



Rebuilding Officer Resiliency: **A TREATMENT GUIDE**



In Collaboration With:



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EDITOR'S NOTE

First responders are often exposed to scenes that can haunt them for years. They experience high rates of stress and can find it difficult to turn off their “fight or flight” response mode, even when in the comfort of their own homes. Unfortunately, most responders have not been prepared to experience such emotional trauma and ongoing stress, so they don’t have the tools or training to help them manage or recover from it.

Acknowledging mental health issues remains a major stigma among first responders. It’s a stigma that still exists despite high suicide rates among police officers, correctional officers, firefighters and EMTs. Research shows first responders are TWICE more likely to die by their own hand than those in other professions – and it’s believed that due to underreporting the true suicide rate is actually much higher.

The bottom line is that too many first responders are hiding unseen injuries and aren’t being encouraged to take steps to heal and find relief.

This publication aims to break down barriers and provide information about what is involved with seeking professional help. The articles are written by highly regarded experts who have dedicated their careers to helping those who help others.

In the following pages you will read about proven and effective forms of therapy; the power of integrative therapies; concerns involving confidentiality and medication; and how to protect your family and loved ones from secondary trauma.

No matter what haunts you, what thoughts or experiences you can’t get out of your head, how bad you think it is, or how long you’ve been hurting, help is available. There are many ways you can heal, find relief and live your best life. Our hope is that this periodical will provide enough information for you to take the next step and ask for help.

Be well,

Leischen Kranick
Executive Editor of [In Public Safety](#),
[American Military University](#)
LKranick@apus.edu

ABOUT THE PUBLICATION

In Public Safety, sponsored by [American Military University](#), is a website dedicated to publishing original articles written by experts in law enforcement, corrections and the fire service.

This magazine was designed in collaboration with PoliceOne and CorrectionsOne, publications owned by Praetorian Group.

A special thanks to the contributors who lent their experience and expertise to encourage first responders to seek the help they need to rebalance their lives.

Contact: For questions, comments, submission guidelines, or requests for print copies of this publication, email IPSauthor@apus.edu or LKranick@apus.edu.

Executive Editor: Leischen Kranick, In Public Safety

Assistant Editor: Jinnie Chua, In Public Safety

EFFECTS OF TRAUMA & STRESS

Trauma changes the body and brain. No matter how much tactical training you've received or how well you think you're coping with a situation, it's important to understand how the physiological and mental consequences of stress impact your wellbeing and ability to serve.



How Trauma Causes Alternate Pathways in the Brain

Altered neural pathways can lead to symptoms such as nightmares, flashbacks, intrusive memories and emotional distress

By [Dr. Michael Genovese](#), Chief Medical Officer, Behavioral Health Services, [Acadia Healthcare](#)

Every time you have a new experience, whether mundane or intense, your brain forms a connection between two neurons; that connection is called a synapse. Synapses tell your body how to react to the world around you. When the brain is fully developed, it keeps the collection of synapses it deems important, which is determined by repetition and relevance. The synapses that are retained make up neural pathways in the brain, which governs the way we experience life.

When someone continually has traumatic experiences, it alters the neural pathways in their brain. These altered pathways influence how the person experiences the world and cause them to view ordinary experiences through a lens of trauma and fear.

For members of the armed forces, law enforcement and other first responders, traumatic, volatile and disruptive events can happen daily, and so we should expect their minds and bodies to be particularly susceptible to injury.

Altered neural pathways can lead to symptoms such as nightmares, flashbacks, intrusive memories and emotional distress. In the world of behavioral healthcare, we call this post-traumatic stress (PTS).

Because PTS is an injury that we cannot see, it is easy to overlook or dismiss its impact. But it is a serious injury, and all injuries require healing. When symptoms of post-traumatic stress present following

PTSI VS. PTSD

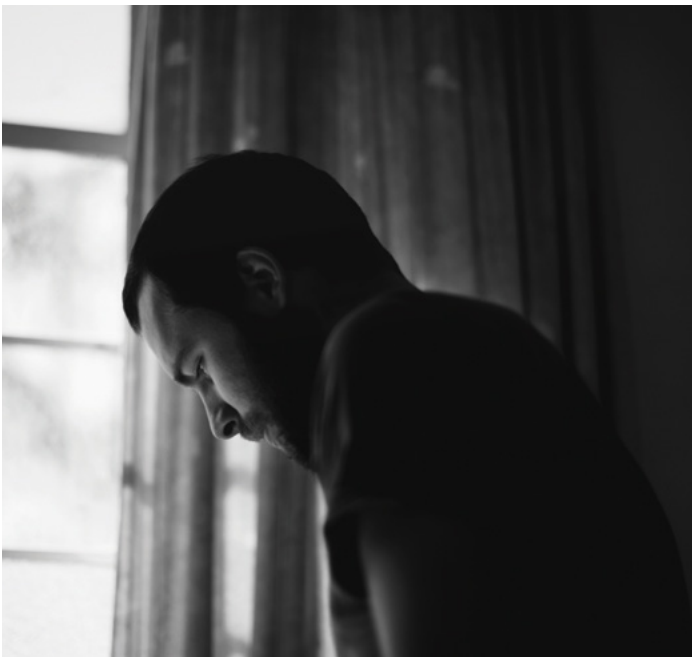
Although the official medical term is post-traumatic stress disorder (PTSD), many professionals within the police psychological community prefer to use the term post-traumatic stress injury (PTSI).

Labeling something as a “disorder” can suggest something negative about a person’s character or something that can’t be changed. Calling it an “injury” clarifies that the person has experienced something horrifying or traumatic, but can recover from it.

PTSI is not a personality flaw or weakness. Anyone may develop it following a tragedy, cumulative trauma or vicarious trauma.

If you or someone you know is facing PTSI, do not despair; it can be treated and healed using various treatment methods.

Dr. Marla Friedman, *Psy.D. PC, Police Psychologist*



a devastating experience, repairing the damaged neural pathways is crucial. The person needs to seek integrative care so that healing can begin.

With a comprehensive care plan, individuals can explore different avenues that lead to wellness and begin to heal the nervous system.

ABOUT THE AUTHOR

Dr. Michael Genovese is the chief medical officer, behavioral health services at Acadia Healthcare and clinical advisor to [Treatment Placement Specialists®](#), an initiative of Acadia Healthcare.

Acadia operates a network of 576 behavioral health facilities with approximately 17,300 beds in 39 states, the United Kingdom and Puerto Rico. Dr. Genovese also serves as the medical director of the Officer Safety and Wellness Committee of the FBI National Academy Associates, assistant clinical professor of medicine at the University of Arizona and medical director of the Camden Center in Menlo Park, California. He is the former chief medical officer of Sierra Tucson. He is a Diplomate of the American Board of Psychiatry and Neurology, a member of the American Psychiatric Association, the American Academy of Addiction Psychiatry and the American Society of Addiction Medicine. Dr. Genovese writes, speaks, teaches and consults widely in the disciplines of pharmacology, neuromodulation and pharmacogenomics.

COMMON SIGNS AND SYMPTOMS OF PTSI:

- Feelings of fear, horror, guilt, shame, anger, irritability or self-blame.
- Avoidance of sights, sounds, smells, people, places or activities that trigger memories of the original trauma.
- Depressed feelings and behaviors.
- Thoughts, plans, intentions or having the means of committing suicide.
- Poor concentration and memory problems. Inability to remember aspects of the trauma.
- Increased use of drugs and/or alcohol.
- Panic attacks, agitation or increased general anxiety.
- Negative beliefs about the world at large or feelings that no one can be trusted.
- Reckless and self-destructive behavior.
- Sleeping too much or too little.
- Nightmares.
- Eating too much or too little.
- Isolation and detachment from others.
- Inability to feel pleasure.
- Flashbacks and frightening intrusive thoughts.



HOW HEART RATE AFFECTS PERFORMANCE

Optimal BPM: When an officer is in a life or death situation, optimal performance happens when their heart rate is between **115-145 beats per minute (BPM)**. This is when their complex motor skills (running, jumping, etc.), visual reaction time and cognitive reaction time are at their peak.

Detrimental BPM: While the body's response to threat can be beneficial, when an officer's heart rate increases **above 145 BPM**, their complex motor skills begin to deteriorate.

When the heart rate reaches **above 175 BPM**, officers experience the most detrimental impact on their sympathetic nervous system. For example, this is when vasoconstriction – which is when blood vessels contract – is at its highest, causing reduced blood flow through the body.

