OCTOBER 2016

Officer Safety and Wellness Group Meeting Summary

Improving Law Enforcement Resilience

LESSONS AND RECOMMENDATIONS

Wellness Teach Stress Responsiveness Tools Plan Leadership Culture Health Education Safety Strength

COPS
Community Oriented Policing Services
U.S. Department of Justice

BJA
Bureau of Justice Assistance
U.S. Department of Justice

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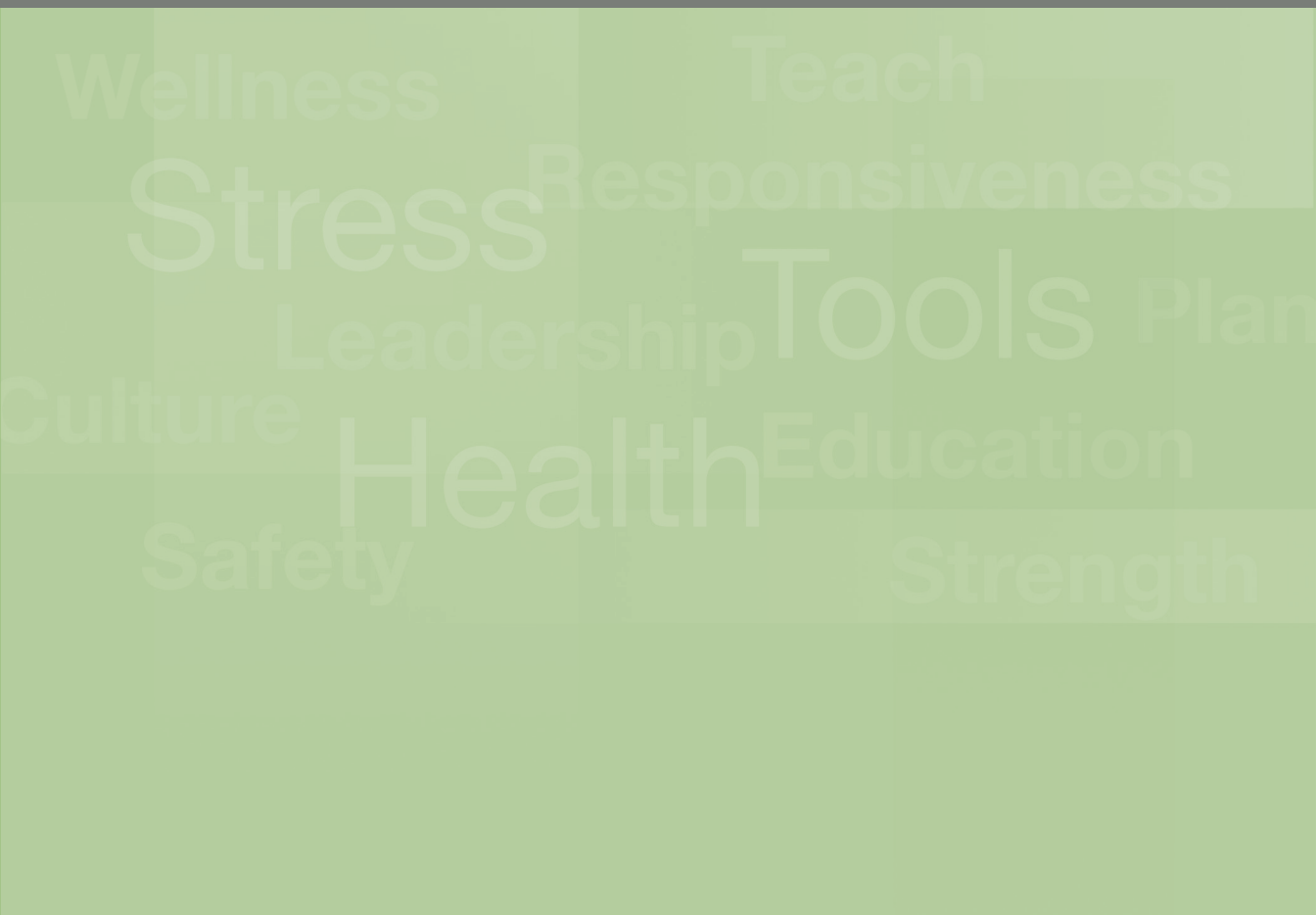

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Letter from the Director

Colleagues:

In July 2016, we watched in horror as the events unfolded in Dallas, Texas, where five police officers were murdered. No doubt, your first concerns, like mine, were for the injured and murdered officers and their families. But we must also concern ourselves with the surviving officers, many of whom suffered emotionally in the aftermath of the shootings and experienced survivors' guilt for months.

It would be easy to assume that the men and women who enter this profession know what they will face on the job and are prepared for it. Yet, the long-term effects of dealing with difficult, often dangerous people; sitting in a squad car for hours; working night shifts; and adapting to other work-related stressors can lead to problems such as obesity, heart attacks, alcoholism, substance abuse, accidental injuries, and even suicide.

In recognition of the cost emotional trauma can take on the mental and physical health of law enforcement officers, the OSW Group convened a meeting of law enforcement practitioners, mental health professionals, medical experts, and other stakeholders in October of 2016 to assist law enforcement agencies in identifying the best strategies and resources for helping law enforcement officers to build personal resilience. By resilience, I mean the ability not only to withstand the profoundly disturbing effects of responding to a mass casualty event but to thrive amidst the daily challenges and work-related stress that come with being a law enforcement officer.

The following report, which covers the participants' discussion, offers their insights and recommendations for promoting mental and physical health—the foundation of resilience. There is a great deal of practical information here, with advice that can benefit your entire staff and, as a result, improve relationships with your community. Officers who are mentally and physically healthy not only respond better to emergencies and other challenging situations but also relate better to the people they interact with, both on the street and in the precinct.

On behalf of the COPS Office, I thank all who participated in the October meeting, as well as our partners at the Bureau of Justice Assistance. I believe this eye-opening report is a must read for all law enforcement leaders. The personal resilience of the men and women who put themselves in

harm's way for us every day should be a matter of deep concern to us all. Their mental and physical health are critical not only to their on-the-job performance but also to their individual and collective safety and that of the people they serve to protect.

Participants in this meeting stated that there is no way to completely prepare officers for the horror of a mass casualty event but that having a detailed plan to deal with such an incident is key to maintaining officer resilience. This report is an excellent first step.

Sincerely,

Russ Washington
Acting Director
Office of Community Oriented Policing Services

History of the OSW Group

The Office of Community Oriented Policing Services (COPS Office) and the Bureau of Justice Assistance (BJA), a component of the Office of Justice Programs, formed the national Officer Safety and Wellness (OSW) Group in 2011 to bring attention to the safety and wellness needs of law enforcement officers following a number of high-profile ambushes on police. Since 2011, the OSW Group has raised awareness, increased knowledge, and encouraged law enforcement agencies to adopt practices that recognize that a law enforcement agency's most valuable resources are the men and women who put their lives on the line every day in the name of protecting and serving their communities. For this reason, it is critical that the COPS Office and BJA—with support from U.S. Department of Justice leadership—research, discuss, and promote the best possible information to keep our nation's law enforcement officers safe on the job.

To that end, the OSW Group, regularly brings together law enforcement practitioners, researchers, and subject matter experts to help amplify new and existing efforts to improve officer safety and wellness in the field. The founding goals of the OSWG are

- to create an opportunity and environment for law enforcement organizations and researchers to collaborate on improving officer safety and wellness;
- to bring together law enforcement organizations and researchers to share knowledge and information about officer safety and wellness initiatives;
- to broadly disseminate information and best practices to the field through the government and law enforcement organizational communications mechanisms.

The OSW Group identified 16 priority areas, grouped into four main themes, on which to focus:

I. Operational and emergency responses

1. Injuries and death from gunfire
2. Premeditated and unprovoked ambush situations
3. Rifle and long-gun threats and assault weapons
4. Task force operations (federal and local)
5. Offenders (behavior during incident and history)
6. Court security

II. Leadership and management

7. Leadership and safety practices
8. Equipment
9. Deployment strategies and communication technologies

III. Mental and physical health and wellness

10. Physical health (e.g., fatigue, alcohol, weight, and nutrition)
11. Psychological health
12. Maintaining good health
13. Former military in law enforcement

IV. Training

14. Education and training
15. Emergency vehicle operation and safety
16. Foot pursuit safety

Over the last six years, the OSW Group has discussed these critical officer safety and wellness issues and produced a number of resources to encourage the nation's law enforcement agencies to adopt a culture that embraces the value of safety and wellness. The COPS Office and BJA continue to strive to provide agencies with the tools necessary to develop effective programs that address some of the most persistent and prevalent safety and wellness issues facing law enforcement officers today.

In the first half of 2016, the country witnessed an unprecedented number of police ambushes, the most notable being the July 2016 attack during which five Dallas, Texas, police officers were killed. Given this disturbing upward trend and the need to facilitate resilient officers and organizations, the OSW Group convened in October 2016 to discuss first-responder resilience and organizational health. This document is a summary of that meeting and provides readers with critical information, promising practices, and recommendations from law enforcement leaders at that meeting. When first responders have the tools and support they need to take care of themselves and manage the stress and trauma of their jobs, the benefits far-reaching positive effects in both their personal and professional lives. Safe and resilient officers help build safe and resilient communities.

Overview of the October 2016 Meeting on Resilience

The last several decades have seen a downward trend of violence against law enforcement officers; however, the threat of on-the-job injury or death is still real for officers nationwide. For example, vehicular accidents remain a persistent and high cause of officer deaths, but 2016 saw a noticeable uptick in the number of firearms-related officer fatalities compared to recent years.[1] These realities—combined with the daily exposure to stress and trauma that result from working in a 24/7 profession that regularly requires officers to interact with people under some of the worst possible circumstances—highlight that policing can be a dangerous and potentially life-threatening job.

Work-related stress has been associated with a number of negative outcomes, most notably physical and mental health problems. However, such stress also can affect officers' families, colleagues, and, for officers who interact with the public on daily basis, the community. Stress can lead to poor decision making and increase mistakes, both of which may jeopardize the success of the mission and the safety of the public.

1. *135 Law Enforcement Officer Fatalities Nationwide in 2016*, Preliminary 2016 Law Enforcement Officer Fatalities Report (Washington, DC: National Law Enforcement Officers Memorial Fund, 2016), http://www.nleomf.org/assets/pdfs/reports/Preliminary-2016-EOY-Officer-Fatalities-Report.pdf.

