69 and Platinum \$79 Monthly                     | N/A                               |
| MV Fitness<br>1016 N. Charles St. Baltimore, MD 21201                                | \$54 Monthly, basic package                             | (410-878-2990)                    |
| Chiseled Life Gym<br>9309 Snowden River Pkwy suite a,<br>Columbia, MD 21046          | \$55 Monthly  | (443-542-9859)                    |
| Elite boxing & Fitness<br>9017 Red Branch Rd, Columbia, MD 21045                     | 10% off membership                                      | (443-545-5123)                    |
| Retro Fitness<br>6516 Baltimore National Pike, Catonsville, MD 21228                 | Enrollment fee & annual fee waived                      | (410-744-7618)                    |

|   |  |                |
|---|--|----------------|
| Anytime Fitness<br>2315 Bel Air Rd. Suite 2A, Fallston, MD<br>21047           | \$5 off per month and \$0 enrollment for<br>police<br>Additional savings by enrolling through<br>health insurance. | (443-417-1581) |
| Arena Club<br>2304 Churchville Rd., Bel Air, MD 21015                         | Offers Law Enforcement discounts on<br>memberships with up to \$24 Monthly   | (410-734-7300) |
| Bel Air Athletic Club<br>658 Boulton St. Bel Air, MD 21014                    | \$15 off per month, on any plan  | (410-838-2670) |
| Forest Hill Health and Fitness<br>2217 Commerce Rd., Forest Hill, MD<br>21050 | \$10 off per month with yearly<br>commitment. Classes are free with<br>membership                                  | (410-893-4153) |
| Snap Fitness<br>2721 Fallston Rd., Fallston, MD 21047                         | \$5 off per month for any membership<br>package  | (410-600-7627) |
| Spartan Sports and Wellness<br>101 Hays St., Bel Air, MD 21014                | 50% off any training program to include<br>"Dad bod," and "Moms Only"  | (410-937-3522) |
| The Ward Y in Abingdon<br>101 Walter Ward Blvd, Abingdon, MD<br>21009         | \$18 off family membership and \$8 off<br>single membership for police   | (410-679-9622) |
| True Yoga<br>1 Bel Air S Pkwy, Bel Air, MD 21015                              | 15% off membership   | (443-345-0454) |
| Crunch fitness<br>905 Loucks Rd, York, PA 17404                               | Waive enrollment fee   | (717-850-9393) |
| Max-I-Mus Performance and Fitness<br>209 Arch St. York, PA 17403              | 10% off any package  | (717-701-2274) |

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|   |                       |                |
|---|-----------------------|----------------|
| Power Train<br>2159 White St #11, York, PA 17404    | 5% off Membership     | (717-650-1882) |
| The Athletic Club<br>1785 Loucks Rd, York, PA 17408 | VIP Plan \$29 monthly | (717-764-8536) |