BEFORE STARTING TREATMENT

When officers decide it's time to seek professional help, they will likely have many questions. Navigating concerns about confidentiality and any issues involved with taking medications can be daunting, but don't let it stand in your way.



Counseling & Confidentiality: What You Need to Know

Understanding confidentiality in a counseling relationship should reassure officers about pursuing professional therapy – counselors take issues of confidentiality as seriously as officers take their oaths

By Bernadette Bruha, MS, MA, LPCC and Andrea Watts, MS, LPCC, [Public Safety Psychology Group](#)

The decision to seek mental health counseling can be a difficult one. Issues of pride can be an obstacle, especially for officers, because the appearance of weakness or being ineffective in their problem-solving abilities may elicit feelings of shame or inadequacy. This problem is not uncommon. The aversion to feelings of vulnerability hinders many people from getting professional help – it can be difficult to admit problems out loud to another person.

During our combined 22 years working in the mental health field and specializing in treating law enforcement, we've found it typically takes officers an extended period of time to overcome these issues. Sadly, many officers never get the help that they need and deserve. For those who do decide to seek counseling, the results are often life changing. The first major step in starting counseling is to understand and trust the concept of confidentiality.

What is Client Confidentiality?

Before starting counseling, officers are often concerned about issues of confidentiality. They are accustomed to dealing with sensitive information, so are understandably leery about trusting others with their personal information and private emotional struggles. Many are worried that what they disclose to counselors has the potential to jeopardize their careers.

Client confidentiality has both legal and ethical aspects. Counselors and other mental health providers are bound by professional oath, personal

ethics and legal licensure to uphold confidentiality. This means that counselors are legally restrained from disclosing information that was shared within the protected client-counselor relationship. Breaking confidentiality could result in a counselor losing his or her license, so they take issues of confidentiality very seriously.

In addition, the [Health Insurance Portability and Accountability Act](#), also known as HIPAA, is a series of laws that protects people's personal health information, including mental health records. Any medical health professional that violates HIPAA could face civil or possibly even criminal penalties.

Confidentiality exists in a voluntary counseling relationship so people feel safe in sharing sensitive information and getting the help, support, tools and relief they need. However, there are several things officers should know about confidentiality before starting counseling.

Understanding the Specifics of Confidentiality

Confidentiality policies can differ from practitioner to practitioner, so it's important officers thoroughly understand their counselor's specific rules of confidentiality. When a person begins a counseling relationship, they must first complete intake paperwork. This packet of information should include a few pages explaining what confidentiality is and what is expected of both client and counselor. If you don't receive such information, immediately find another counselor!

Officers should read this information thoroughly before signing anything. If you have any concerns about the contents of the paperwork, discuss them with the clinician immediately upon your first meeting. If you are not comfortable with the paperwork or the practitioner's response to your questions, you are always free to seek counseling elsewhere.

Clinicians should always disclose their policies so both parties understand the issues of confidentiality. Only when both parties are informed can they willingly choose to engage in a therapeutic relationship. In order for a counseling relationship to be successful, mutual understanding and expectations should be in place. As a client, you should feel that your information is as secure as possible.

When Can a Confidentiality Agreement be Broken?

Although individual counselors or groups may have slight variations in their specific views of confidentiality – which is why you should read the intake paperwork – there are generally only six reasons a counselor can legally break confidentiality:

1. **Self-harm.** If a client is actively suicidal and shares this information with a counselor, the counselor must reach out and seek help to get the client immediate resources to save his/her life.
2. **Threats of harm to others.** If a client discloses they have plans and intent to carry out harm against an identifiable person, the counselor must break confidentiality to protect that person.
3. **Child abuse.** If a client reveals that they are aware of child abuse, then counselors – as mandated reporters – are bound to break confidentiality and report a concern of abuse to the proper authorities.
4. **Elder abuse.** If a client reveals knowledge of an elderly person being abused, counselors are bound to report that allegation to the proper authorities.
5. **Billing.** Counselors may break confidentiality to submit your name and information to insurance or other sources for the purpose of being paid

for their services. This should be discussed in the initial session to ensure no issues pertaining to payment will arise later.

6. **Subpoena.** This is very rare, but counselors can be subpoenaed by court to provide specific information about an officer who is directly charged with criminal or civil violations. Counselors can try to challenge the subpoena, which may have differing levels of effectiveness depending on the judge and/or specific state laws. If the counselor is compelled to hand over records, then it would typically include a copy of the intake paperwork, a summary letter of sessions attended and, in the worst case scenario, session notes.

One other common exception to confidentiality is when a counselor needs to consult with a supervisor or other licensed clinical counselor. The purpose of this disclosure is to help support the counselor in providing optimal treatment. If the counselor has this policy of internal sharing, it will be stated in the intake paperwork. Signing the agreement will be your consent for this to take place. It is crucial to know that clinicians who receive shared case information are also bound by confidentiality rules, so they should not discuss cases with other people at any other time.

If a client has concerns about disclosing information and whether it may fall in the above categories, they can test a counselor using “hypotheticals” (i.e., asking how the counselor would respond in imagined or theoretical situations). It can be helpful for a client to ask these kinds of questions before starting counseling to be sure a counselor is someone with whom they would like to pursue treatment.

Giving Permission for Counselors to Break Confidentiality

Other than the reasons above, when any person begins voluntary treatment, no one other than their counselor will have access to privileged information unless the client signs a Release of Information. This release should state what specific information a client is willing to have released and what specific person or entity can receive that information. This leaves the power of release up to the client.

Counselors may occasionally request permission from their clients to break confidentiality in order to help with treatment. This could occur when counselors want to converse with outside doctors or medical professionals to coordinate treatment. The most common occurrence of this is when a therapy client is getting medication prescribed and gives consent for the therapist and prescribing doctor to communicate directly. This helps both professionals access another layer of input about the client to be sure that their treatments are effective.

When clients want to involve their significant others in treatment, such as having their spouse speak directly with their therapist, then a release of information is also necessary.

If any of these situations occur, counselors should be transparent about breaking confidentiality. The counselor should discuss what issue is taking place and why breaking confidentiality is necessary (and refer back to the signed consent form, if needed). The counselor should inform the client of what steps will be taken and answer any questions the client may have.

Confidentiality is Different for Mandated Treatment

All the information above applies to voluntary counseling relationships. The situation is different if clients are mandated to treatment. In the case of law enforcement, this may occur if someone in the officer's chain of command recognizes the officer is struggling emotionally, but refuses to get help voluntarily. The goal is to get the officer support and tools so that he/she can return to previous levels of functioning on the job. This is leadership's way of supporting officers and making sure they are able to keep themselves, their fellow officers and the public safe.

When treatment is mandated, clients do not have full control over the release of some of their information. In these cases, the counselor will typically have a form similar to a Release of Information that allows the counselor to converse with the officer's supervisor. These communications will be limited and center on the officer's attendance, participation levels

and generally whether or not he/she is making progress.

However, counselors should limit their feedback to supervisors and only give them basic information. For example, if an officer has been diagnosed with post-traumatic stress injury (PTSI) stemming from a work-related call such as responding to a child's death, the counselor does not have to report on the officer's thoughts and emotions or even the specific incident, but rather on whether the officer is actively participating in techniques to address his/her current stressors or symptoms.

Fitness for Duty Psychological Evaluations

In circumstances where an officer's behavior is seriously problematic, law enforcement agencies can request a Fitness-for-Duty Psychological Evaluation. This type of evaluation is not a counseling relationship and often includes psychological testing and an interview with a licensed psychologist who is objective and has no prior relationship with the officer being evaluated. The purpose of such assessments is to determine if the officer is capable of doing his/her job safely. A Fitness-for-Duty Evaluation should never be conducted by the treatment counselor, even if they are qualified to perform such evaluations.

Fitness-for-Duty Evaluations will include paperwork at the beginning stating that results from the evaluation will be shared with the officer's agency. This is possible because it is not a regular counseling relationship where confidentiality and voluntariness are two of the defining components. A Fitness-for-Duty Evaluation may have several different outcomes:

1. The officer is fit for duty and is able to return to work with no contingencies.
2. The officer may return to duty as long as they attend counseling to address their issues (which would then turn into a mandated counseling situation).
3. The officer is not fit to return to regular duty.