To help address these issues, the COPS Office and BJA decided to focus the October 2016 OSW Group meeting on how to develop and support resilient officers and agencies. A law enforcement officer's individual resilience is essential for helping him or her to cope effectively with the stress inherent in the job. "Individual resilience involves behaviors, thoughts, and actions that promote personal well-being and mental health. It refers to a person's ability to withstand, adapt to, and recover from adversity."[2] When first responders have the tools and support they need to take care of themselves and manage stress, the benefits have far-reaching positive effects in both their personal and professional lives. Resilient officers are

- physically and mentally healthier and have overall lower recovery expenses and service needs;
- miss fewer days of work;
- get back to routines more quickly;
- work through the strong emotions that come from being a first responder without relying on unhealthy coping strategies (e.g., self-medication);
- have greater job satisfaction and career longevity.[3]

To facilitate a robust discussion on this critical topic, the October meeting included representatives of major law enforcement membership and research organizations, labor unions, and law enforcement officers of different ranks from agencies across the country. They were joined by subject matter experts from the medical and mental health fields (see the sidebar "October 2016 OSW Group Meeting Attendees" on page xi).

2. "Individual Resilience: Factsheet for Responders," U.S. Department of Health and Human Services, last modified April 10, 2015, https://www.phe.gov/Preparedness/planning/abc/Pages/resilience-factsheet-responders.aspx.

3. Ibid.

OCTOBER 2016 OSW GROUP MEETING ATTENDEES

Brenda Auterman
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James Baker
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Director, Officer Safety and Wellness Initiative, National Law Enforcement Officers Memorial Fund

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Supervisory Policy Analyst, Office of Community Oriented Policing Services, U.S. Department of Justice

Jim Burch
Vice President, Police Foundation

Clarence Cox
Vice President, National Organization of Black Law Enforcement Executives

Dwayne Crawford
Executive Director, National Organization of Black Law Enforcement Executives

Mark Damitio
Accreditation and Grants Manager, International Association of Directors of Law Enforcement Standards and Training

Vince Davenport
Supervisory Policy Analyst, Office of Community Oriented Policing Services, U.S. Department of Justice

Ronald L. Davis
Director, Office of Community Oriented Policing Services, U.S. Department of Justice

Alexander L. Eastman, MD, MPH, FACS
Lieutenant and Deputy Medical Director, Dallas (Texas) Police Department;

Chief, Rees-Jones Trauma Center, Parkland Memorial Hospital

Andrea Edmiston
Director, Governmental Affairs, National Association of Police Organizations

Steven Edwards
Senior Policy Advisor, Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice

Michael Ferrence Jr.
Executive Director, Major County Sheriffs' Association

Craig W. Floyd
Chairman and Chief Executive Officer, National Law Enforcement Officers Memorial Fund

Rick Gregory
President and Chief Executive Officer, Institute for Intergovernmental Research (VALOR TTA)

Virginia Hays, PhD
Director, Montgomery County (Maryland) Police Department Stress Management Team

Larke Huang, PhD
Director, Office of Behavioral Health Equity, Substance Abuse and Mental Health Services Administration

Mary Hyland
Acting Director Intergovernmental Public Liaison, Customs and Border Protection, U.S. Department of Homeland Security

Nicole Juday
Officer; Manager, Peer Support and Mentoring Programs; Indianapolis (Indiana) Metropolitan Police Department

Raymond King
Captain, San Bernardino (California) Police Department

Wade Lanphear
Major, Olathe (Kansas) Police Department

Kristen Mahoney
Deputy Director, Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice

Lindsay Miller-Goodison
Deputy Director, Center for Applied Research and Management, Police Executive Research Forum

John Mina
Police Chief, Orlando (Florida) Police Department

Denise O'Donnell
Director, Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice

David Orr
Sergeant, Norwalk (Connecticut) Police Department

Travis Parrish
Director, Client Services and Relations, Commission on Accreditation for Law Enforcement Agencies, Inc.

Robert K. Reed
Assistant U.S. Attorney, U.S. Attorney Eastern District Pennsylvania

Catherine Sanz
President, Women in Federal Law Enforcement

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Lieutenant, Cedar Park (Texas) Police Department;

Medical Director, Central Texas Regional SWAT;

Special Deputy, U.S. Marshals Service

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Darrel Stephens
Executive Director, Major Cities Chiefs' Association

Deborah Spence
Assistant Director, Office of Community Oriented Policing Services, U.S. Department of Justice

Laura Usher
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John Violanti, PhD
Research Professor, State University of New York at Buffalo

Ron Vitiello
Executive Assistant Commissioner, U.S. Customs and Border Protection, U.S. Department of Homeland Security

Tracy Wilt
Office of Suicide Prevention, U.S. Department of Veterans Affairs

Part I. The Impact of Mass Casualty Events on Officer Resilience

Travis Parrish
Commission on Accreditation for Law Enforcement Agencies, Inc.
Dr. Larke Huang
Substance Abuse and Mental Health Services Administration

Clarence Cox
National Organization of Black Law Enforcement Executives

Darrel Stephens
Major Cities Chiefs
Catherine Sanz
Women in Federal Law Enforcement
Tracy Wilt
U.S. Department of Veterans Affairs

Initial Remarks

"Injuries and death because of gunfire, premeditated, and unprovoked ambushes and the threat posed by rifles, long guns, and assault weapons are the OSW Group's top priorities," said Denise E. O'Donnell, then director of the Bureau of Justice Assistance (BJA), as she opened the OSW Group's October 2016 meeting. About 13,000 officers were injured last year because of assaults, said O'Donnell.

"Everybody has to look out for the safety and wellness of law enforcement officers," said Ronald L. Davis, then director of the Office of Community Oriented Policing Services (COPS Office). "It's up to all of us, especially those of us at [the DOJ], to convey to our communities the respect that officers deserve."

Case Study Presentations

To start the day's conversation, three police departments shared with the OSW Group their experiences of responding to mass casualty events in the last year and the impact those events have had on their officers:

- In December 2015, two terrorists killed 14 people and seriously injured 22 others in San Bernardino, California.
- Six months later, in June 2016, a gunman killed 49 people and wounded 53 others at the Pulse nightclub in Orlando, Florida.
- One month later, in July 2016, a gunman killed four Dallas, Texas, police officers and a Dallas Area Rapid Transit (DART) police officer. The gunman also wounded nine officers from three departments and two civilians.

The OSW Group heard from representatives of the three departments to find out what resources they had, what resources they needed but did not have, and what steps they took during and after the crisis. Ultimately, the presentations were meant to help identify ways to support officers during and after critical incidents and to build the resilience that officers must have to weather intense crises.

The representatives said that there is no way to completely prepare officers for events such as these, but they agreed that having a detailed plan to deal with a critical incident and its aftermath is a key to maintaining officer safety and wellness.

DALLAS, TEXAS

Dallas Police Department (DPD) Lieutenant Alexander Eastman, MD, who is the medical officer for the Special Weapons and Tactics (SWAT) unit and a trauma surgeon at Parkland Memorial Hospital, responded to the chaotic scene as an armed gunman attempted to kill police officers during a public demonstration. As Eastman arrived, he saw officers trying to protect civilians and themselves while the gunman moved about and continued to fire.

Dr. Eastman observed that the stress of the shooting was enormous for the officers who were dealing with the shooter and tending to the dead and wounded. The attack also had a negative impact on the department's civilian staff, including the dispatchers who were handling the multiple incoming calls. In the hours, days, and months following the shootings, Eastman observed that officers experienced intense grief and survivor's guilt.

One difficult task following the attack was finding counselors who had expertise in counseling people dealing with trauma and who understood police officers and their work. Counselors within the DPD were trained to deal with human resource issues such as screening candidates to hire and counseling for substance abuse. Counselors available through worker's compensation were not trained in trauma. The department found a private agency that had counselors with the appropriate experience and found a way to have the counseling paid through workers' compensation.

However, Dr. Eastman warned about the well-intentioned meddler. Many people may come forward in the wake of mass casualty events, promoting programs and services to help. It is important that agencies focus on assistance that is scientifically based and proven in the field.

Peer support is critical during this time. Peers are skilled at reassuring officers that their reactions to such a horrifying event are normal. Peers can tell others that "not feeling okay is okay." Dr. Eastman also spoke about the importance of officers having downtime to take care of themselves and their families. The Dallas SWAT officers found themselves on duty for a month straight after the shooting, limiting their opportunities to work through their reactions and feelings.

The DPD uses the Psychological First Aid program,[4] which the U.S. Department of Veterans Affairs (VA) and the National Child Traumatic Stress Network developed, and had been doing so for about a year before the July 2016 attack on Dallas police officers. The program includes a self-paced, return-to-work checklist that an officer works through before returning to duty and a visit with a psychologist for a stress screening. The customizable program is integrated with the DPD's peer support program, offering peer support officers a framework within to work.

With the help of available counseling, the Psychological First Aid program, and the peer support program, not a single officer resigned or had a crisis as a result of the July attack in the months between the shooting and the OSW Group meeting. The department identified that some officers needed additional help and worked to ensure they received it.

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4. Melissa Brymer et al., *Psychological First Aid: Field Operations Guide, Second Edition* (National Child Traumatic Stress Network and National Center for PTSD, 2006), http://www.ptsd.va.gov/professional/materials/manuals/psych-first-aid.asp.

Dr. Eastman also spoke about the need for departments to prepare for the ways in which they will assist officers' families after a crisis. In some cases, the families of the killed and injured officers did not have adequate support, yet they bore the greatest emotional burden. In one instance, the department was able to find a private donor to cover the cost of counseling for a family member of a slain officer.

Dr. Eastman has also seen survivors' guilt reach beyond officers who were on the scene of the attack. He saw this not only in other direct responders to the shooting but also in members of the command staff and other members of the department who were not near the actual shooting but were still very much affected. For Eastman, as a medical professional, he chose to methodically examine dash camera video to see if anyone injured could have been better treated and, in particular, if he and others at the scene could have done anything differently to have saved lives.

ORLANDO, FLORIDA

No amount of training could have prepared officers for the carnage at the Pulse nightclub and the emotions the attack provoked, said Orlando Police Department (OPD) Chief John Mina. He described his department's response when a heavily armed man began shooting people inside the club. An officer who was doing a detail at the club exchanged fire with the shooter. Other officers and the SWAT team were dispatched quickly to the club.

