Session One Trauma: The Brain/Body Connection

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Brian Smith, Chief of Police, Port Angeles Police Department Brian King, Clallam County Sheriff

Your help in researching the outcomes of your participation in this pilot project

- This project was funded by Washington State Healthcare Authority in partnership with University of Washington (UW)
 - This is a pilot project (first of it's kind and experimental).
 - You will be asked to give your consent to participate in research on the effectiveness of this program. You will not be identified in any program results.
 - To measure the outcomes, you will also be asked to complete a pre-test and post-test, session feedback forms and a short evaluation approximately one month after the program ends.
- Please complete the consent form and pre-test.
 - Return it to the UW facilitator.
- Thank you.

5

Welcome and Introductions
 Learn about brain science and the nature of trauma as a complex phenomenon

Build a sense of safety and cohesion through shared group norms

Group Introductions

7



Please introduce yourself by first and last name.

Number of years in law enforcement.

Tell us why you initially choose this profession.

Group Rules and Boundaries

8

- KEY Point: <u>Respect and hold confidentiality</u> by maintaining personal and group boundaries—these are sensitive issues, to hold the integrity of our experience, they are not to be shared outside of our group.
- However, you can discuss your personal experiences, thoughts, or feelings with someone you trust in an appropriate setting.



Group Rules and Boundaries

Some thoughts on other group rules:

Confidentiality.

9

- Show up on time and come prepared.
- Stay mentally and physically present.
- Participate fully and let everyone else participate without side conversations.
- Listen with an open mind and without judgement.
- Think: W.A.I.T. (Why am I talking?).
- Think before speaking to stay on point and on time.
- Attack the problem or concept, not the person.
- Maintain your own appropriate boundaries to avoid oversharing.
- What else is important to you?



Do you know what a paradigm is?

- Let's check it out—
 - Activity oneActivity Two



Why do shared paradigms matter?
 The good, the bad, and the ugly

The brain stem (polyvagal system), limbic system, pre-frontal cortex

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Survival State

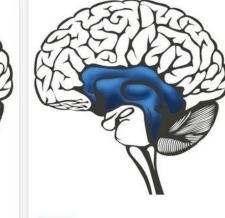
BRAIN STEM

The Survival State represents the primal brain and asks the question, "Am I safe?" The only way to soothe the Survival State is through the creation of Safety.

Learn More →

https://consciousdiscipline.com/methodology/brain-state-model/

Safety, Connection and Problem-Solving



Emotional State

LIMBIC SYSTEM

This Brain State represents mid-level functionality and asks the question, "Am I loved?" The only way to soothe an upset emotional state is through *Connection*.

Learn More →



Executive State

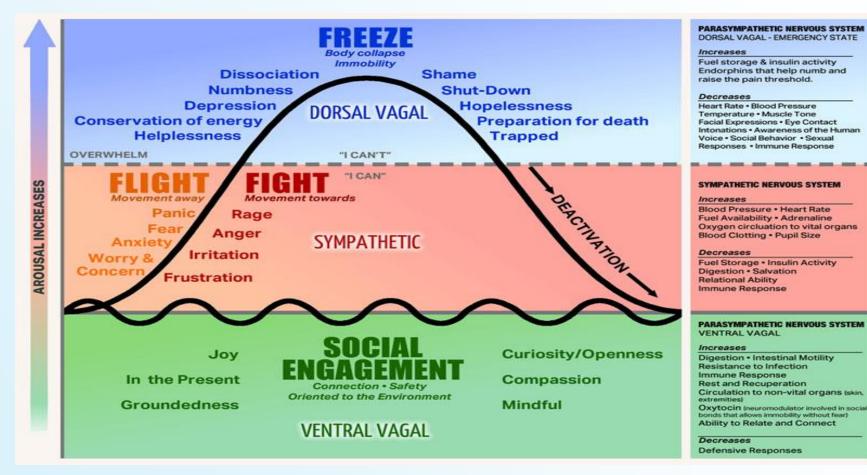
PREFRONTAL LOBES

The Executive State represents the optimal state for problem-solving and learning. This Brain State asks the question, "What can I learn from this?"