Confidentiality Should Bring Comfort in Seeking Treatment

Understanding confidentiality in a counseling relationship should reassure officers about pursuing professional therapy. Counselors take issues of confidentiality as seriously as officers take their oaths. Every professional counselor we know tries to release as little as possible about their clients to ensure confidentiality and protection of the client. We want to create a nonjudgmental and safe environment so that our clients feel free to express themselves, which is necessary for effective counseling. While counselors cannot guarantee that clients will always be comfortable in therapy, they should work hard to make sure they create a safe environment so clients can explore the difficult issues that trouble them.

About the Authors

Bernadette Bruha, MS, MA, LPCC received her BA in Psychology from Duke University, MS in Criminal Justice from Saint Joseph's University and MA in Counseling from Webster University. She is currently a licensed professional clinical counselor in New Mexico. Bruha holds professional lecturer certification from the New Mexico Law Enforcement Academy for topics including mental health issues, crisis intervention, crisis negotiation and train the trainer. She is also a continuing education provider. She has worked in the field of psychology since 2004 with psychology-related research experience before that time. Bruha has worked for [Public Safety Psychology Group](#) for 13 years. Her initial counseling clientele was focused on the forensic population but since 2011 she has worked exclusively with first responders including police officers, firefighters, ambulance providers, dispatchers and their family members. She is a certified practitioner of Eye Movement Desensitization and Reprocessing (EMDR), which has been a helpful technique to help first responders work through issues of trauma.

Andrea Watts, MS, LPCC received her BA in Psychology from the University of New Mexico and her MS in clinical counseling from the University of Phoenix. She is currently in her fourth year of a Ph.D. program with Fielding Graduate University in clinical psychology with an emphasis on forensic and neuropsychology. Watts holds independent clinical licensure in both New Mexico and Colorado and she holds professional lecturer certification from the New Mexico Law Enforcement Academy. She is also a continuing education provider. Watts has been with PSPG for more than seven years and is currently a co-clinical director for its treatment team. As a clinician, Watts has worked with children and families with severe emotional illness (SMI), and offender populations including sexual offenders and incarcerated individuals, but her primary treatment focus is with law enforcement officers and their families. She has developed a strong expertise in trauma and couples work. Watts has been trained extensively in crisis negotiations, crisis intervention, mental health, interviewing and interrogation, competency evaluations, forensic treatment and assessment, as well as trauma treatments including Eye Movement Desensitization and Reprocessing (EMDR).

QUESTIONS TO ASK AT THE BEGINNING OF COUNSELING

1. What is your experience working with law enforcement and other first responders? How many have you treated?
2. What is your exposure to the police culture? Have you ever been on a ride-along?
3. How is working with law enforcement officers different from and similar to working with civilians?
4. How long have you been practicing as a psychologist/mental health provider?
5. What is your general philosophy and approach to helping? Are you more directive or more guiding?
6. What kind of training and/or specialties do you have?
7. Who has access to my information?
8. If you need to break confidentiality, how do you handle the situation?
9. If you see me outside of the counseling office, would you acknowledge me?
10. What can I expect from counseling with you?
11. How often do you seek peer consultation or supervision?
12. What is needed from me to make progress in counseling?
13. What is a typical session like? How long are the sessions?



Q&A: What to Know About Taking Medication

Medication can be extremely effective in helping officers recover and regain a healthy balance in their lives

By Dr. Aaron Wilson, Chief Medical Officer, [Sierra Tucson](#)

Sometimes working with a therapist or medical professional is not enough to help officers recover and they may be prescribed medication. Many officers worry about taking medication and how it could affect their job performance. These are legitimate concerns and officers should have candid conversations with their healthcare professional about taking medications. It's also a good idea for officers to keep a log of any side effects they have so they can discuss them with their doctor.

Here are some of the most common questions officers have about medication:

Question: Shouldn't I be able to get better without medication? (In other words, "Is taking medication a sign of weakness?")

Answer: Medications may not be necessary at all. However, if left untreated, depression, anxiety and post-traumatic stress can last longer or even worsen. These problems can seriously interfere with your ability to function, including the ability to perform at work, and also affect your personal relationships and family life. While medications are not mandatory,

for the right candidates, they can treat chemical imbalances to improve one's ability to engage in therapy, which may expedite the road to recovery. I often tell my patients, "Medication is just another tool in your toolbox."

Q: How do antidepressants work?

A: Depression, anxiety and post-traumatic stress are conditions in which factors such as genetics, chemical changes in the body and life stressors play an important role. Research suggests these conditions may be linked to changes in the functioning of brain chemicals called neurotransmitters. Current research focuses on the serotonin, norepinephrine and dopamine systems. Imbalances in these three systems can produce profound changes in your mood and behavior. Antidepressants are thought to correct some of the chemical imbalances, essentially helping to "re-calibrate" the system.

Q: Why is my doctor prescribing an "antidepressant" for my anxiety or post-traumatic stress?

A: These conditions affect common areas of the brain and have many neurochemical similarities, so they respond to the same class of medications (antidepressants). For example, Zoloft, which works on the serotonin system, has been approved by the FDA to treat depression, anxiety, panic attacks and post-traumatic stress, as well as a few other related conditions.

Q: Which medication will work best for me?

A: There are almost 30 antidepressants currently available. Like shoe sizes, not every medication is the right fit for every individual; a medication that worked well for a friend may not be the best fit for you. Your healthcare provider will discuss medication options based on your particular symptoms. The goal of treatment is to effectively target your symptoms

while producing the fewest (if any) side effects. Advances in technology have made it possible to determine how your body metabolizes many different medications, which may guide your provider's treatment choice. It is important you ask your healthcare provider about any concerns you have about a medication or its potential side effects.

Q: What are the most common side effects of antidepressants?

A: Antidepressants are generally a safe treatment option in otherwise healthy individuals being treated for depression, anxiety and post-traumatic stress. Like most prescribed (and some over-the-counter medications), antidepressants may cause mild and usually temporary side effects. Side effects vary by medication and generally decrease with time. Common side effects include:

- Nausea
- Loose stools or constipation
- Dizziness
- Drowsiness
- Nervousness
- Sleep changes
- Dry mouth
- Headache
- Blurred vision
- A change in sexual interest or functioning

Your healthcare provider or pharmacist can provide additional information regarding potential side effects. While the internet is an excellent source of information, I encourage patients to speak directly to healthcare professionals with specific questions regarding diagnoses and medications to avoid being inundated with confusing, conflicting and potentially harmful information.

Q: Am I going to become addicted to this medication?

A: As a class of medication, antidepressants are not considered addictive. During years of practice, I can't think of a single patient who has abused them.



It is important to note that other classes of medications, particularly benzodiazepines (e.g., Xanax, Ativan, Valium, Klonopin) that are sometimes prescribed for moderate to severe anxiety or panic attacks, DO have addictive potential. These medications should be taken exactly as prescribed and are generally meant to be used on a short-term basis. Because of their potential to slow reaction times, they are generally not recommended for first responders while on duty.

Q: What is the first step in considering a medication?

A: Before prescribing any medication, your healthcare provider will need to get a thorough understanding of your symptoms, medical history, medication use, and drug or alcohol use. Be honest. For female patients, it's also important to discuss issues of pregnancy and birth control use because some medications may be potentially harmful to a fetus or nursing infant or may have a reaction with birth control medication.

Q: Why do they say it's not a good idea to drink alcohol while taking medications?

A: Alcohol is a powerful DEPRESSANT. Many people “self-medicate” with alcohol and drugs, not realizing it produces exactly the opposite desired effect over time. Alcohol can also interfere with the effectiveness

of antidepressants by interfering with how your body metabolizes them. Consuming alcohol while on antidepressants can potentially worsen side effects, cause blackouts, impairment, or unpredictable behavior.

Q: How will I remember to take a pill every day?

A: I typically tell patients to link their medications to a daily activity such as brushing your teeth. If you need an extra reminder, I would suggest setting a daily reminder on your phone. Taking medications as prescribed is extremely important. The effectiveness of antidepressants decreases significantly with missed doses. Unlike Ibuprofen, you cannot take antidepressants on an “as-needed” basis, skipping doses on good days. It is important not to take “catch-up” doses if you forget to take the medication as prescribed. It is also important not to increase or decrease the dose without consulting with your healthcare provider.

Medication can be extremely effective in helping officers recover and regain a healthy balance in their lives. While medication may not be necessary for all officers, it is worth considering based on the advice and expertise of your healthcare professional. Don't do yourself a disservice by dismissing medication options just because you think it will be seen as a sign of weakness.