The number of dead—20 people on the dance floor alone—and the cries of the wounded affected the officers emotionally. A number of officers remained on the scene for many hours while the crime scene was processed and the victims were removed. Even officers who had served in Iraq and Afghanistan said that this was the worst scene they had ever experienced. Their statements are a good reminder that officers are not robots; they can be traumatized by seeing the suffering of people they cannot help.

His officers reported being particularly disturbed by the constant ringing of victims' cellphones in the club as friends and families repeatedly called people who could no longer answer. After the attack, officers reported that hearing cellphones ring could trigger memories of the event.

Chief Mina also spoke about the challenge of balancing public demand for transparency in an event that garnered significant national attention with the needs of the investigation and the officers' needs for privacy so they could heal. Chief Mina gave responding officers additional time to return to work. When they did return, they were assigned desk duty for about a month before returning to the street. All officers who had been in the club were required to attend counseling. Because mass

casualty events can also affect officers who were not at the scene, non-responding officers could receive counseling if they needed it. The counselor decided how many sessions each officer should attend, and the city paid for the counseling.

In addition to running critical incident stress debriefings, the OPD also made sure officers were aware of and had access to peer support. However, Chief Mina said an officer had reported that many were hesitant to use the service because officers feared superiors would find out and that it would affect the officers' abilities to obtain transfers or promotions in the future. At the time of the OSW Group meeting, one officer had not yet returned to work since the shooting.

Chief Mina also shared that feelings of grief and guilt can extend through the ranks to the command level. While officers usually have access to peer support programs, chiefs don't necessarily have a similar program and may be the least likely to get help. Peer support is critical for the well-being of not only the officers and command staff but also the chief. When chiefs or other executive leaders model self-care behavior, staff are more likely to acknowledge the importance of taking care of oneself. Mina shared with the OSW Group his experience with receiving peer counseling from other chiefs who had experienced similar mass casualty events.

Chief Mina noted that similar to Dallas, the OPD SWAT officers worked approximately a month straight after the shooting. Mina also said that he received assistance from 27 neighboring law enforcement agencies that provided personnel in the weeks after the attack, ensuring community needs could still be met. This assistance also allowed Orlando police to attend vigils and other community gatherings that were important to the healing process for both officers and the community. In many ways, the attack brought the police and the community closer together.

SAN BERNARDINO, CALIFORNIA

San Bernardino Police Department (SBPD) Captain Raymond King recounted his department's response when two terrorists burst into a gathering of city workers at the Inland Regional Center and opened fire. On the day of the attack, the men and women of the SBPD were already operating under stress, as the city was in bankruptcy, the police department was shorthanded, and officers were working forced-overtime shifts.

Three hundred officers, including those from surrounding agencies, arrived to secure the scene and remove the victims. The officers arriving at the center faced a disturbing scene with multiple people killed or wounded. The SBPD officers later tracked the two terrorists driving a rented motor vehicle. The terrorists fired on the officers and were killed in the subsequent gun battle.

The department embedded counselors with the witnesses and survivors from the center. The witnesses were later transported to a different location where they were reunited with family. Counselors also met with the officers who had been involved in the shootout that killed the two terrorists. The SBPD held three separate debriefings: one for the officers involved in the shootout; one for the officers who responded to the center; and one for all other officers. The department encouraged each of the responding officers to talk to a counselor.

Similar to what Chief Mina heard in Orlando, the SBPD had to deal with the issue that officers perceived getting help as stigmatizing and potentially detrimental to their careers. Captain King said he made a point to share his experiences and feelings with officers to help normalize the behavior but noted that it can be difficult to break through to some. One officer had had a particularly difficult time recovering, and he was reassigned to duties that gave him the time and space to work through the emotional aftereffects.

The City contracted with a counseling agency that was on call 24 hours a day. The agency recognized that it is important for officers to know that the counselor understands their job and what it entails; thus, the counselors had experience working with law enforcement. The SBPD also made plans to offer additional support to officers, including counseling, in preparation of the first anniversary of the event, which raised for the OSW Group the important fact that immediate, short-term, and long-term considerations need to be factored into resilience planning for mass casualty events. The City is also offering assistance to the victims.

Case Study Discussion about Planning for Resilience

During the discussion, the presenters and meeting attendees identified a number of basic lessons learned that could benefit any law enforcement agency. One of the key considerations raised in the discussion was that trauma can impact agencies of all sizes, so recommended approaches needed to be feasible for smaller departments. A number of attendees noted that most agencies do not maintain medical officers or staff psychologists who can help them triage and organize services for officers, civilians, and families in the aftermath of traumatic events. Even large agencies that do have these professionals on staff are unlikely to have hired enough to meet all employee needs in the aftermath of a large-scale crisis, or the professionals are unlikely to have the breadth of expertise necessary to meet all personnel needs for every possible circumstance.

Thus, outside individuals and organizations will likely be critical in helping agencies and their personnel address trauma and access local resources, but agencies must remember that relationships with support service providers cannot be built in the middle of a crisis (see the sidebar "Preparing for Crisis" on page 15). Law enforcement agencies need to have someone whom leaders can trust to look out for the well-being of their officers, and that someone also needs to have gained the trust of the officers. The agency can delegate a staff member to this task and expect him or her to learn about trauma exposure and local resources, or agencies can reach out to their local medical communities. Doctors and psychologists do not have to embed themselves into the law enforcement agencies; instead, they can be approached as partners with mutual interest in the well-being of the community. For example, Dr. Eastman noted that in San Angelo, Texas, the police found some interested physicians, and together they formed a regional collaborative that the law enforcement community could call on when needed.

Chief Mina of the OPD relied on his commanders and members of the medical community to help him make decisions about psychological support for officers, and the OPD director of human resources led much of that work. Captain King said the SBPD relied on human resources and a contracted counselor. The DPD got counselors from a private agency who were skilled in trauma counseling and were familiar with police. The OSW Group meeting attendees all agreed that counselors, whether internal or external to the agency, should be trained to help those dealing with trauma and have experience working with law enforcement officers.

While this discussion demonstrated that agencies of all sizes should plan for outside assistance, it is also important to be selective about offers of help. The attack on the Dallas police officers brought an outpouring of offers of help from the community. Agencies should plan for this ahead of time and assign an individual or group to vet offers. Some individuals who offer their services are reputable, but some are not. Likewise, not all services are helpful. In some instances, it may even be better to refuse offers to honor fallen officers to avoid re-traumatizing their families and colleagues (see the sidebar "Helping Bereaved Families" on page 16).

Agency leaders need to make identifying services, preparing for their use, and creating a culture in which self-care is a valued part of their everyday work.

Seeking and accepting support and assistance from outside agencies is not just about health and counseling services; they also can extend to operations. Dr. Eastman, like many other officers in his department, worked every day for a month while the DPD and the city at large remained on alert and hosted numerous public events for people to pay their respects. In retrospect, he believed this was a mistake because it delayed many from taking the time required to assess their own needs. Chief Mina noted the same mistake was made in Orlando. Everybody, including the chief, needs to take time off to decompress. Police in particular need a break from the frontlines where they remain on high alert. Many of the participants noted that officers from nearby agencies will often be glad to help, but that has to be structured and coordinated.

Meeting attendees also discussed extensively counseling services for law enforcement after critical incidents. Everyone agreed that counseling, both peer and professional, is critical to helping officers respond resiliently to crisis and trauma. However, overcoming financial and logistical challenges to accessing counseling, identifying evidence-based programs that have proven track records with first responders, and promoting the use of programs and services by people who work in a hyper-masculine profession and have concerns about stigma and career advancement are not small tasks. In particular, agencies cannot effectively address these challenges in the middle of a crisis. Agency leaders need to make identifying services, preparing for their use, and creating a culture in which self-care is a valued part of their everyday work.

There are places where agencies can seek assistance in this planning process. For example, the VA has suicide prevention coordinators in all of its facilities across the country, and those coordinators could be a consulting partner for evaluating resources. And Larke Huang spoke of how the Substance Abuse and Mental Health Services Administration is working to build collaborations between behavioral health providers and law enforcement officers so that each understands the culture of the other in serving community needs. When a law enforcement agency partners with a community mental health center to provide services, the agency could make the center a part of its own preparedness plan.

Another important planning step an agency can take is to regularly remind officers that counseling is protected by the confidentiality requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the counselor's licensing requirements, shared Laura Usher of the National Alliance on Mental Illness. Usher also said that agencies can build trust by building programs in concert with the union and command staff. Everybody has to buy into the program for it to be successful. According to Usher, education and leadership are the first steps to building a good counseling program.

Sergeant David Orr of the Norwalk (Connecticut) Police Department also stated that leadership should not overlook the fact that union leaders are trusted by officers. Moreover, he said union leaders not only should be part of the process to select, promote, and manage counseling efforts but also could be important leaders in critical incident debriefings.

Several attendees said that peer counselors can also be an effective way to help officers heal. Peer support programs are good for helping officers manage mid- and longer-term wellness. Some attendees also noted that personnel may fear a lack of privacy in talking to peer counselors, but there are ways to address that. Nick Breul of the National Law Enforcement Officers Memorial Fund gave the example of Outagamie County, Wisconsin, where seven agencies pooled their resources to train peer counselors. To help combat the stigma of seeking help, officers can seek assistance from any of the agencies, not just their own. Jim Baker of the International Association of Chiefs of Police noted that Vermont has done something similar, with the League of Cities and Towns regionalizing peer support programs because all the agencies are too small to go it alone. Other attendees also suggested that military bases and veteran hospitals in some regions may also be able to assist local law enforcement with advice and resources on peer support programs.

Peer support programs are good for helping officers manage mid- and longer-term wellness.

Attendees also agreed that officers should be cautioned against going to the bar and discussing the incident among themselves. This kind of self-medicating can lead to negative perceptions and groupthink. However, there were some differences of opinion among attendees about how and when to use peer support.

Some attendees said that both structured and unstructured peer support can help, but it should be an official activity, take place in a safe healthy environment, and be facilitated by someone with training. Others said that informal get togethers among officers may also be helpful and should not necessarily be discouraged. Some attendees preferred the self-paced model of Psychological First Aid, whereas others felt Critical Incident Stress Management (CISM) was more effective. More research, or better access to research, is needed to fully inform decisions on what models to use.

Agencies should not overlook how addressing concerns of physical safety can improve mental well-being.