Learn More \rightarrow

UNDER STRESS

What happens to the brain – body – mind – emotions – behaviors?



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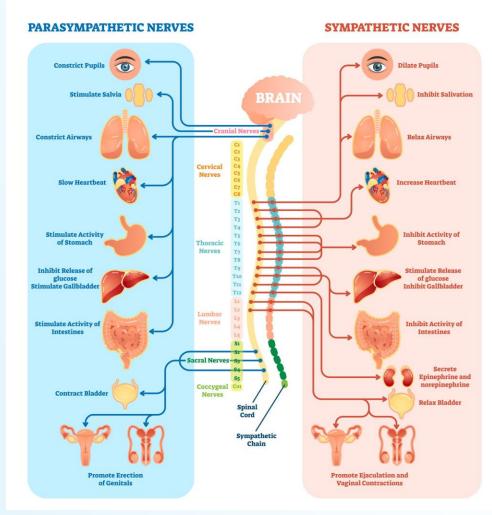
AUTONOMIC NERVOUS SYSTEM

Sympathetic Nervous System – ON SWITCH

- High alert
- Activated by threat

Parasympathetic Nervous System – **OFF SWITCH**

- Return to calm
- Activated by sense of safety



The Polyvagal Ladder (Deb Dana)

Ventral Vagal Engagement

Nervous

System

Dorsal Vagal

Shutdown

 What people, places, or practices help you to feel safe and connected?

 What people, places or Sympathetic situations bring up feelings of fear, panic, or overwhelm?

> What helps you to resource yourself when you are here?

 What people, places or situations bring up feelings of helplessness or collapse?

 What helps you to resource yourself when you are here?

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Deb Dana © 2018

Activity – two even number groups

- What people, places or practices help you feel safe and connected?
- What people, places or practices bring up feelings of fear, panic, or overwhelm? What helps you when you are here?
- What people, places, or situations bring on feelings of helplessness or collapse? What helps you when you are here?

Accumulated stress (PTSD and cumulative trauma differences) defined:

Acute trauma: experiencing an accident, natural disaster, a medical crisis, assault, or any event that overwhelms your adaptive skills and leaves you feeling helpless.

Cumulative or Complex trauma: chronic, possibly daily, exposure to overwhelming events that can lead to collapse of the ability to cope.

Vander Kolk says, "Being traumatized means continuing to organize your life as if the trauma were still going on—unchanged and immutable—as every new encounter or event is contaminated by the past."

- Cumulative or complex trauma what we know
 - Doesn't just resolve for many people
 - it depends on personality, resiliency, self-care, connectedness, wellness level, environment, ACEs
 - Can grows significantly worse over time
 - Can lead to collapse
 - (mental, physical, emotional -- breaking point)
 - Increases risk for poor health
 - heart disease, gastrointestinal problems, chronic pain, immune disorders
 - Can be treated by seeking help through:
 - Medications, including upcoming psychedelics (MDMA and Psilocybin)
 - Therapy with a trained professional
 - Talk therapy, exposure therapy, Eye movement (EMDR) and other trauma therapies
 - Rest and a return to taking care of one's self

Questions or clarifications?Grounding - Breathe

Feedback Form

Session Two

Trauma: The Difference Between PTSD and Cumulative Trauma in Law Enforcement

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- Learn more about the difference between PTSD and cumulative trauma.
- Learn to recognize trauma symptoms.
- Practice trauma reduction strategies and learn techniques to improve wellbeing.
- Learn ways to apply this new knowledge in your personal life, work life, and in the community you serve.

Group Rules and Boundaries – reminder

- KEY Point: <u>Respect and hold confidentiality</u> by maintaining personal and group boundaries—these are sensitive issues, to hold the integrity of our experience, they are not to be shared outside of our group.
- However, you can discuss your personal experiences, thoughts, or feelings with someone you trust in an appropriate setting.