About the Author

Aaron Wilson, MD, was named [chief medical officer at Sierra Tucson](#) in February 2018. Previously the medical director at Valley Hospital, Dr. Wilson led their Freedom Care Unit, which addresses the specific mental health needs of military service members and first responders. Dr. Wilson has worked closely with active-duty personnel, veterans, retired military, police officers, firefighters, border patrol agents, correctional staff and EMTs with a high acuity of mental illness. Currently, he is an active member of the mental health community in Arizona, serving as president of the Arizona Psychiatric Society and as chairman of the Arizona Disaster Psychiatry Task Force. He is also a co-founder of the Arizona Inter-Professional Behavioral Health Collaborative.

THERAPY TREATMENTS

There are three evidence-based treatments that can successfully resolve PTSI: Cognitive Behavioral Therapy; Eye Movement Desensitization and Reprocessing (EMDR) Therapy; and Prolonged Exposure Therapy. In this section, read detailed information about the processes behind each of these treatments.



Processing Trauma: Cognitive Behavioral Therapy

This type of therapy is used to help people process the traumatic memories, unbearable feelings and intrusive thoughts common for someone suffering from post-traumatic stress injury

By Dr. Marla Friedman, Psy.D. PC, Police Psychologist

Cognitive behavioral therapy (CBT) is one of the most widely effective forms of therapy for treating psychological conditions including panic attacks, depression and general anxiety. It can also help to improve relationship and family problems. In fact, CBT is considered the workhorse of therapy methods and is used by most skilled mental health professionals. It can be used alone, as well as in conjunction with other forms of treatment such as prolonged exposure, EMDR and medication.

CBT is used to help a patient process traumatic memories, unbearable feelings and intrusive thoughts that are common for someone suffering from [post-traumatic stress injury](#). This form of therapy can also help people who are suffering intense stress resulting from pressures from their job or problems within their personal life.

CBT Helps Identify Faulty Thinking

CBT treatment examines faulty, distorted and illogical thoughts that contribute to an officer's negative or painful feelings or their dysfunctional behavior. With the help of a therapist, [officers identify their dysfunctional thinking and work towards replacing repetitious conduct with more productive and gratifying thoughts, emotions and behaviors.](#)

CBT encourages patients to focus on the present rather than the past. It examines an officer's current problems regardless of when those problems originated in time. CBT treatment is a highly structured protocol compared to other therapy methods and requires officers to complete home assignments, as well as be very interactive during therapy sessions.

As a therapist who has specialized in treating law enforcement officers for more than 30 years, I've found CBT to be extremely effective for officers dealing with trauma. However, officers in general are skeptical of entering into any type of therapy. I've found that many do not know how CBT works in practice or what they should expect during a session.

Example of a CBT Session

In order to get a peek into what a CBT session actually looks like, below is a common, but fictitious, dialogue between a psychologist and an officer who has experienced a line-of-duty fatal shooting.

Officer: Hey Doc, in the last session you had me do some homework before coming in today. I was a little worried about it, but I found out some things about myself that I didn't realize were getting in my way.

CBT patients are given workbooks and asked to complete assignments outside of sessions to help them engage in the therapeutic process and begin to identify the thoughts or beliefs that have caused them to veer off from a rational line of thinking.

Psychologist: Tell me more...

Officer: Well, you said to read the workbook and do the exercises in there to identify some thoughts I have that might be faulty, illogical or distorted in some way. I didn't really know what you meant, but they gave some examples like, "I have to be perfect" or "everyone must love me" or "I'm not valuable." I saw some that applied to me.

Many therapists, including myself, use a popular and effective book that guides officers through their personal belief systems called: "Mind Over Mood: Change How You Feel by Changing the Way You Think."

Psychologist: I'm curious about what caught your attention because as we discussed last time, faulty thinking pushes us to feel and behave in specific ways, whether it's healthy or not.

Officer: Well, I have always believed that since I am a woman in law enforcement I have to be better, stronger and smarter than my male peers or I have failed. I see now that I have had this idea about being a failure since I was a kid. I've always believed I am not as good, smart or talented as other people.

Psychologist: It's good that you recognized that. Some so-called failures are learning opportunities, but other times, thoughts about failure are a continuation of dysfunctional beliefs and result in a negative outcome. Tell me more about what you want to work on.

It's important that the therapist notes when an officer has identified beliefs to help the officer process these ideas later. The therapist will guide the officer to identify and isolate her faulty beliefs that have led to emotional and behavioral patterns that are non-productive and painful.

Officer: Okay, I already saw the shrink as required after any officer-involved shooting (OIS) as mandated by my department, but what if she thinks I'm not fit for duty? The shooting was caught on my body camera and it was clean. I did everything right. Still, I feel like people in the department think I screwed up or failed to de-escalate the situation.

Psychologist: Have you been able to stop those thoughts and replace them with ones that reflect what really happened?

Officer: I tried to tell myself that these thoughts are ingrained in old beliefs about being a failure and don't reflect reality. I've replayed the shooting hundreds of times in my head. I have analyzed it from every angle and I do believe I made the only decision I could have. The Deputy Chief (DC) told me I saved the lives of the two kids on scene. I acted exactly as I was trained when I was a probationer and was reviewed by my field training officers (FTOs) after the real-life situation.

Psychologist: So, let's see if we can get some perspective. Your DC clearly thinks there was no failure to train on the FTOs part and you successfully

did as you were taught. What are your thoughts about that?

Officer: Well, I had great FTOs and they talked to me about what happened and assured me I did the right thing. I sometimes still fight to replace this thought and feeling that I failed in some way. After a while though, I did accept that my supervisors had my back. Still, I think part of it is that I actually killed a person. I see it in my dreams and replay it when I am awake. I will have to accept I killed someone in defense of another. That's my job and I did it correctly, but it will take a while for me to fully realize the meaning of the whole event. Is that normal?

The officer distinguishes between the views of others and her new growing belief that she did the right thing. The other issue, which may take longer to accept, is the killing of another. During the therapy session, they will need to examine her moral, religious and any other belief systems she has accepted.

Psychologist: Yes, it is normal. You may have disturbances in sleep, appetite, energy and confidence. You have to update your thoughts so you see in reality that you did the right thing. Avoiding the automatic and incorrect thought that you are a failure has to be a priority to help you get through this.

Officer: Yeah, but that's not so easy.

Psychologist: It's hard in the beginning but it gets easier over time as you see how your own thoughts, correct or incorrect, shape your behavior and your assessment of who you are.

Officer: I do like this CBT because it makes sense and pushes me to think about where I got all these

beliefs and why I have negative ideas about myself that are clearly false. I had this idea: What if I suddenly got amnesia about my life before age 10? Those things I believed back then and carried with me into the present wouldn't be in my mind. It makes me feel like I can take back my brain and fill it with ideas that are accurate and consistent with whom I really am today.

Psychologist: Exactly! I couldn't have said it better. You have the power inside your own mind. Never allow another person to play their movie in your head.

Officer: How do I deal with my peers, some I even think of as friends, who have distanced themselves from me since the shooting?

Psychologist: Well, it's not uncommon for others to keep some distance so they can believe that what happened to you can't happen to them. They tell themselves they are different, but inside their mind they are putting themselves in your place and that scares them.

Officer: Seeing me is probably a reminder about how dangerous our jobs are and the fact that they could have the same, or worse, situation happen to them. That makes sense. They think, falsely, that I'm contagious or bad luck. Do you think they will warm up to me or trust me again to back them up if they had doubts about how I handled the event?

Psychologist: Your real friends will, yes. The others may eventually. Some of them, if they experience an OIS, will become your best friend because they will suddenly understand from a real-life perspective what has happened and want reassurance from you about the doubts and fears they are having. Some never will, but everyone doesn't have to like you or agree with your decisions. These are fear-based reactions by you and your peers in the immediate and can change over time if you continue to track them.

Officer: So, I'll keep using the workbook to check in with myself and make sure I am looking out for destructive and irrational thoughts.

By closely tracking feelings, thoughts and behaviors by doing the exercises in the workbook, the officer can see on paper the connections that are made automatically without critically examining them. Now she has a chance to choose to keep or discard faulty beliefs. This is the benefit of the homework assignments and the therapy sessions.

Psychologist: You are on the right path and will benefit from having the remarkable gift of choice. We will continue next week and you will see that not only are you able to process this incident, but you can also apply this new way of handling feelings, thoughts and behaviors to other situations.

Officer: Okay, I feel hopeful that I will overcome this and have a new way to examine information and

situations so my behavior remains under my control. I'll see you next week and let you know my progress.