The OSW Group also discussed other challenges to resilience in the wake of the mass casualty events identified by the case study presenters. For example, balancing the need for public transparency with the need to fully investigate an attack can be difficult. In the immediate aftermath of the Pulse nightclub incident, Chief Mina briefed the press, and coverage was positive, but later reports incorrectly suggested that officers failed to do enough to protect those inside the nightclub. This coverage caused unnecessary stress for officers in the process of healing. To help relieve this stress, Mina broke his silence on the ongoing investigation to provide more detail to the public and to victims about what officers did when they went inside the club.

Another challenge to resilience is that mass casualty events not only can make officers feel less physically safe while on duty, increasing their stress, but also can raise anxiety among officers' families, who directly or indirectly increase the pressure on the officers to be hyper-vigilant. Thus, agencies should not overlook how addressing concerns of physical safety can improve mental well-being.

For example, in the wake of the Pulse nightclub attack, the OPD purchased additional safety equipment, including heavy plate carriers and Kevlar helmets. The department is purchasing more rifles for patrol officers and redesigning their training. Prior to the attack in Dallas, officers assigned to the demonstration had been instructed not to wear heavy protection, because commanders did not want police to appear militarized. After the attack, the command staff told officers to make their own decisions about what to wear. Meeting attendees suggested other changes such as increasing two-person patrols, which an attendee noted was done in the wake of an ambush of two officers in Las Vegas, Nevada. Data may never prove that any of these policy decisions improve officer safety, but giving officers a greater say in what makes them feel safe on the job is important in its own right.

In addition, meeting attendees discussed how mass casualty events can become important, teachable moments with the community. Law enforcement agencies should let their communities know that the victims' pain causes officers immense stress. Helping the public to understand this humanizes the officers and can increase the public's interest in ensuring officers are safe on the job. Law enforcement agencies can also explain to their communities that any military-style equipment deployed after a critical incident is there to protect the officers, not to intimidate civilians.

PREPARING FOR CRISIS

Though most law enforcement agencies have trained and equipped their officers to immediately respond to mass casualties, few have prepared their personnel for the psychological impact. Tragic events can have a profound effect on first responders, who may suffer emotional distress that can linger long after an event. To help the Newtown (Connecticut) Police Department cope with the murder of 26 people, including 20 children, at Sandy Hook Elementary School, the COPS Office reached out to the National Alliance on Mental Illness (NAMI) to provide guidance. The publication *Preparing for the Unimaginable* is the result of NAMI's work with Newtown's police chief, Michael Kehoe, who notes,

> As chiefs or sheriffs, we can make a difference in the quality of life our brave men and women will experience from hire to retire and beyond. Protecting the health and wellness of officers under our command is as important as any training an officer gets throughout his or her career. Our officers make many sacrifices during their careers, and their emotional well-being should be among our top priorities.*

The guide aims to provide law enforcement executives with best practices regarding first-responder mental health—best practices learned from those unfortunate enough to have experienced a mass casualty event. The guide offers expert advice and practical tips for helping officers to heal emotionally, managing the public, dealing with the media, building relationships with other first-responder agencies, and much more. But this handbook is especially helpful because of the personal contributions of four police chiefs and numerous officers who have lived through mass casualty incidents and shared their experiences. ■

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* National Alliance on Mental Illness, *Preparing for the Unimaginable: How Chiefs Can Safeguard Officer Mental Health Before and After Mass Casualty Events* (Washington, DC: Office of Community Oriented Policing Services, 2016), page x, https://ric-zai-inc.com/Publications/cops-p347-pub.pdf.

HELPING BEREAVED FAMILIES

The families of officers killed or wounded may not have adequate insurance to cover counseling and other mental health services. Victim assistance offices can help family members, and organizations like Concerns of Police Survivors (C.O.P.S.) can provide peer support for family members. At the OSW Group meeting, Dianne Bernhard, executive director of C.O.P.S., noted that the peer support that works for officers can also work for their family members.

As such, C.O.P.S. offers family members peer support at no cost. With help from its national board, local chapters, and national network of survivors, the organization is able to find and reach out to newly bereaved families, sometimes only days after an officer died in the line of duty. C.O.P.S. helps family members to meet with others who have suffered similar devastation and hear how they cope with their loss. Being able to share their experiences can help survivors to find a sense of hope.

For more information on the National Peer Support program, see "Peer Support," Concerns of Police Survivors, accessed March 21, 2017, http://www.nationalcops.org/peersupport.html. ■

Recommendations for a Resilient Crisis Response

- Preparation is essential. Preplanning gives a law enforcement agency time to build relationships with providers and vet services, including psychological services. The key is to plan for possible scenarios now. Agencies should have checklists in place that outline steps they should take for multiple scenarios, including what to do when an officer is killed. The preparation plan should not end when the scene is secured. The effects of trauma exposure can be felt long after an event.
- Not everybody needs counseling following a critical event, but everybody should be screened and provided options. Depending on the results of the screening visit, an employee may progress to counseling.
- Identify counselors who are skilled in dealing with trauma and who understand police before a critical incident takes place. When an event occurs, give officers the counselors' contact information. Counselors should be available at any time, during the day or night (see the sidebar "Crisis Lines for Law Enforcement" beginning on page 18).
- Agency leaders should talk to officers about the range of feelings they may experience in the wake of a critical incident. Officers may not know their feelings are normal. Set the culture at the top of the command chain; the chief should let all staff know it's okay not to feel okay. Identify officers who are having difficulty.
- It is important to give officers some time off in the wake of a major event, but not so much time that officers are without the support of their peers as they grieve for those who have been killed or injured.
- Remember that dispatchers and 9-1-1 operators also experience trauma and need help. While remote from the scene, they are still in the middle of crisis events. The Dallas dispatchers could hear gunfire and screaming from the street over their radio channels. In Orlando, distraught family members and friends were frantically calling the dispatchers, asking for information about their loved ones that call takers could not provide.

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At the OSW Group meeting, a number of attendees recalled hearing about a state-sponsored crisis line for New Jersey law enforcement officers, but no one knew of a national hotline or service for all officers and other first responders and suggested that such a program was significantly in need.

After the meeting, the COPS Office learned about not only the New Jersey–specific crisis line but also a nationwide crisis line that does in fact exist for law enforcement officers. The lack of awareness about crisis lines among the OSW Group meeting attendees suggests that more needs to be done to ensure that all first responders are well informed about the resources available to them both locally and nationally. The New Jersey and national crisis lines may not be the only such services available to officers, and no officer should think they have no one they can turn to for help.

A state-specific crisis line

After a series of suicides by New Jersey officers, legislation was passed to establish a statewide law enforcement crisis intervention services hotline, called COP2COP,[*] to serve New Jersey officers. The program was launched in 2000 in partnership with Rutgers University Behavioral Health Care and was the nation's first crisis hotline that focused on officer suicide prevention and mental health support.

The COP2COP hotline is staffed by cop clinicians, who are both retired officers and licensed clinical social workers; specially trained mental health professionals; and volunteer peer support officers. Trained to understand the concerns and problems of law enforcement, the staff can offer peer support, clinical assessments, and referrals over the phone 24/7. The program also provides critical incident stress management services to agencies and officers involved in traumatic incidents.

COP2COP estimates that it has helped avert more than 187 suicides within 10 years. Supported by the state's Body Armor Replacement Fund, COP2COP is an example of how a state can establish a free and confidential crisis line that can have a positive impact on the well-being of officers and their families.[†]

A national crisis line

Safe Call Now is "a confidential comprehensive, 24-hour crisis referral service for all public safety employees, all emergency services personnel, and their family members nationwide."[‡] This service was established in April 2009 "in the hopes that no other officer, first responder, or public safety employee should have to walk through a crisis alone."[§] The service is located in Washington State, where legislation was enacted to protect all first responders nationwide, civilian support staff,

and their family members with a confidentiality guarantee if they come forward and ask for help.

Safe Call Now provides all first responders and their family members with a simple and confidential way to ask for help, no matter where

The lack of awareness about crisis lines among the OSW Group meeting attendees suggests that more needs to be done to ensure that all first responders are well informed about the resources available to them both locally and nationally.

they are located. Staffed by law enforcement officers, former officers, and other public safety professionals, the service offers a safe place to get help from individuals who understand the demands of a law enforcement career. Trained peer advocates provide assistance and referrals for any officer or family member who is experiencing an emotional crisis or who simply needs someone to listen. ■

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* "COP2COP," Rutgers, accessed March 22, 2017, http://ubhc.rutgers.edu/cop2cop.

† "Our COP2COP Program," Rutgers University Behavioral Health Care, last modified February 22, 2017, http://ubhc.rutgers.edu/call_center/peer_support/cop2cop.html/.

‡ "Our Vision and Mission," Safe Call Now, accessed February 15, 2017, https://www.safecallnow.org/vision-and-mission-1.html.

§ "About Safe Call Now," Safe Call Now, accessed January 27, 2017, https://www.safecallnow.org/about.html.