Group Rules and Boundaries – reminder

- Show up on time and come prepared.
- Stay mentally and physically present.
- Participate fully and let everyone else participate without side conversations.
- Listen with an open mind and without judgement.
 Think: W.A.I.T. (Why am I talking?)
- Think before speaking to stay on point and on time.
- Attack the problem or concept, not the person.
- Maintain your own appropriate boundaries to avoid oversharing.

SUICIDE: #1 Threat to Police Officers

The number one killer of police officers is suicide. Law enforcement suicide occurs **1.5** times more frequently compared to the general population.

Prevalence of Issue



64% of Police suicides were a surprise



Over **100** police officers take their lives per year, dating back to 2008



15% - 18% of officers that commit suicide suffered from PTSD

- 1. Medical Doctors
- 2. Dentists
- **3. Police Officers**
- 4. Veterinarians
- **5. Financial Services**
- 6. Real Estate Agents
- 7. Electricians
- 8. Lawyers
- 9. Farmers
- 10. Pharmacists

PTSD vs. Cumulative/Complex PTSD Facts from the Frontlines

- Smaller departments less than 50 employees suicide rate: 44%
- Very large departments 500 6500 employees the rate is **12%**
- 91% of LEO complete suicide using a firearm
- 89% of suicides occurred away from the worksite; 11% occurred on the job
- 84% of suicides take place while the LEO is employed with 15 –
 20 years of service

Violanti, J. M., & Steege, A. (2021). Law enforcement worker suicide: an updated national assessment. *Policing* (*Bradford, England*), 44(1), 18–31. <u>https://doi.org/10.1108/PIJPSM-09-2019-0157</u>

Violanti, J. M., Mnatsakanova, A., Burchfiel, C. M., Hartley, T. A., & Andrew, M. E. (2012). Police suicide in small departments: a comparative analysis. *International journal of emergency mental health*, *14*(3), 157–162.

	Acute Stress Response One occurrence	PTSD from DSM-5 Diagnosis	Cumulative / Complex PTSD Proposed Diagnosis
	Irritability, agitation, anger, fear, panic, and sadness	Traumatic Event	Repeated Traumatic Events
	Somatic symptoms of numbness, shakiness, nausea, dizziness	Re-experiencing	Meets criteria for DSM-5 PTSD diagnosis—but is chronic for a long time
	Depathologizes by thinking "This is normal."	Avoidance	Emotion and mood regulation difficulties
	"I am having a normal reaction to traumatic stress."	Negative thoughts/feelings	Disturbances with Self- Organization, and Self-Concept
et's	hear two	Heightened arousal and hypervigilance	Interpersonal Problems
examples that describe he difference.		Persists beyond a month	Overall collapse possible
		Impaired functioning	Suicidal Thinking

e

PTSD Symptoms

Four types of symptom categories

Reliving the event (also called re-experiencing symptoms).

• Nightmares, flashbacks, reminders

Avoiding things that remind you of the event.

Avoid crowds, events, movies, and getting help

Having more negative thoughts and feelings than before the event.

• Numbness or forgetfulness, feel the world is dangerous, feel guilt and shame, may have thoughts of suicide

Feeling on edge or keyed up (also called hyperarousal).

• Hard time sleeping and concentrating, startling, using substances and acting recklessly

WHAT WE SEE: POLICE SUICIDE

VERSUS WHAT WE DON'T SEE: ANXIETY AND DEPRESSION STRESS-RELATED ILLNESSES CHRONIC STRESS CRITICAL INCIDENT STRESS

Blue Help is an organization formed to help educate others, and honor law enforcement workers who died as a result of suicide https://bluehelp.org/

19 PERCENT OF POLICE OFFICERS SUFFER FROM PTSD

1 IN 4 POLICE OFFICERS HAVE THOUGHTS OF KILLING THEMSELVES AT LEAST ONCE IN THEIR LIFETIME



Cumulative/Complex Trauma

The previous PTSD symptoms continue and may include:

<u>Changes in physical health</u>

- <u>Changes in personality and interpersonal</u>
 <u>relationships</u>
- Suicidal thoughts and plans, and excessive risk
 taking
- Overall mind and/or body collapse or death

What can we do to prevent and treat cumulative trauma within the law enforcement culture? What are we doing in Clallam County?