While every situation is different, the above scenario gives officers a better sense of what CBT treatment is like. A skilled therapist should be able to guide the person in identifying their faulty thinking and help an officer embrace ways to positively change their mindset. As a result, officers suffering from stress, trauma, PTSD and other ailments can find relief while learning positive ways to change their thinking, perspective and behaviors.

To learn more about the origins of CBT as developed by Dr. Aaron Beck and his daughter Dr. Judith Beck, visit the [Beck Institute](#).

About the Author

Dr. Marla Friedman is a licensed psychologist in Illinois and Michigan. She develops mental health, trauma cessation and suicide prevention programs for law enforcement and trains psychologists and officers nationally. She is a writer and maintains a full-time therapy practice. She is a member of the Executive Board of [Badge of Life](#) and is the chief psychologist for [Field Training Associates](#). She is currently developing a pilot program for the Cook County (IL) State's Attorney's Office in conjunction with The Innocent Justice Foundation to assist those who work on child exploitation task forces.



THERAPY IS MORE THAN JUST “TALK”

When officers think of therapy, most visualize sitting on a couch talking to a psychologist. While these “talk therapies” are proven to be effective, they are often enhanced when combined with integrative therapies, as highlighted in the [following section](#).

Trauma affects the entire body and officers often benefit from body-work therapies such as acupuncture, meditation, yoga, transcranial magnetic stimulation, or similar “integrative” therapies to help them restore the balance in their bodies.

Reprogramming Memories: Eye Movement Desensitization and Reprocessing (EMDR) Therapy

By activating both the right and left hemispheres of the brain simultaneously, EMDR stimulates the brain's innate healing tendency

By Linda Ouellette, MA, LPC, *Sierra Tucson*

Traumatic incidents are stored differently in the brain than other memories. In typical memory processes, new experiences process through an information system that allows the current situation to link with adaptive memory networks that store similar past experiences. These adaptive memory networks function as a knowledge base with perceptions, attitudes, emotions, sensations and action tendencies that will assimilate more similar experiences in the future.

However, traumatic memories are stored separately from regular memories such that they cannot link with memory networks that have more adaptive information. In addition, new information, or positive experiences, cannot connect with the disturbing memory, as it is now in its own memory network, separate from the adaptive memory networks. This means that when the traumatic memory is accessed, it is **without an ability to resolve the disturbance caused**.

In people with post-traumatic stress injury (PTSI), traumatic memories can be triggered by experiencing something similar, such as seeing something on TV or having a nightmare. As a result, the person might experience recall of sensory fragments from the traumatic event, such as images and smells, or a flood of stored emotions or body sensations.

This can be extremely distressing for officers. **However, traumatic memories that have been maladaptively encoded or incompletely processed in the brain can be “fixed.”**

A popular and often effective treatment is Eye Movement Desensitization and Reprocessing (EMDR), which is an evidence-based psychotherapy. EMDR facilitates the resumption of normal information processing and integration. By activating both the right and left hemispheres of the brain simultaneously, EMDR stimulates the brain's innate healing tendency. This allows the separately stored trauma memory to eventually link with positive memory networks so the disturbance surrounding the event is discharged. “I’m in danger” becomes “It is over. I am safe now.”

There are eight phases in EMDR treatment that occur over several sessions.

Phase 1: Client History and Treatment Planning

The therapist begins treatment by reviewing the client's history, which often includes discussing the actual traumatic event(s). Treatment planning consists of developing a list of “targets,” which are memories and/or events to process. Every memory associated with a traumatic event will be identified and treated.

Phase 2: Preparation

The client will be oriented to EMDR definitions and processes, so they can give informed consent. The client is also taught self-soothing skills such as breathing exercises or using calming imagery. They also develop adaptive resources prior to dealing with the disturbing memories. This includes accessing strengths the officer already has and enhancing them so they can be used in the processing when needed.

Phase 3: Assessment

The therapist and client establish a particular memory to target. The officer's current response to the intensity of that memory is established as a baseline to assess the client's current feelings associated with that memory. The client is asked first to imagine a picture of the worst part of the experience. Then they reveal a negative, irrational belief they have about themselves that goes with that event. For example, first responders often have negative beliefs like, "I should have done something more," or, "It's my fault."

Clients are then asked about a positive belief they would like to have about themselves instead, such as, "I did everything I could," or, "It is not my fault." They rate how true the positive belief feels to them at the time (on a scale of zero to seven). They are then asked what emotions they feel, how disturbing the memory seems to them (on a scale of zero to 10), and what physical sensations they are noticing.

Phase 4: Desensitization

The memory is accessed and the client is asked to notice his or her experiences while the clinician uses equipment to provide alternating bilateral stimulation. For example, the client might be asked to visually follow lights that move back and forth across a bar, hold small paddles in each hand that vibrate back and forth, or wear headphones that play tones that alternate between the left and right ear. The client then reports what they experience. Alternately stimulating the right and left brain hemispheres accesses the brain's innate healing mechanism. Just like your body knows how to heal from an injury, your brain does too.

Phase 5: Installation

Once the officer reports that the disturbance is at or near zero when recalling the traumatic event, he/she is prompted to mentally pair the desired positive belief with the disturbing event. This is processed until that belief feels completely true.

Phase 6: Mental Body Scan

The patient assesses how their body is feeling. They are trying to identify areas where there is tension or tightness. If any is found, the use of bilateral stimulation usually helps to relieve it.

Phase 7: Closure

The session is closed and patients are provided information about how they can get support between sessions. They are also reminded how to use some of the self-soothing skills they learned during the preparation phase.

Phase 8: Reevaluation

The patient and clinician start each new session by reevaluating any disturbances associated with the target memory processed during the previous session. If disturbances remain, they repeat the processing. If there are no further problems with that memory, they move onto the next disturbing event from the target list using [EMDR protocol](#).

About the Author

Linda Ouellette, MA, LPC is a certified EMDR therapist at Sierra Tucson, a world-renowned treatment facility in Tucson, AZ. She also works in private practice, where most of her clients come specifically for EMDR. As an approved consultant, she helps train other EMDR clinicians in her work for the Trauma Recovery Network.



Revisiting Painful Experiences: Prolonged Exposure Therapy

Learn how to safely navigate trauma-related memories in order to conquer intrusive and painful thoughts and feelings

By Dr. Marla Friedman, Psy.D. PC, Police Psychologist

Prolonged exposure (PE) therapy is an effective way for patients to emotionally process their traumatic experiences with the guidance of a trained mental health professional. PE teaches patients how to approach and navigate trauma-related memories, feelings and situations that are often avoided in the aftermath of trauma, and sometimes for years afterwards. When individuals are able to talk about the details of their trauma in a safe environment, they can find relief.

Who Is a Candidate for Prolonged Exposure?

In order for PE to be an effective form of treatment, an officer must be able to recall enough of the trauma to construct a personal narrative. That means they must be able to remember the beginning, middle and end of the event. This narrative does not

have to be an objective view of what happened – it is expected they will remember it from their unique perspective, which comes with distortions. Humans are not computers and they remember things based on many factors, both situational and psychological.

Officers who are suffering from other mental health disorders, are suicidal, or have homicidal thoughts or intentions are not ready for PE. In addition, PE is not recommended for officers who are suffering from psychosis or if they have a drug or alcohol addiction. **In the U.S., one out of four officers has a substance-abuse problem**, often developed as a coping mechanism. These officers should not engage in PE or other intense therapies until their addiction or other mental health problems have first been addressed.

How Do You Start Prolonged Exposure?

Once an officer qualifies for PE, the therapist begins by explaining what he or she can expect during treatment. From the beginning, it is very important for officers to understand that they will experience intense and uncomfortable thoughts and feelings during PE therapy. In order for the approach to be effective, officers will need to confront intrusive and painful thoughts and feelings that, in many cases, they have been actively avoiding.

Many of these painful memories and emotions will arise outside of their therapist's office – they will frequently strike during the course of an officer's day or after going to bed. Prior to the commencement of PE, however, the therapist will teach the officer coping mechanisms including distraction methods, relaxation techniques, tactical breathing and other compatible treatment processes to help the officer deal with the intense thoughts and feelings that arise outside of treatment sessions.

The Process of Prolonged Exposure

After an officer is referred to my care, I interview him or her at length in an attempt to understand the person sitting across from me. I ask them questions about their family, educational achievements,

social and emotional background, as well as their employment history. I also ask about medical issues, use of alcohol and drugs, head injuries, allergies and medications. I then start the process of documenting the actual problems that are interfering with the person's normal, daily functioning.