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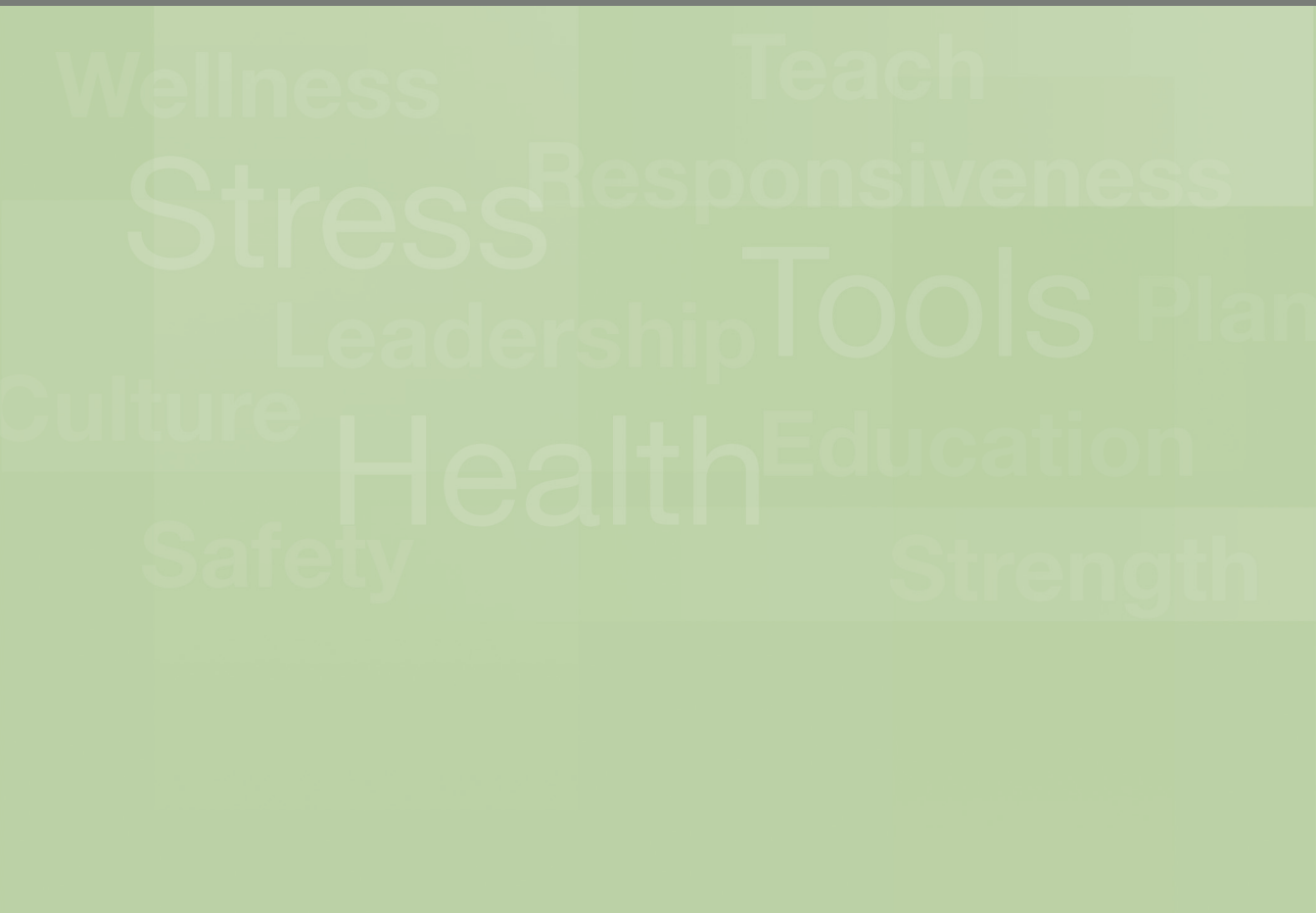
- Designate a point person to direct psychological services. This person does not need to be a mental health professional but should have knowledge of psychological response to trauma and have the trust of the chief and the command staff. This person could be a member of command staff or could be from outside of the department.
- Community memorial events can bring together officers and members of the community. Several thousand civilians and many law enforcement officers attended a vigil in Dallas and felt the event was helpful in bringing the community and police closer together. Vigils and memorials in Orlando had a similar experience.

Part II. Building Physical and Emotional Health and Resilience



What is Resilience?

As explored in the morning discussion of the meeting, mass casualty events can challenge the resilience of law enforcement officers and other first responders, and an effective response to support their well-being cannot be created in the midst of a crisis. However, attendees also recognized that the stress and trauma-exposure present in policing are not limited to such mass-scale events. The work of a police officer—a mostly sedentary job punctuated by brief periods of high stress and physical activity—can have long-term negative impact on the physical and emotional health of officers. This impact can also influence how officers respond to crisis. Resilient officers will be able to better manage the stress of both the everyday and the trauma of crisis.

Resilience is the ability to cope with and recover from stress, adversity, and trauma. Resilience may evolve from childhood and life experiences. A meeting attendee speculated that people who have been tested in life may be more resilient and may perform better in a crisis than those who have not been tested. Others suggested that resilience stems from having strong protective factors, such as networks of family and friends. Whatever the origin, the attendees agreed that resilient officers can maintain composure and self-regulate their levels of stress in challenging situations.[5]

Resilience is not limited to individuals; it also can be applied to organizations.

But resilience is not limited to individuals; it also can be applied to organizations. A resilient organization is one that can support its people and respond to employee trauma, that recognizes the risks of the job, and that seeks to protect personnel from those risks.

The physical and mental health of the individual and the health of the organization and community play a role in resilience. Management can make or break officer resilience. The range of activities that can be a part of a culture of resilience are broad, but transparency, honesty, and trustworthiness between and among employees create the culture that leads to resilience.

5. Sandra Ramey and John Markovic, "Improving Officer Resiliency to Stress and Associated Health Outcomes," *Community Policing Dispatch* 9, no. 9 (September 2016), https://cops.usdoj.gov/html/dispatch/09-2016/improving_officer_health.asp.

One attendee suggested that law enforcement agencies build resilience by selecting the right people to become police officers, noting that the U.S. Navy SEALs have a test to predict whether a person is likely to pass the training program. However, another attendee said that he does not want to feed into the narrative that officers have been poorly selected. Some people may be more naturally resilient, but that shouldn't be a predictor of who can be a good officer; in fact, agencies have selected good people as law enforcement officers. Also, there is no research to justify an approach that precludes building resilience. Overall, attendees agreed that whether or not an agency screens for resilience, it is a trait that agencies can teach and support.

Attendees then discussed that law enforcement, as a profession, needs a common vision for resilience in agencies. John Violanti, research professor at the State University of New York at Buffalo, offered a starting point when he observed that a resilient law enforcement agency has a "moral and ethical duty of care." The supportive nature of the organization is a key factor in facilitating a resilient agency. Such support helps to ensure recovery from stress and trauma and provides sustainability over the long term of a law enforcement career.

The supportive nature of the organization is a key factor in facilitating a resilient agency. Such support helps to ensure recovery from stress and trauma and provides sustainability over the long term of a law enforcement career.

Five Pillars of Resilience

The afternoon's discussion began with many attendees enumerating known risk factors that officers face in regard to their physical health. They have little time to eat during their shifts and may frequently resort to fast food. They work night shifts or overtime or may have a second job, leading to inadequate sleep. A fast-food diet coupled with lack of exercise can lead to obesity, diabetes, hypertension, and an increased risk for cardiovascular disease. These risks exist even before the emotional stress of the job is added into the equation.

A point made earlier in the day was that we cannot speak about different aspects of health and wellness in isolation, and this notion resonated with the OSW Group meeting attendees. Hypertension, obesity, and diabetes are serious problems in law enforcement (see the sidebar "Elevated Health Risks for Law Enforcement Officers" on page 27). While more research is needed to fully understand the stress patterns of law enforcement jobs and how that can lead to heart disease, it is common knowledge that officers often have little time to eat during shifts. Time constraints can lead to heavy reliance on a diet of convenience, which is a known risk factor for obesity and diabetes. Moreover, shift work, overtime, and second jobs are known to contribute to sleep problems that can also raise the risk of metabolic syndromes and heart disease.

The meeting attendees acknowledged that some of these risks are unavoidable in the profession. Law enforcement will always be a 24/7 job necessitating shift work. Overtime is crucial to ensuring coverage in shorthanded agencies and is often an important part of an officer's overall financial compensation package. While the job may offer opportunities for exercise, not every beat is walkable or bikeable. These obstacles do not mean that the health risks should be ignored. The lack of exercise combined with an individual's genetic predisposition can place stress on officers' bodies even before the emotional factors of the job are considered. Everyone in an agency needs to be cognizant of the physical and emotional risks and work to mitigate those that can be controlled, whether at the individual or organizational level.

Dr. Jonathan Sheinberg, a cardiologist and lieutenant with the Cedar Park (Texas) Police Department and a special deputy with the U.S. Marshals Service, introduced meeting attendees to the concept of the five pillars of officer health and wellness. According to Sheinberg, the following pillars should be given high priority in every law enforcement agency as the building blocks of resilience:

1. **Tactical trauma care.** Law enforcement agencies must have standardized equipment, including trauma care kits, and training in tactical trauma care such as hemorrhage control. When an officer is shot, the first responder to the scene is often a fellow officer (see the sidebar "Tactical Trauma Care" on page 28).

2. **Cardiac screening.** The risk of heart disease appears higher among police officers than the general population and may be exacerbated by the acute surge of adrenaline that officers experience in critical incidents. Screening for potential heart problems is necessary, relatively inexpensive, and likely to save money in the long run.

3. **Fitness.** Lack of fitness is a health risk for officers and a liability for their agencies. Every agency should have fitness standards for all of its officers. In addition, agencies should have consequences—though not necessarily punitive—for failure to meet the standards and a benefit or reward structure for those who meet or exceed them.

4. **Overweight and obesity.** The risk of shift work and having a sedentary job places law enforcement officers at higher risk of being overweight or obese, both of which increase the risk of heart disease and stroke and make the law enforcement officer less successful in certain job-related performance measures.

5. **Emotional or mental health.** On a daily basis, law enforcement officers see small traumas that, over time, can have as significant an impact as a major incident. This can lead to a higher risk of self-medicating behaviors such as alcohol use.

When addressed together by agencies, these factors should lead to healthy, resilient officers.

ELEVATED HEALTH RISKS FOR LAW ENFORCEMENT OFFICERS

At the meeting, Research Professor John Violanti referenced a study he worked on that showed the life expectancy of a police officer in Buffalo, New York, to be significantly shorter than that of the general population.* His work compared the life expectancy of male police officers in Buffalo, New York, with the U.S. general male population, using an abridged life table method. The study confirmed previous epidemiological research indicating that police officers have an elevated risk of death for specific causes, including cardiovascular disease, metabolic syndromes, and a number of cancers. The research also found that the life expectancy of police officers was shorter, and differences were more pronounced in younger age categories. The data showed that the years of potential life lost for police officers was 21 times larger than that of the general population. This finding was due to the younger age death of officers.

To the extent that heart disease, metabolic syndromes such a diabetes, and some cancers are preventable or mitigatable, this and other similar research flags opportunities for agencies to assist their officers in taking steps to ensure their career choices do not lead so directly to early death. ■

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* John M. Violanti et al., "Life Expectancy in Police Officers: A Comparison with the U.S. General Population," *International Journal of Emergency Mental Health* 15, no. 4 (2013): 217–228, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4734369/.

TACTICAL TRAUMA CARE

Tactical trauma care was not discussed at any length at this particular OSW Group meeting. However, this topic has been addressed in previous meetings and in other programs and resources provided by the COPS Office, such as a podcast on hemorrhage control and on the ease of tourniquet usage training* and numerous articles aimed at introducing law enforcement professionals to the Hartford Consensus.