Begin to change

the culture from command staff down to the newest hire.

Reduce reluctance to seek care

 due to fears of stigma, irrational codes of silence, and fear of possible disciplinary action.

Use the research

from new data systems to help understand the real scope of the problem and learn from programs like this.

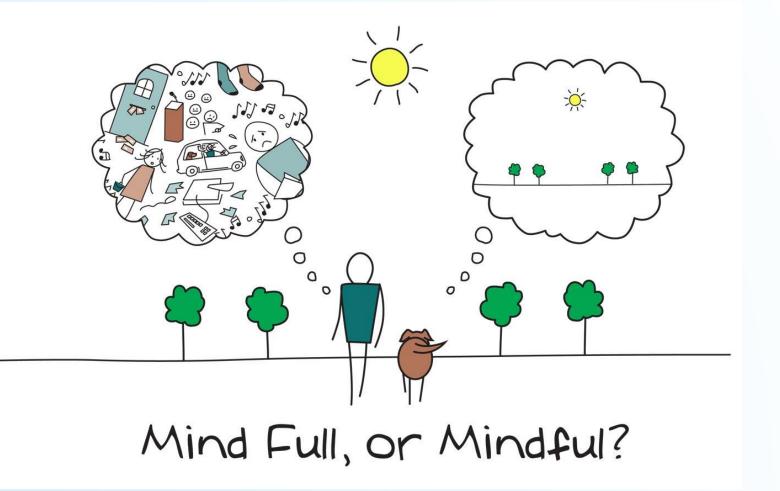
Intensive Outpatient Services

specifically for LEO's.

Peer Support teams

- that have the experience and skills to provide support at work.
- Encourage wellness care
 - including physical, emotional, spiritual, and mental fitness.
- Teach stress reduction
 - using mindfulness and other techniques.
- Train LEO's in trauma-informed care
 - to help themselves and community members.

Introduction to Stress Reduction: Mindfulness



What is mindfulness and why does it work?

Mindfulness is:

- Being aware of the present moment without judgment.
- Not thinking about the past, or the future, only now.
- Using the "observing mind" to simply notice what is going on now; use your five senses--smell, sight, hearing, taste, touch.
- Noticing all things without judging your inner Self, the situation, others, your body, time, etc.
- Having many choices or possibilities right now in the present.





- Observe—Notice using senses, pay attention, manage your attention, observe inside and outside yourself
- Describe—Put experiences into words, give words to feelings, separate opinion & interpretations from facts.
- Participate—Throw yourself into activities completely in the here and now, get into the flow.
- Let's check it out—
 - Activity one



How skills



- Non-judgmentally—Just see the facts, acknowledge values, look for the helpful/harmful, don't judge your judging thoughts.
- One mindfully—Stay in the present moment, let go of distractions, do one thing at a time, concentrate.
- Effectively—Know your goals, focus on what works, play by the rules, act skillfully, don't let ego get in the way of being effective.
- Let's check it out—
 - Activity two



- Questions or clarifications?
- Start your daily mindfulness practice: What and How skills during the next 2 weeks
- Grounding container
- Feedback Form

Session Three

Introduction to Values-Based Leadership in Law Enforcement

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Objectives:

- Introduction to values-based leadership in LE.
- Identify personal values and how they influence LE.
- Recognize the power of resiliency coupled with personal traits.
- Identify ways to use values-based leadership to improve community relations.

Please remember to apply group rules and boundaries.

Welcome

Present moment awareness activity

What is organizational values-based leadership?

- Define values-based leadership.
- Small group discussion on your thoughts.
- Report back to large group.



A values-based organization is a culture shaped by a clear set of ground rules establishing a foundation and guiding principles for decision-making, actions and a sense of community.

Clallam County Sheriff's Office -- Organizational Values

Commitment to Service

The primary duty of the Clallam County Sheriff's Office is to safeguard lives and property, while respecting the human and Constitutional rights of all.