Typically, the first few sessions are devoted to collecting information and discussing details about how PE works and what to expect. It is important to use these initial sessions to build a relationship. It takes time to develop trust, especially with a police officer. Law enforcement culture has always dictated that seeking help is a weakness and [there remains a stigma about taking responsibility for one's psychological wellbeing](#). The fact that an officer is in my office tells me they have been suffering for a long time and are ready to do whatever it takes to have a normal life again.

Discussing the Event

After we establish trust and whenever the officer is ready, we begin talking about the traumatic event. Sometimes there is more than one event, and we address each one separately. As the officer is relaying their story, I listen carefully to the content while watching their faces and bodies for any physiological reactions including tears, hand wringing, blood rushing to the face, restlessness, or stiff body posture. By noting these signs, I can gauge how much distress the officer is in and then compare it to how they present after discussing the exposure.

Sometimes the narrative takes 15 minutes. Sometimes it is just three sentences long. PE works regardless of the quality or quantity of the recollection. After their initial telling, I ask officers to repeat and clarify details of their story. I ask them to focus on the sights, sounds, smells, tastes and tactile occurrences that are built into the trauma. I monitor their reactions and check in with them about how they are feeling. The officer repeats the story until it appears we are not missing anything. For many patients, they have been reliving the traumatic experience over and over, often for years, but this may be the first time they have talked about it in this level of detail.



Recording and Listening to the Trauma

At this point, I ask the officer to audiotape what is being expressed. They may do this in my office or at home privately. It is their choice. After the material is recorded, their assignment is to listen to the tape for 90 minutes a day, without distractions, every day until our next session.

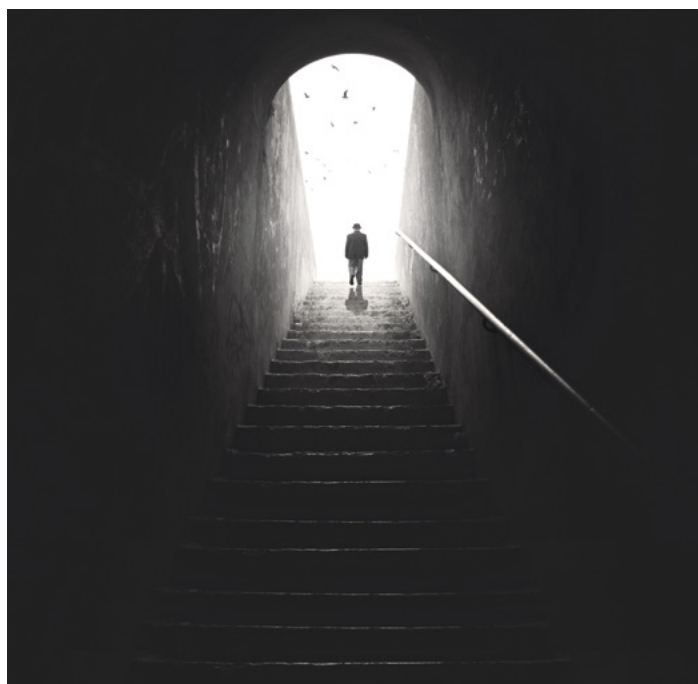
Officers are understandably uneasy with the prospect of making themselves revisit their nightmare over and over. I reassure them that within a week's time they will have a totally different perspective on their trauma and they can get in touch with me at any time.

When we meet the following week, I ask them how it went and if they listened to the tape as prescribed. So far, all my patients have engaged in the task to at least 80 percent completion. I then ask them to repeat the narrative to me in detail, where again I watch for signs of upset or arousal. If I see something that indicates a physiological reaction, we talk about it.

At the end of our session, I ask officers to repeat the assignment the next week, usually to their dismay. I reassure them that they can do this and it will result in a positive outcome – leading to an end of their pain and suffering.

Recalling the Trauma, Without the Same Emotions

At the next session, I ask officers to pull up the traumatic memory and determine if they can remember the traumatic experience in full, but without the feelings attached. If they can, then we are finished with that specific trauma. If there are other traumatic incidents, we tackle those one at a time. The officer can then terminate treatment, or – and this is the typical outcome – we continue our work together focusing on issues that have never been dealt with, including family or partner conflicts, child-rearing concerns, general anxiety and other personal issues. Other common major life stressors for officers include bullying, conflict, inequity and political issues on the job, which are exacerbated by poor sleep hygiene, unhealthy eating and lack of consistent exercise.



Successful Results of PE

In my doctoral program we were taught to never say that a problem or issue has been “cured.” However, I can say with confidence that PE, when done correctly, will result in a reversal of a PTSD diagnosis. In my own practice, I regularly conduct a one-year follow-up with patients who were treated using PE and every single one of them reported that they no longer have signs and symptoms of PTSD.

I am proud to help officers who are courageous enough to face the horrors that live inside them find relief and reverse PTSD by engaging in Prolonged Exposure therapy.

About the Author

Dr. Marla Friedman is a licensed psychologist in Illinois and Michigan. She develops mental health, trauma cessation and suicide prevention programs for law enforcement and trains psychologists and officers nationally. She is a writer and maintains a full-time therapy practice. She is a member of the Executive Board of [Badge of Life](#) and is the chief psychologist for [Field Training Associates](#). She is currently developing a pilot program for the Cook County (IL) State's Attorney's Office in conjunction with The Innocent Justice Foundation to assist those who work on child exploitation task forces.

BODY WORK & INTEGRATIVE THERAPIES

Trauma and stress take a physical toll on the body. Officers can greatly benefit from engaging in therapies that focus on bringing their minds and bodies back into alignment. Below are some of the most popular and effective integrative treatment therapies to help officers recover and heal.



Acupuncture

Acupuncture is an ancient technique from Chinese medicine that uses thin needles to prick the skin in targeted areas of the body in order to alleviate pain and treat various physical, mental and emotional conditions.

It helps restore balance in the nervous system by minimizing the activation of the sympathetic nervous system (responsible for the “fight or flight” mode) and help a person relax back into their parasympathetic system (“rest and digest” mode).

Benefits of Acupuncture:

- Reduced cravings
- Reduced anxiety
- Mental and physical stability
- Less hostility
- Greater sense of confidence
- Reduction or elimination of medication

Types of Acupuncture

The acupuncture program at [Sierra Tucson](#), which specializes in treating trauma in first responders, uses two types of acupuncture:

Auricular

Auricular (meaning “ear” or “detox”) acupuncture is a standardized treatment using five points in each ear. These points focus on relieving anxiety, cravings, insomnia and headaches, and help the liver and kidneys flush toxins from the body.

Full-Body

Full-body acupuncture involves a Chinese medical exam and diagnosis. In this exam, pulses are palpated at nine places on each wrist; the tongue is examined for color, size, coating and shape; and the strength of the spirit and will are assessed. From this collection of data, Chinese medicine can determine the origin and the level at which imbalances have been created.

Acupuncture is then used to correct these imbalances. The full-body acupuncture most often utilizes 10-15 needles in different acupuncture points, chosen from over 500 classic acupuncture points on the body. Each treatment is individualized and no two treatments are the same. The full-body acupuncture is administered by a Doctor of Oriental Medicine.



WHAT ARE INTEGRATIVE THERAPIES?

The word “integrative” refers to creating a whole, cohesive treatment plan, and bringing together the cognitive, behavioral and physiological systems within an individual. An integrative approach to therapy looks at the whole person, and combines mainstream therapies with complementary and alternative therapies to bring healing to all areas of one’s life.



Meditation and Mindfulness

The combination of these personal practices can help police officers temporarily disengage, take a break and shift into neutral without fear of losing their edge

By Kim Colegrove, *The PauseFirst Project*

Meditation is a daily practice that focuses one's awareness on the present. It's a brain training exercise, rooted in common sense and backed by science. With practice, meditation can calm a chaotic mind and cultivate a sense of peace and well-being. Just as regular exercise improves physical fitness, daily meditation enhances mental fitness.

Mindfulness is an approach to life that empowers individuals to improve mental clarity and focus when needed and mental peace when desired. It starts with

self-awareness and thought observation, which lead to emotional regulation and stress reduction. It's passive, but powerful.

The combination of these personal practices can help law enforcement officers temporarily disengage, take a break and shift into neutral without fear of losing their edge. In fact, research tells us meditation enhances brain function and sharpens mental clarity.