Tactical first-aid kits with tourniquets (and training on their use) can save the lives of both officers and civilians. These kits represent a small and relatively inexpensive tool that can have a massive impact. Kits cost around $50, and officers can be trained in approximately two hours via train-the-trainer or online programs.

The Hartford Consensus, a committee led by the American College of Surgeons, has specifically looked at the benefits of hemorrhage control in law enforcement. The consensus calls for agencies to adopt hemorrhage control as a core law enforcement skill and to integrate rescue and emergency medical services personnel into community-wide active-shooter training.†

Community members also have a role to play in tactical trauma care. Bystanders are always the first on a scene, no matter how quickly emergency personnel respond to a call. Given that a bleeding person can die from blood loss in less than five minutes, community-wide training can save lives and enhance community resilience. In an effort to promote such training, the U.S. Department of Homeland Security has launched Stop the Bleed as "a nationwide campaign to empower individuals to act quickly and save lives."‡ With training, resources, and public service announcements, Stop the Bleed can assist agencies in helping both themselves and their communities to be better prepared for responding to active-shooter and other mass casualty events. ■

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* Alexander L. Eastman, *Hemorrhage Control Overview for Law Enforcement* (Washington, DC: Office of Community Oriented Policing Services, 2014), https://cops.usdoj.gov/pdf/Hemorrhage_Control_Eastman.pdf.

† "The Hartford Consensus," American College of Surgeons, accessed March 23, 2017, https://www.facs.org/about-acs/hartford-consensus.

‡ "Stop the Bleed," U.S. Department of Homeland Security," last modified October 11, 2016, https://www.dhs.gov/stopthebleed.

Physical Health

Three of the five pillars of resilience emphasize physical health: i.e., cardiac screening, fitness training, and obesity. Dr. Sheinberg led discussions of physical health by stating that cardiovascular disease is a serious problem in law enforcement that is often left unaddressed; 50 percent of law enforcement retirees will die from heart disease within five years of retirement.[6] This is a particularly shocking statistic when one considers that law enforcement officers tend to retire years earlier than other professions. Moreover, research comparing police officers' age and probability of dying to the general population found that a civilian's probability of dying at the age of 55–59 is just 1.5 percent compared to 56 percent for an officer.[7] This and other research have been used to estimate that 45 percent of officers will have a heart attack before age 45, compared to less than 7 percent of the general population.

In Texas, Dr. Sheinberg developed a screening protocol that he applied to officers who did not have any symptoms or evidence of existing cardiovascular disease and found that greater than 50 percent of the more than 750 officers screened had evidence of coronary artery disease. Although the initial development of heart disease can potentially be detected readily, early screening is vital. Unfortunately, younger individuals without symptoms are less likely to see their physician, and this age group is precisely the population that includes most police officers.

Meeting attendees wondered whether screening for heart disease could actually influence individual behavior. Dr. Sheinberg noted that good education on heart disease will encourage about 50 percent of people to make critical lifestyle changes. He also observed that while the population is generally pleased at medical advances to treat acute, immediate life-threatening blockages such as advanced coronary stent technology, his cardiologist peers view the insertion of a stent not as a success but rather as a sign of failure to diagnose coronary disease and begin early treatment. The medical field knows how to prevent and mitigate heart disease through less invasive lifestyle changes, supplements, and pharmaceuticals, but doctors cannot do that without the public getting timely screening and education (see the sidebar "Heart Health Screening Programs for Officers" on page 32).

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6. Tom Tracy, "Fit for Duty: Demand It," *Police* (March 1993): 18.

7. John M. Violanti et al., "Life Expectancy in Police Officers: A Comparison with the U.S. General Population," *International Journal of Emergency Mental Health* 15, no. 4 (2013): 217–228, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4734369/.

This conversation interested meeting attendees because it pointed out how quickly medicine advances and how unlikely people outside of the profession are informed of the latest standards and protocols. It reinforced the earlier conversation that building relationships with local medical professionals, whether or not they serve officially as medical officers, can be valuable in helping leaders to make decisions about service offerings based on current, accurate information.

Discussion on the risk of heart disease and stress led to a conversation on the links between exercise, heart health, and stress reduction. Attendees agreed that fitness is a major issue in law enforcement agencies. Research has shown that more than 40 percent of police officers (and other first responders) are clinically obese,[8] leading one attendee to grimly note, "We are the fattest profession." Research conducted across nine Midwestern states found that nearly 83 percent of police officers were overweight (BMI > 25),[9] and similar findings were reported among retired police officers from a large city agency (85 percent with a BMI > 25), which is much greater than the percentage of U.S. adults who are overweight or obese (66 percent).[10] For many officers, the academy is the last time they are obligated to meet any fitness standard—despite the fact that many other aspects of their job require regular requalification. And for agencies that do encourage fitness standards and programs, how agencies handle them vary greatly.

Encouragement and remediation are key to any diet and fitness program success, and the culture of fitness in a law enforcement agency should begin with the command staff. However, fitness and associated programs are areas in which unions should be a critical part of agency planning and implementation. Sergeant David Orr from the Norwalk (Connecticut) Police Department observed that, in his experience, union leaders and members will not vote for something in the contract that is, or can be perceived as, punitive. He instead proposes fitness evaluation programs that provide bonuses to those who meet or exceed standards.

Other OSW Group meeting attendees agreed that officer buy-in is critical and that incentives are more effective than punitive actions. Chief Mina, for instance, said that Orlando officers can earn $100 for participating in a voluntary training class and can enter a lottery drawing for more. The officers being healthier also resulted in various cost reductions, leaving more than enough money

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8. Sara E. Luckhaupt et al., "Prevalence of Obesity among U.S. Workers and Associations with Occupational Factors," *American Journal of Preventive Medicine* 46, no. 3 (March 2014): 237–248, https://www.ncbi.nlm.nih.gov/pubmed/24512862.

9. Sandra L. Ramey, W.D. Franke, and M.C. Shelley, "Relationship among Risk Factors for Nephrolithiasis, Cardiovascular Disease, and Ethnicity: Focus on a Law Enforcement Cohort," *AAOHN Journal* 52, no. 3 (2004): 116–121.

10. Sandra L. Ramey, Nancy Downing, and Warren Franke, "Milwaukee Police Department Retirees: Cardiovascular Disease Risk and Morbidity among Aging Law Enforcement Officers," *AAOHN Journal* 57, no. 11 (2009): 448–453, https://www.ncbi.nlm.nih.gov/pubmed/19873941.

to cover the cash incentives. Other examples mentioned included a program that provided officers who failed to meet age-adjusted fitness standards with guidance and coaching to help them pass. There is no consequence for failure so long as the officer pursues remediation. Some law enforcement agencies also have fitness coaches and trainers on staff; however, their credentials must be carefully evaluated against the needs of the officers, or the risk for injuries could potentially increase. Attendees referenced agencies that give officers an hour per shift to work out, and officers in those agencies tend to be fitter. The group also observed that the FBI has fitness standards coupled with time to work out three days a week.

It was also discussed that building a healthy culture can also be fun. Programs that offer intra- or inter-agency competitions as motivators, like the Running Man Challenge, encourage officer fitness. Many officers will also challenge themselves to maintain or surpass their fitness level from the previous year and will take advantage of on-shift workout time to make sure they do. Another motivation could be officers wanting to stay one step ahead of the criminals they may have to chase. One attendee described a motivational poster hanging in a police gym that shows inmates working out in a prison yard with the words, "Every day you don't work out, they do."

Some attendees said they believe younger generations of officers are more likely to maintain fitness and eat a healthy diet. Although there might be some broader cultural trends that influence how younger officers eat, many still find that the type of work the individual does is a predictor of fitness. Those who drive a car for their entire shift are less likely to be fit than those in more physically active units like foot and bike patrols.

The meeting attendees felt that promoting fitness is important not only for officers' health but also for their safety. Attendees also believe officers are more likely to maintain their fitness when it is connected with their own safety on the job; officers may have to chase a suspect on foot, break up a fight, or face a physical altercation with a suspect who works out every day.

Last, attendees noted that many officers in their late 40s see officers not much older have heart attacks shortly after they retire. This reality can shock some into focusing on their physical fitness. While that effort is ostensibly a good thing, it's important they have access to trainers who can develop age- and level-appropriate training programs. Also, that shock is less likely to resonate with and motivate younger officers.

Of course, for any of these fitness methods to work, agency leaders have to prioritize wellness programs within their budgets. Agencies can spend their budget on preventative screening, education, and training, or they can spend much larger shares of it on disability, health insurance, early retirements, and death benefits. Despite the potential long-term savings of proactive health and wellness initiatives, it can be difficult to get local government leaders to see beyond their annual

HEART HEALTH SCREENING PROGRAMS FOR OFFICERS

The Cedar Park (Texas) Police Department offers a voluntary heart health screening program as a free benefit to employees. Officers are well informed that in addition to being voluntary, the screening results are protected by HIPAA and thus cannot be shared with the department. Dr. Sheinberg, who is a lieutenant with the department, implores officers to tell their supervisors about any problem that the supervisors should know about so the officer's health can be better managed, but that is not a requirement. Since the department has been running the screening program, it has seen more than half of the officers with identified risk factors proactively make changes to improve their health and reduce their risk.

The program costs less than $100 per individual to screen for the risk of heart disease and identify blockages to the blood vessels. This screening, when coupled with training and education on lifestyle change, can save incredible money in medical and lost time costs in the long run. Even though it can be difficult to convince municipal budget planners to spend money now on screening in return for future savings, the program offers advantages to both the agency and its officers. Considering the high costs of health care, Dr. Sheinberg estimates aggressive screening for heart disease can save approximately $5,000 per officer per year when extrapolated across a large department. And that is just the healthcare costs. That estimate does not consider the lost time of the officer out on extended medical leave. "Various law enforcement agencies have calculated the cost of an in-service heart attack to be between $400,000 and $750,000."* ■

* J.E. Smith and G.G. Tooker, "Health and Fitness in Law Enforcement: A Voluntary Model Program Response to a Critical Issue," *CALEA Update Magazine* 87 (2005), http://www.calea.org/calea-update-magazine/issue-87/health-and-fitness-law-enforcement-voluntary-model-program-response-c.

budget concerns. Thus, the message that health and fitness programs cost money in the short run but save in the long run should also be talked about with risk managers. Risk managers can help influence budget discussions, especially if the municipality has its own insurance pool, because risk managers have the actuarial knowledge and access to data that can show the financial value of prevention.