Commitment to Community Involvement

Community partnerships are critical elements of our organization. Cooperation and communication with our citizens and businesses is the framework for successful Community Oriented Policing.

Commitment to our Employees

 Our employees are the greatest and most valuable assets of our organization; and that through regular training, education, career development, exemplary leadership and organizational support, our employees will reach the highest standards of performance and professional satisfaction, while serving the needs of our community.

Commitment to Responsibility & Accountability

• The prudent and effective management of our resources is critical to the future of our organization.

CORE VALUES Equity and Integrity Inclusion Lifelong Excellence Responsibility Learning Esprit Cooperation de Corps

Introduction to Values-Based Leadership in Law Enforcement

- Concepts of values-based leadership [Creating a shared mental model or paradigm]
 - The department has a set of core values instilled in all members of the organization, without regard to their position or rank.
- Why does this model work?
 - Builds cohesion,
 - Facilitates decision making,
 - Improves communication,
 - Supports teamwork,
 - Maintains integrity,
 - Adds to higher levels of performance

KEY TRAITS OF VALUE BASED LEADERS

Values

based

leadership

Self Reflection

The ability to reflect and identify what you stand for, what your values are and what matters most.

True Self-confidence

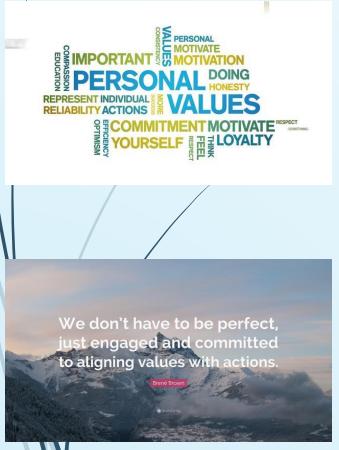
More than mastery of certain skills, true self-confidence enables you to accept yourself as you are, recognizing your strengths and your weaknesses and focusing on continuous improvement.

Balance

The ability to see situations from multiple perspectives, including differing viewpoints, to gain a holistic understanding.

Genuine Humility

The ability to never forget who you are, to appreciate the value of every person, and to treat everyone respectfully.



- Consider your own personal values and write down ten of them on the sticky notes.
 - Ask yourself why each value is important. What would you give up to uphold that value? Your career, family, health, home, citizenship, freedom, life?
 - Narrow your list down to your top five values.
- Are you willing to share a time when you upheld your value even though it was difficult of dangerous?
- Even more difficult, a time you gave in and went against your values. How did that feel?

 Put it into practice
 If you were considering improving valuesbased leadership in the CCSO, what would you like to see happen?

Brainstorm—group idea generation

Closure

Questions or clarifications?

Grounding - container

Feedback Form

Session Four

How ACEs and Resiliency Impact Physical Health and Well-Being Over Time

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OBJECTIVES:

- Introduction to the Adverse Childhood Experiences (ACE) study.
- Learn how high ACE scores indicate possible lifetime effects on health and wellness.
- Recognize the correlation between high ACE scores and their impact on occurrences of anger, shame, powerlessness, PTSD, negative self-worth, serious health issues, and avoidant behaviors like addiction.
- Understand how ACE influences your everyday behavior.
- Consider and develop ways to reduce the effects of ACE on health, mental well-being, and personal and professional interpersonal interactions.

Welcome

- Check-in
 - You choose a snack that represents your mood today.
- Mindfulness activity
 - Visualization: The brain likes to give us a rest.

Brief history of ACEs

Why is it useful to know this information?
What is the connection to cumulative trauma?