Practicing meditation and mindfulness can bring first responders relief in many ways:

Meditation restructures the brain

Extensive research indicates that meditation rewires, restructures and physically changes the brain. Studies demonstrate that meditation helps shrink the areas of the brain associated with stress, while growing the areas associated with a positive mental attitude, self-awareness and compassion.

Improves emotional and psychological health

Meditation favorably impacts psychological and emotional conditions including anxiety, depression, hyperactivity and attention deficit disorder. Meditation can help cultivate a more positive mental state, improve focus and increase clarity. This can alter the uneasy effects of anxiety and relieve the hopelessness of depression.

Decreases harmful hormones

According to research, meditation can reduce levels of stress hormones, including cortisol and adrenaline. Overproduction of cortisol in the body accelerates aging, increases abdominal fat and bad cholesterol, and elevates blood pressure. Meditation helps decrease these risk factors for heart attack and stroke.

Lowers blood pressure

Regular meditation leads to deep levels of relaxation. This aids in rejuvenation and is an antidote to high stress, which is the most common contributor to high blood pressure. Research indicates that deep relaxation helps the body regain balance, restoring its systems to optimum functioning.

Boosts the immune system

Chronic stress keeps the body in a state of detrimental activation, which increases wear and tear



HELPFUL VIDEOS

What's the Difference Between Meditation and Mindfulness?

How Meditation Can Help You Shift into Neutral

Try a Guided Meditation Session

on biological systems. Meditation offers rest and deep relaxation so the body can come into balance.

Improves insomnia and other sleep disorders

Meditation is a great sleep aid largely because it raises levels of melatonin in the body. The breathing techniques used in meditation, paired with the ability to quiet the mind, are the best sleep-inducing prescriptions available.

About the Author

Kim Colegrove has over 40 years of experience meditating and has been teaching mindfulness in corporate settings since 2011. Her corporate clients include Garmin International, The National Court Reporters Association, The Department of Veterans Affairs, United Way and others. In 2014, Kim lost her husband, Special Agent David Colegrove, to suicide. As a result of that devastating loss, she founded [The PauseFirst Project](#), and has turned her attention to bringing relief and resilience to first responders through mindfulness training.

HOW TO PRACTICE SIMPLE MEDITATION

- Sit comfortably in a chair
- Close your eyes
- Take a few deep breaths
- Allow muscles to relax
- Focus on breathing in and out
- If your mind begins to wander, take a deep breath and refocus on breathing
- Aim to practice for 15 minutes a day

Breathe • Relax • Be • Repeat

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Yoga to Build Resiliency

Officers can practice yoga to increase their ability to focus and problem-solve, heighten their situational awareness and improve their gut reactions to situations

By Olivia Kvitne, Founder and Director, [Yoga for First Responders](#)

Yoga not only reduces stress, but also builds resiliency and enhances mental and physical performance. This makes it particularly suited to first responders.

The study of yoga goes back thousands of years, combining exercise and breathing to boost physical, mental and spiritual wellbeing. The true intent of yoga is to obtain mastery of the mind and achieve optimal functioning of the entire being – from the subtle nervous system to the whole physical body.

Officers can practice yoga to increase their ability to focus and problem-solve, heighten their situational awareness and improve their intelligent gut reactions to situations. People who practice yoga also have the ability to make self-directed biological changes, meaning they can consciously impact the functioning of their brain and nervous system.

Practice Tactical Breath Work

Officers can benefit from yoga before ever stepping on a mat. Tactical breath work is a simple exercise that can be used when you're feeling stressed, having difficulty sleeping, or in the patrol car on the way to your next call. The effect of a few deep breaths on the nervous system can make a huge difference. Here's how to get started:

Belly Breathing: Sit in a chair with a tall, straight spine. Place one hand on the lower belly area. Inhale slowly through the nose and direct the breath into the belly rather than the chest. Inflate the belly like a balloon, feeling it expand against the hand. Exhale slowly through the nose and feel the belly deflate away from the hand. Continue this a few times, working to make each inhale and exhale slower and deeper than the last.

Add Breath Count: Continue the belly breathing above. As you inhale, count how many seconds it takes to inhale. It will probably be around three to four counts. Pause the breath at the top of the inhale, then slowly exhale and count how long it takes to exhale. Work on making the exhale longer than the inhale. For example, if you inhale for a count of three, try to extend the length of the exhale for a count of four.



HELPFUL VIDEOS

Yoga Skills that Translate to the Street

Tactical Breath Work

Practice the above exercise for three minutes at a time. Breathing through the nose, directing the breath low into the belly, and consciously making the exhale longer than the inhale are the three ingredients needed to press the “calm” button on the nervous system.

About the Author

Olivia Kvitne has been a lifelong yoga practitioner and an instructor since 2003. While living in Los Angeles, Olivia taught weekly trauma-sensitive yoga classes at the Los Angeles Fire Department (LAFD) Training Center, as well as presented continuing education workshops on yoga and the neurological system for LAFD, and special workshops for high-ranking command staff of the Los Angeles Police Department (LAPD). It is at LAFD where [Yoga For First Responders \(YFFR\)](#) was first born in collaboration with department psychologist, Dr. Robert Scott. Olivia teaches Yoga For First Responders at different departments around the country for in-service trainings as well as guest teaching at several recruit academies including Austin, Texas DPS, City of Las Vegas DPS and Chicago Police Department. She teaches consistently for several public safety departments and academies as well as Iowa Army National Guard and the United States Air Force. The YFFR organization has trained over 300 instructors with its curriculum now seen in several large departments and academies around the country.



Treating Depression with Transcranial Magnetic Stimulation

If you're a law enforcement officer suffering from depression, and traditional treatment modalities are no longer offering relief, you may be a good candidate for transcranial magnetic stimulation

By *Dr. Michael Genovese*, Chief Medical Officer, Behavioral Health Services, Acadia Healthcare

Traditionally, talk therapy and psychotropic medication are the two most commonly used tools in a therapist's arsenal to treat mental illness. But no two people are alike, so the treatment that works for one person may not be effective for another.

So what happens when traditional treatment doesn't work?

It's important to know that there are other treatment options available that can help restore a patient's mental health. If you're an officer suffering from depression, and traditional treatment modalities are no longer offering relief, you may be a good candidate for transcranial magnetic stimulation (TMS).

What Is Transcranial Magnetic Stimulation?

In a person suffering from depression, certain areas of the brain charged with regulating mood may not be functioning properly. TMS is a noninvasive, outpatient procedure that uses a pulsed magnetic field to stimulate those areas. The electromagnetic energy stimulates neurons in the brain to balance the production of three neurotransmitters that regulate mood: serotonin, dopamine and norepinephrine.

The patient remains awake and alert throughout the procedure. The TMS process is pain-free and includes three steps:

1. Patients are seated comfortably in a chair.
2. A magnetic coil that lies inside of a small, curved device will be placed lightly on the head.
3. The device will produce focused magnetic stimulation onto targeted areas of the brain.

This FDA-approved treatment lasts less than 40 minutes, after which you can resume your normal daily activities right away. Most patients will engage in TMS therapy five times over the span of four to six weeks.

TMS is a drug-free alternative treatment that provides relief without any of the uncomfortable side effects that are common with antidepressant medications.



Tens of thousands of people have found relief from symptoms of depression since trying TMS, and yet scientists and medical professionals are still working to fully understand just why this treatment works.

What is known, however, is that TMS is most effective when it is used as part of a comprehensive treatment plan that also includes other types of support.

About the Author

Dr. Michael Genovese is the chief medical officer, behavioral health services at Acadia Healthcare and clinical advisor to [Treatment Placement Specialists®](#), an initiative of Acadia Healthcare. Acadia operates a network of 576 behavioral health facilities with approximately 17,300 beds in 39 states, the United Kingdom and Puerto Rico.

Dr. Genovese also serves as the medical director of the Officer Safety and Wellness Committee of the FBI National Academy Associates, assistant clinical professor of medicine at the University of Arizona and medical director of the Camden Center in Menlo Park, California. He is the former chief medical officer of Sierra Tucson. He is a Diplomate of the American Board of Psychiatry and Neurology, a member of the American Psychiatric Association, the American Academy of Addiction Psychiatry and the American Society of Addiction Medicine. Dr. Genovese writes, speaks, teaches and consults widely in the disciplines of pharmacology, neuromodulation and pharmacogenomics.