In addition, evidence of the success of fitness programs—such as officers using fewer sick days or fewer officers needing medical rehabilitation services—appeals to risk managers and insurers. Of course, such evidence requires agencies to track data on these and other metrics; however, aggregate sick leave use is obtainable from human resource systems, and basic injury tracking models and applications have been developed for local agency use.

Emotional Health

The fifth pillar of officer resilience focuses on emotional health. Although the law enforcement field discusses emotional health most frequently in terms of managing critical incident stress and trauma, as did part I of this report, emotional health is a much broader discussion. Statistically, most officers never encounter critical incidents like those faced by the Dallas, San Bernardino, or Orlando officers, but many face disturbing situations every day.

The OSW Group meeting attendees noted that remaining resilient while witnessing the daily suffering of others—without having the time to process one event before moving on to the next—can be challenging for officers. Calls involving domestic violence, suicide, or involuntary commitments can be immediately followed by calls to the scene of child neglect or overdose deaths. An overwhelming number of officers say they went into the profession to help and protect people. Realizing day in and day out that they cannot protect everyone they encounter and seeing the destruction people can cause themselves and others can be emotionally draining.

Officers find ways to help themselves cope with this everyday drain, but some methods are less positive than others. Some officers take advantage of peer counseling services or build informal networks of support with their coworkers. Others find the support they need in family. But constant challenges to emotional health can weaken the social ties that individuals rely on to maintain their own balance.

A real danger for officers is that of self-medication. Substance abuse by officers is a challenging problem. Addiction can impair decision making, putting the officer and those around him or her, whether citizens or colleagues, at risk. But even officers who can see that they have a dependency problem may not seek help because of the fear of discipline. The OSW Group discussed the importance of agencies encouraging officers who have a substance abuse problem to come forward so agencies can get the officers into treatment. One attendee's agency tells officers they have a duty to report that they are seeking help. Another meeting attendee pointed out that this kind of policy might discourage officers from getting the help they need out of fear that record could threaten their careers. There was general agreement that self-reporting a need for help should not be a career-ender but rather an opportunity for rehabilitation. Agencies should recognize that someone who is impaired on the job may very well be self-medicating.

Officers' personal and family lives can also impact their ability to manage their emotional health on the job. Family deaths or illnesses, the end of marriages and relationships, or children having problems in school are all stressors that can threaten officer resilience. Employee assistance programs (EAP) can be an important resource for officers facing these and other problems, but sometimes they go underused for fear of embarrassment or retaliation.

Agencies can build trust by creating and promoting EAPs and other support programs in concert with union leaders, officer affinity groups, and command staff, because everybody has to buy in to a program for it to be successful. To build a comprehensive emotional health program that delivers officers the individual help they may need, education is the first step. The program's leadership should be well educated about the various aspects of emotional health and the types of resources the agency can and should offer, and the agency should extend that education to its staff so they make use of program resources. It is important to recognize that there can be delays getting into the right counseling program, which is another reason why the OSW Group meeting attendees support the use of peer support and chaplaincy programs alongside other professional counseling programs. Not only is offering choices good practice, but also the peer support programs may help fill gaps when there are time delays in the mental health or insurance system.

To build a comprehensive emotional health program that delivers officers the individual help they may need, education is the first step.

Although attendees spoke well of EAP resources, Robert Reed, assistant U.S. Attorney for the Eastern District of Pennsylvania, noted that he has talked to a number of officers, including those working in corrections and policing, who want access to good mental health care but struggle to trust their in-agency EAP as a truly anonymous resource. Dianne Bernhard, executive director of Concerns of Police Survivors (C.O.P.S.), concurred with Reed's observation, noting that although the constituency of C.O.P.S. is the surviving family members of officers, C.O.P.S. regularly hears from officers who don't know where to go for assistance (see also the sidebar on "Law Enforcement Suicide" beginning on page 36). To help meet that demand, C.O.P.S. has started an annual conference on officer wellness and holds retreats for officers from agencies who have lost colleagues. These retreats provide people who have experienced similar loss with a venue to come together.

The OSW Group meeting attendees also discussed whether a person can train for resilience and what that might look like (see also the sidebar on "The VALOR program" on page 38). One suggested that such training could start with field training officers, who spend time mentoring new officers

as they come onto the force. Many attendees acknowledged that agencies need to understand at some basic level where rookies are coming from. While rookies are typically young, that does not mean they are emotional clean slates when they come on board; they bring with them their past experiences and pressures from their lives.

On a similar note, every officer needs to recognize that, just as the job impacts personal lives, personal lives impact the job. The attendees think mentoring programs should extend beyond the rookie year and carry on throughout an officer's career. For example, Officer Nicole Juday of the Indianapolis (Indiana) Police Department said her department has an on-going mentoring program that plays a role in training officers to be resilient (see the sidebar "The Indianapolis Experience" on page 39).

And Major Wade Lanphear from the Olathe (Kansas) Police Department echoed his support for mentoring, saying he has seen positive outcomes from his department's mentoring program and knows officers who said they would have quit if not for their mentor's support. The mentoring program is part of department's larger peer support program, which the department launched in 2007. Over the last 10 years, approximately 30 agencies in the greater Kansas City metropolitan area have adopted and implemented similar peer support programs. Because of the widespread use of peer support programs in the Kansas City metropolitan area, the Olathe Police Department and neighboring agencies regularly collaborate for training and cross-jurisdictional support.

One final theme that emerged during the discussion on emotional health was that the field needs better dissemination of information about help that is available for law enforcement personnel. Many good initiatives developed for law enforcement are backed by science, but the field has not implemented them, because of a lack of understanding or awareness.

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LAW ENFORCEMENT SUICIDE

People experience emotional health crises in response to a wide range of situations, but for law enforcement officers, their job experience involving frequent exposure to trauma can heighten these crises. Efforts to study suicide in law enforcement have been limited, as have efforts to raise awareness of the signs and risks. OSW Group attendees noted that each year more officers are believed to take their own lives than are killed in the line of duty.[*]

Faced with a recent increase in agent suicides, the U.S. Customs and Border Protection (CBP) has established a peer support group, an anonymous EAP, and a chaplaincy program to help combat suicide. The agency increased the number of visits an officer could have through the EAP, trained chaplains to better understand the trauma that officers see every day, received a commitment to the programs from the highest levels of leadership, and have launched efforts to make clear to staff that asking for help is okay.

One participant noted that suicide is actually more common in smaller agencies; few agencies are aware of that and tend to think the opposite would be true. Although smaller agencies may lack the resources to support programs like the CBP, there are other options. Agencies can promote programs such as Safe Call Now (see the sidebar "Crisis Lines for Law Enforcement" on page 18) and similar state resources, the Veterans Crisis Line,[†] Crisis Text Line,[‡] and the National Suicide Prevention Hotline.[§] They can support awareness and educational campaigns that destigmatize suicide, and they can speak with personnel about the data and risks associated with law enforcement suicide.

Attendees also noted that many in law enforcement are military veterans and may even have access to suicide prevention and mental health services available from the VA. The VA's commitment to reducing veteran suicide includes suicide prevention coordinators and teams of professional service providers located in each of the VA medical centers around the country. The VA also oversees a large and active nationwide network of peer support programs and have established two centers devoted to suicide research that also work to develop and test public health intervention strategies for suicide prevention. In 2007, the VA launched the Veterans Crisis Line, which allows either veterans in crisis or their loved ones to call, text, or chat confidentially with qualified VA responders. As of the end of 2016, the crisis line has answered more than 2.6 million calls, 314,000 chats (since 2009), and 62,000 texts (since 2011).[**] The VA also provides educational materials and awareness resources available for public download and use.

Although not identical to the law enforcement experience, the military experience has a similar hyper-vigilant environment and exposure to persistent trauma that can be useful in understanding law enforcement suicide. For example, VA staff noted in a follow-up interview to the OSW Group meeting that people often develop suicidal ideation in the mid- to long term, not in the immediate aftermath of a crisis event.

The COPS Office has worked with the International Association of Chiefs of Police to help agencies address suicide through resources such as the publication of *Breaking the Silence on Law Enforcement Suicide*.[††] Both the COPS Office and BJA have supported In Harm's Way, a program on law enforcement suicide produced by the Florida Community Policing Institute at St. Petersburg College.[‡‡]

Warning signs of suicide that everyone should be aware of include

- **experiencing anxiety, agitation, sleeplessness, or mood swings;**
- **feeling rage or anger frequently;**
- **engaging in risky activities without thinking;**
- **increasing alcohol or drug abuse;**
- **withdrawing from family and friends;**
- **talking about death, dying, or suicide.[§§]**

The programs and resources that help people who are thinking about suicide can also assist those who see these signs in their friends and colleagues and don't know how to help. ■

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* "Preventing Law Enforcement Officer Suicide," International Association of Chiefs of Police, accessed March 20, 2017, http://www.theiacp.org/Preventing-law-Enforcement-officer-suicide.

† "Veterans Crisis Line," U.S. Department of Veterans Affairs, accessed March 23, 2017, https://www.veteranscrisisline.net.

‡ "Crisis Text Line," accessed March 28, 2017, http://www.crisistextline.org.

§ "National Suicide Prevention Line," accessed February 16, 2017, https://suicidepreventionlifeline.org.

** "Veterans Crisis Line Improves Service with New Call Center Opening in Atlanta," U.S. Department of Veteran Affairs, December 20, 2016, http://www.blogs.va.gov/VAntage/33789/veterans-crisis-line-improves-service-new-call-center-opening-atlanta.

†† International Association of Chiefs of Police, *IACP National Symposium on Law Enforcement Officer Suicide and Mental Health: Breaking the Silence on Law Enforcement Suicides* (Washington, DC: Office of Community Oriented Policing Services, 2014).

‡‡ "In Harm's Way: Law Enforcement Suicide Prevention," St. Petersburg College, accessed March 23, 2017, http://policesuicide.spcollege.edu.

§§ "Learn to Recognize the Signs," Veterans Crisis Line, U.S. Department of Veterans Affairs, accessed February 3, 2017, https://www.veteranscrisisline.net/SignsOfCrisis/Identifying.aspx.

THE VALOR PROGRAM

In 2010, the BJA created the VALOR officer safety initiative in response to the startling increase in felonious assaults that have taken the lives of many law enforcement officers. VALOR provides all levels of law enforcement with tools to help prevent violence against law enforcement officers and to enhance officer safety, wellness, and resilience.