Complete the ACE, LEC-5, PCL-5 surveys

- ACE provides you with a personal perspective on your early life
- EC-5 provides you with a personal perspective on cumulative trauma over your lifetime

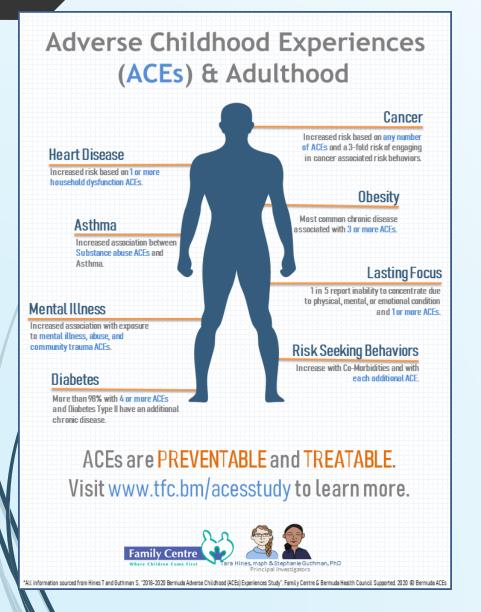
PCL-5 provides personal information about possible PTSD

- Please note that survey information <u>will not</u> be collected or shared. <u>It is for your use only</u>. If you wish to comment on what you learned from taking the surveys you are welcome to do so.
- Activity: Grounding using the five senses



Resilience Movie

- Resilience is a one-hour documentary that delves into the science of adverse childhood experiences and the birth of a new movement to treat and prevent toxic stress.
- Please watch and find the information that resonates with you.
- Discussion will follow.



DISCUSSION

- What important information was discover after all the ACE data was gathered and correlated with health outcomes?
- What do you think this means for your health? Personal interactions? Family? Wellness?
- What can you take from this information and put to use in your everyday life and interactions?
- Why is this ACE information important for law enforcement officers to know?



The big question is what can we do to improve our own wellness?

RESILIENCE

Resilience is the ability to adapt to difficult situations. When stress, adversity or trauma strikes, you still experience anger, grief and pain, but you're able to keep functioning both physically and psychologically.

- Resiliency Characteristics
 - Self Awareness: understanding yourself and how others perceive you.
 - Mindfulness: being present in the moment with your thoughts and feeling with out judgment.
 - Self Care: functioning effectively with energy, vitality, and confidence because you keep yourselves well and follow your values.
 - Positive Relationships: having people we are connected to in our lives who love and support us.
 - Purpose: knowing that we belong to and serve something greater then ourselves.



- Resiliency Characteristics
 - By strengthening these 5 traits, we become more resilient. Instead of feeling overwhelmed by stress in our lives, these five traits work together to lift us out of the chaos we are feeling.
 - Self Awareness
 - Purpose

Self Awareness

Purpose

Mindfulness

Self Care

Relationships

- Mindfulness
- Positive Relationships
- Self Care

What do you think would happen if your resiliency improved?

Closure

Questions or clarifications?

Grounding - container

Feedback Form

Session Five

How to Deal with Wellness Without Stigmatization

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Objectives:

- Learn the value of mindfulness.
- Understand stigmatization and its impact on seeking personal wellness.
- Discuss and experience how stigma influences behavior.
- Suggest ways to reduce stigma inside and outside of the workplace.

How to Deal with Wellness Without Stigmatization

- Welcome
 - Mindfulness activity
 - "Use the force, Luke."
 - What is the take away from this activity?
 - What is the relationship between this activity and mindfulness practice?

How to Deal with Wellness Without Stigmatization

- Have you been practicing What and How mindfulness skills? If not, why?
 - What were the barriers?
- Are you comfortable talking about mindfulness?
 - Would you take a yoga class, or learn meditation? Why or why not?



How to Deal with Wellness Without Stigmatization

- Mental illness, alcohol and substance use disorders, various addictions, and other behavioral or mental issues are not character flaws, moral failures, or lack of willpower.
 - Some stem from genetic or biological factors, or could be the result of violence, childhood trauma, toxic stress, PTSD, or other factors that we don't know.
 - The same can be said of cancer, arthritis, hypertension, diabetes, and other genetic or environmentally influenced illnesses. Why then does society view them differently?



How to Deal with Wellness Without Stigmatization

Stigma related to yourself and others

STIGMA = a set of negative and often unfair beliefs that a society has about something, someone, or a particular group that can lead to exclusion or discrimination inducing hopelessness and shame.