VALOR is a comprehensive effort that includes classroom and web-based training, research, and resources for sworn state, local, and tribal law enforcement officers. VALOR training provides critical, no-cost officer safety training to all levels of law enforcement nationwide. Both on-site and online training modules are developed using the latest expertise, analysis, tactics, techniques, and response methods to address alarming trends. Since the initiative's inception, more than 22,000 law enforcement personnel have received VALOR training.

For more information, visit "VALOR for Blue eLearning," Bureau of Justice Assistance, www.valorforblue.org. ■

THE INDIANAPOLIS EXPERIENCE

Officer Nicole Juday of the Indianapolis Metropolitan Police Department described her department's Office of Professional Development and Wellness, which was designed to build resilience and keep officers in the profession. The office began as a disciplinary program but switched its focus to professional development and wellness after the department realized that officers who were referred for discipline had issues related to family, finances, mental health, or substance abuse. Now, the four-officer unit serves the department's 1,700-sworn staff with a range of programs and services.

Among other initiatives, the program pairs mentors with new recruits. The 120 trained mentors undergo three days of training. The mentor, who patrols an area of the city similar to the mentee's, connects with the mentee once a week for the first month. The formal relationship ends at the end of the recruit's training, but many informal relationships continue afterward. In addition, the formal program has led to informal mentoring, as veteran officers are more likely to offer help and support to rookies.

The best mentors are those who have failed and have recovered from their failure, said Officer Juday. Departmental surveys show that the mentors view the program positively, and instances of discipline have decreased since the program's inception.

The office looks at a variety of factors when pairing mentors and mentees, including whether both have military experience. Officer Juday asks the mentees to give her a one-word description of what they seek in a mentor and asks them about their intended career path.

The Office of Professional Development and Wellness also advocates for officers who need assistance or workplace accommodations. When necessary, the program has even referred officers for termination. Sworn personnel have come to know and trust the program during its first six years, so much so that officers in crisis sometimes call to ask for immediate assistance.

The program's success hinges on the trust of the officers. The department also receives help from outside experts who, for example, can provide advice about mentoring millennials or women. ■

Recommendations for Building Resilience

Attendees made a variety of recommendations to build resilience and keep officers safe and well "from hire to retire." Some recommendations are aimed at law enforcement agencies; others make more sense for law enforcement agencies to follow up with national organizations and government agencies for their input and assistance. What is clear in all recommendations is that officer safety and wellness initiatives need to address both the physical and mental health aspects. The recommendations included the following:

- **Don't just launch new initiatives.** Inventory what the agency has, and assess what it needs. This also includes educating everyone in the agency on key facts and data about officer health and wellness. For example, talk about the rates and circumstances of officer suicides, heart attacks, obesity, line-of-duty injuries and deaths, vehicular crashes, and other basic awareness facts that everyone in the profession should know.
- **Involve the whole agency in establishing wellness programs.** The best programs involve management and rank and file working together and include education, screening, and service provision. Wellness does not need to be a chore, and programs can include incentives and competition to help inspire self-care.
- **Provide a variety of options to help officers address their emotional health needs effectively.** Formal counseling services are one avenue, but so too are chaplaincy programs, peer support programs, mentoring, and information on other venues for assistance.
- **Model good behavior, and take ownership of initiatives.** Agency leaders need to be clear that nothing is more important than the wellness of officers; this realization includes leaders' own wellness. Show a commitment to diet, fitness, physical and emotional health screenings, body armor, and seatbelts when asking officers to do the same.
- **Make fitness fun.** Building teams and a sense of community within the agency can not only improve individual health but also make fitness enjoyable. Remember that the common use of push-ups as discipline in the academy may work to influence behavior during training, but that method also likely ensures that those officers will never do a push-up again once they graduate.

- **Provide officers with annual fitness evaluations, regular information on the health risks of inadequate sleep, ongoing nutritional counseling, and periodic cardiac screening.** Although providing a full cardiovascular risk assessment for all officers would be the ideal approach, even small steps can help. An agency should consult with knowledgeable experts to ensure the agency uses good, validated tests; otherwise, the money is not well spent.
- **Talk about trauma as an experience shared by community members and law enforcement officers.** This trauma-informed approach could help improve trust between the community and officers. Making agencies trauma-informed does not mean making officers feel like victims; rather, it is about recognizing and validating the trauma officers experience.
- **Collect and analyze national data to identify the characteristics of successful officers to help define the characteristics associated with resilience.** For example, one attendee said that individuals who succeeded at his workplace were more likely to have played team sports in high school and college. The more we understand about individual resilience, the more we can do to promote and protect it.
- **Remember the influence survivors can have on current officers.** Messages like "take care of yourself" hold a lot of weight when they come from survivors.
- **Create a system to collect resilience research results, and use the research to build effective programs.** Currently, law enforcement experts recommend wellness programs without having the data to show if the programs are effective.
- **Create comprehensive officer safety and wellness toolkits.** These tool kits should include resources that cover issues such as the long-term effects of doing law enforcement work and how officers can take care of themselves to counteract those effects. There should be toolkits for agencies as well as for individuals. Resilient agencies empower officers to take ownership of their own health and wellness.
- **Push for a major cultural shift within law enforcement that talks about all five pillars of resilience.**

RESEARCH NEEDS

Throughout the OSW Group meeting, attendees flagged numerous potential research needs when they asked important questions but were unable to answer with valid evidence or data. Some of the identified research needs included the following:

- Evaluating the effectiveness of critical incident stress debriefings
- Evaluating the effectiveness of the Psychological First Aid program
- Determining the effectiveness of peer counseling models in law enforcement
- Exploring the mental health effects of hypervigilance and repetitive exposure to trauma in first responders
- Evaluating the effectiveness of existing officer wellness programs, with a potential metric for this work being sick leave taken by officers for injury or illness, and implementing research results to allocate resources and manage risk
- Studying the impact of traditional and social media on officers' mental health and how to help them handle that impact, as the constant media barrage affects officers, making them feel criticized and misunderstood
- Developing metrics that can help agencies assess their programs and how well they are performing and that measure the physical and emotional impact of critical incidents on officers
- Conducting research on the job's effects on heart health and how to mitigate the unavoidable negative stressors

Conclusion

The OSW Group meeting attendees agreed that law enforcement agencies can and should work to build resilience but cautioned about making resilience a buzzword that is too broadly applied to be meaningful. The word does not describe every characteristic that an officer needs in every situation. Perhaps more important than studying individual resilience is building resilient agencies and the significance of leadership, communication, measurement, and evaluation to that process.[11] Attendees agreed management needs to be held accountable for establishing resilience, but everyone in the agency should be a part of the planning and implementation process.

Throughout the day, attendees noted that research is critical to determining which programs work and which do not; while numbers and data are important, it is just as important to remember the stories behind the numbers. Officers, who are under increasing stress, are asking for help, but agencies cannot meet all of their needs. Agencies cannot always wait for the detailed evaluations; in some cases, agencies must focus on sharing what they know and have experienced in the hopes of helping others. No one should tolerate any number of heart attacks or suicides among active duty officers; even one is too many.

Resilient officers and agencies are vital to effective public safety in this country. The men and women who dedicate their lives to protecting others must be healthy and must feel they have the support of their agencies and communities. As one attendee noted, "You can't have a well department with well officers without a well community." A law enforcement agency's most critical resource is its personnel. They deserve the best protection agencies and the community can give.

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11. *A Ready and Resilient Workforce for the Department of Homeland Security: Protecting America's Front Line* (Washington, DC: National Academies Press, 2013), http://nationalacademies.org/hmd/reports/2013/a-ready-and-resilient-workforce-for-the-department-of-homeland-security-protecting-americas-front-line.aspx.

About the COPS Office

The **Office of Community Oriented Policing Services (COPS Office)** is the component of the U.S. Department of Justice responsible for advancing the practice of community policing by the nation's state, local, territorial, and tribal law enforcement agencies through information and grant resources.

Community policing begins with a commitment to building trust and mutual respect between police and communities. It supports public safety by encouraging all stakeholders to work together to address our nation's crime challenges. When police and communities collaborate, they more effectively address underlying issues, change negative behavioral patterns, and allocate resources.

Rather than simply responding to crime, community policing focuses on preventing it through strategic problem solving approaches based on collaboration. The COPS Office awards grants to hire community police and support the development and testing of innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders, as well as all levels of law enforcement.

Another source of COPS Office assistance is the Collaborative Reform Initiative for Technical Assistance (CRI-TA). Developed to advance community policing and ensure constitutional practices, CRI-TA is an independent, objective process for organizational transformation. It provides recommendations based on expert analysis of policies, practices, training, tactics, and accountability methods related to issues of concern.

Since 1994, the COPS Office has invested more than $14 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention initiatives, and provide training and technical assistance to help advance community policing.

- To date, the COPS Office has funded the hiring of approximately 129,000 additional officers by more than 13,000 of the nation's 18,000 law enforcement agencies in both small and large jurisdictions.
- Nearly 700,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations.

- To date, the COPS Office has distributed more than eight million topic-specific publications, training curricula, white papers, and resource CDs.
- The COPS Office also sponsors conferences, roundtables, and other forums focused on issues critical to law enforcement.

The COPS Office information resources, covering a wide range of community policing topics—from school and campus safety to gang violence—can be downloaded at www.cops.usdoj.gov. This website is also the grant application portal, providing access to online application forms.

Since 2011, the COPS Office and the Bureau of Justice Assistance (BJA) have raised awareness, increased knowledge, and promoted practices that support the safety and well-being of law enforcement officers through the Officer Safety and Wellness (OSW) Group. In October 2016, the OSW Group brought law enforcement practitioners and subject matter experts together to discuss promising practices for supporting officer resilience. Resilience—the ability not only to recover emotionally from traumatic events but to withstand day-to-day work-related stress—is critical to the physical and psychological health of all law enforcement officers. In addition to summarizing the group's discussions at the October meeting, this report contains case studies of the emotional impact of mass casualty events on first responders in Dallas, Texas; Orlando, Florida; and San Bernardino, California. The report also provides recommendations for preparing officers for traumatic events and strategies for supporting overall resilience through physical and emotional health.

COPS
Community Oriented Policing Services
U.S. Department of Justice

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To obtain details on COPS Office programs, call
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