Interesting fact: stigma comes from Greek and Latin meaning a mark of disgrace or infamy burned into the skin.



How to Deal with Wellness Without Stigmatization





LABELS ACTIVITY

- What are common negative stereotypes of those with mental illness and those who have a substance use disorder?
- What are some of the negative stereotypes about law enforcement officers that you hear?
- How did it feel to hear and see those negative names said and stuck on you?
 - Did it remind you of past experiences?
- What is the impact on your wellbeing when you are stigmatized or you stigmatize others?

How to Deal with Wellness Without Stigmatization

- Stigma seriously affects the well-being of those who experience it.
 - Stigma can justify violence, verbal abuse, rejection, and neglect.
- Stigma profoundly changes how people feel about themselves and the way others see them; this can change behavior.
- Stigma prevents people from seeking the help they need.
- Stigma affects people while they are experiencing problems, while they are in treatment, while they are healing, and even when their problem is a distant memory.
- Think in terms of people you deal with who suffer with substance use and may have mental health issues also.

Centre for Addiction and Mental Health, Toronto Canada https://www.camh.ca/en/driving-change/addressing-stigma



How to Deal with Wellness Without Stigmatization

- Stopping stigmatization
 - Educate yourself—know the facts about the impact of trauma.
 - Talk openly.
 - Know that stigma is based on a lack of understanding or fear.
 - Approach the person as a person, not as a problem.
 - Underlying question: <u>What happened to you</u>? Not, what is wrong with you?
 - Watch your use of negative, biased language.
 - Work on mindfully letting go of your bias.



How to Deal with Wellness Without Stigmatization

Questions or clarifications?

Grounding - container

Feedback Form

Session Six

Reflect, Review, Improve, Implement Celebrate

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Objectives:

- Trauma informed care can
 - improve self-awareness,
 - reduce the trauma burden, and
 - increase positive interpersonal interactions.
- Praxis, the art of reflection and review.
- Complete Post-test
- Provide in depth feedback.
- Celebrate success.

Reflect, Review, Improve, Implementation Celebrate

Welcome commentsMindfulness activity



Trauma-Informed Law Enforcement

TRAUMA INFORMED CARE TRAINING MODEL



- *Trauma-Informed Law Enforcement:
- A workplace culture that focuses on the impacts of trauma on law enforcement staff, as well as the public being served, through consistent recognition of the signs and impacts of trauma.
- It provides support, skills, and strategies to manage staff trauma, promote well-being and resiliency of staff, and actively works to avoid revictimization/re- traumatization of victims when they are engaged in the criminal justice system.
 - Cambridge Police Department Trauma Informed Law Enforcement Training.

Trauma-Informed Law Enforcement Practices

Trauma-Informed:

- Realizes the widespread impact of trauma and understands potential paths to regain and maintain wellness.
- Recognizes the signs and symptoms of trauma in self, families, staff, and community members.
- Responds by fully integrating knowledge of trauma into policies, procedures and practices.
- Resists Re-traumatization actively through trauma informed and mindful responses.

Trauma-Informed Law Enforcement

Stopping stigmatization and implementing trauma-informed care in your organization, work life, and personal life. GROUP DISCUSSION:

What can you do immediately in your day-to-day work? What would you like to see your organization do? What kind of follow-up or additional knowledge, skills, or training would you like to see offered in your department? What services, or resources would you like to be made available to you?

Trauma Training for Law Enforcement Review

- What is trauma? Brain/Body connection
- The Difference Between PTSD and Cumulative Trauma in Law Enforcement
- Values-Based Leadership in Law Enforcement
- How ACEs and Resiliency Impact Physical Health and Well-Being Over Time
- How to Deal with Wellness Without Stigmatization
- Trauma Informed Care

Reflect, Review, Improve, Implement Celebrate

Activity: Individual reflection

Reflect, Review, Improve, Implementation Celebrate

- Training memo will be sent to your supervisor with your participation hours
- Closure
- Final Session Six Feedback Form and Posttest
 - University of Washington
- Celebration