ADDRESSING VICARIOUS & SECONDARY TRAUMA

First responders can experience trauma directly and indirectly. When they are affected by trauma and stress, it can hurt the ones they care about the most. Officers should consider seeking counseling for their children and partners to ensure everyone has the tools to maintain resilience.



What is Secondary Trauma?

Secondary trauma can occur when someone is indirectly exposed to trauma. Spouses and children of police officers are at an increased risk of developing secondary trauma when exposed to traumatic stories or trauma-related reactions from their loved one. They may also exhibit distress when their officer is involved in a dangerous or threatening situation. If the event is a major news story, such as the terrorist attacks of September 2001, the media can exacerbate the trauma through repeated coverage.

Common Symptoms of Secondary Trauma:

- Difficulty sleeping or nightmares
- Trouble concentrating
- Regression (i.e., resorting back to separation anxiety or bed wetting)
- Withdrawing from friends or normally fun activities
- Hyperactivity and difficulty relaxing or calming down
- Increase in anger, sadness, or anxiety
- Intrusive worries/thoughts
- Physical and/or emotional exhaustion
- Emotional detachment

Recognizing these signs early and seeking mental health support is essential to improving long-term outcomes. Although not all spouses and children will experience secondary trauma, it has been suggested that screening members of the family for secondary trauma is best practice when PTSI is identified in the family.

By Kimberlee Ratliff, Program Director, School Counseling,
American Military University

WHAT IS VICARIOUS TRAUMA?

Trauma doesn't always have to be experienced firsthand to cause damage. Vicarious trauma is a form of trauma that occurs when someone reads, hears, or sees something about an event that causes them to have a post-traumatic stress response.

Public safety professionals can experience vicarious trauma from responding to a trauma victim. For example, when an officer responds to a victim of rape, even though they did not experience the rape directly, they can still be traumatized by it.

Vicarious trauma can also be unintentionally caused by other responders during debriefing sessions where responders are encouraged to share their experiences and emotions. For example, an officer who responded to a child death may share that experience with another officer who was at the scene, but did not see the body. In these situations, hearing the gruesome details could be enough to cause trauma.

The term “burnout” is often joked about in public safety circles, but it can often be linked to experiencing vicarious trauma. Responders are not only having to cope with the direct trauma they've experienced, but also with the trauma they've experienced secondhand. These different kinds of trauma add up fast and contribute to a responder feeling emotionally exhausted.

By Lieutenant Brad Bouchillon, a 10-year firefighter in the Statesboro (GA) Fire Department. He holds a Bachelor's Degree in Psychology with a specialization in Crisis Counseling. He is also starting his Masters of Arts program in fall 2018 in Human Services Counseling with a Crisis Response and Trauma Cognate.



Family Counseling: Keeping Bonds Strong

Law enforcement families face unique stressors, which can be overcome with the help of a professional family counselor

By Dr. Marie Isom, faculty member, [American Military University](#)
and Teresa Chambers, academic advisor, [American Military University](#)

First responder families face significant challenges. When a parent or spouse is a first responder, they often work long shifts and odd hours. The work itself is highly demanding and stressful. These pressures can take a toll on the family unit, causing strain on marriages and parent-child relationships.

For law enforcement families in particular, there are additional causes of stress. Negative public discourse

about policing in both the mainstream media and on social media can cause family members emotional distress and make them worry even more about the welfare of their officer.

How Stress Affects First Responder Families

Many first responder family members fear that their loved one may be retaliated against or harmed because of their profession. This stress and



worry can be especially detrimental to children. While childhood is a relatively short time period in an individual's life, what happens during this impressionable time can have life-long effects.

Marriages can also be damaged. Shift work and long hours can cause disconnect between partners. A first responder's spouse may feel like a single parent who has to handle all the home and family responsibilities. When the first responder is home, they are often unavailable because they need time to decompress and rest for their next shift. Those who are required to be on-call are never really "off" work and aren't able to give their undivided attention to their spouse and family.

For all these reasons, every first responder family should consider enlisting the help of a professional family counselor. Family counseling is unique in that it provides the opportunity to address issues impacting cohesion among family members as opposed to addressing an individual's needs within the family.

Benefits of Family Counseling

During family counseling, several members of the family meet with a counselor at the same time, which allows the counselor to observe family dynamics. The counselor can also provide mediation, when appropriate, to help individuals share their perspective and feelings.

Children can particularly benefit from family counseling. Many children have feelings of abandonment and parent-detachment issues, as well as fears of parental injury. They also have to cope with inconsistent schedules and changing routines. Children absorb parental responses to situations and they observe parental discourse so counseling can help them better understand what's happening around them in the home. For example, if there is tension between parents or one parent is experiencing high levels of stress, children can also start feeling tense or stressed out. In addition, if a parent doesn't cope with stress in a healthy way, they could be inadvertently teaching children unhealthy coping strategies.

Family counseling can help with these issues by teaching the entire family to better communicate and understand one another. A family counselor can provide family-friendly techniques to help with stress management, healthy coping techniques, enhanced communication skills and better time management.

In addition to working with a trained counselor, a number of agencies are dedicated to supporting responders and their families including:

- [Law Enforcement Family Support Network](#)
- [First Responder Support Network](#)

First responder families face unique needs and challenges. Through open communication, positive coping strategies and commitment, first responder families can overcome obstacles to be a strong and healthy family unit.

About the Authors

Dr. Marie Isom is an associate professor of School Counseling at [American Military University](#). She earned a B.S. in Psychology at Central Michigan University, an M.A. in School Counseling at Marymount University and an Ed. D. in Counseling Psychology at Argosy University/Phoenix. She is a National Board-certified K-12 professional school counselor, National-Board certified counselor, career development facilitator, approved clinical supervisor and licensed clinical professional counselor. She specializes in counseling and therapy with children, adolescents and families.

Teresa N. Chambers, M.Ed. is an academic advisor with [American Military University](#). Teresa is a recent graduate of American Military University's School Counseling Program. Teresa is also currently enrolled in Liberty University's Ed. D in Community Care and Counseling: Traumatology.

FAMILY SELF-CARE STRATEGY: TAKE A MINDFULNESS WALK

Families navigating stressful careers can benefit from family activities that focus on self-care. One specific activity families can do together is a mindfulness walk. The following steps will guide you through the process:

1. Choose a place to take a walk together, even if it's in your own neighborhood.
2. Walk in silence at a gentle pace, no talking.
3. Each family member should focus on their body and the sensations they feel. How do your legs feel with each step? Your feet? Are they light and relaxed or heavy and tense?
4. Engage your hearing by listening for the quietest sounds (your own breathing, wind rustling in the trees, leaves crunching under your feet, etc.).
5. Focus on being in the moment. If you begin thinking, worrying, or planning things, pause for a moment and refocus on body sensations and listening for those quiet sounds.

As your family practices taking mindfulness walks, it is okay to stop and refocus a few times. The purpose is for each family member to be present in the moment and focus on his/her body sensations and/or sounds they hear in the environment. After the walk, your family can spend time talking about the experience and processing what changes they noticed in their body and mind. This simple activity allows families to spend some peaceful, quality time together to reconnect.



How Children of Police Officers Can Benefit from Counseling

Both individual and group counseling sessions provide a welcoming space for children to discuss worries and share experiences unique to being in a law enforcement family

By Dr. Kimberlee Ratliff, Program Director, School Counseling, [American Military University](#)

It is no surprise that police officers encounter high levels of stress in their chosen career. They endure long hours and shift work, unpredictable situations, critical incidents involving exposure to trauma, public criticism and inherent dangers that occur in their line of work. The stress of policing is not isolated to officers and often impacts their spouse and even their children.

Children and adolescents are not immune to stress associated with their parent's work and sometimes this stress can interfere with their daily lives. When stress becomes excessive and intrusive, a child might have difficulty focusing in school or may begin acting

out. If this becomes the case, counseling is an option law enforcement families should consider.

Challenges Children of LEOs Experience

The demands of long hours and shift work often mean LEOs miss important holidays, milestones in their children's lives and special events. It can be difficult for a child to understand why their parent misses these important activities and they may also feel disappointed if a shift interferes with an awards ceremony or championship game. Balancing opposing schedules and sacrificing valuable family time can lead to stress for everyone in the family unit.



Children may also worry about their parent as they know being a LEO is a dangerous job. In a recent conversation, elementary school counselor Teresa Jordan shared that although children of police officers are typically well-adjusted, she commonly helps them cope with fears of their parent dying and fears of retribution by those whom the parent has arrested. In addition, when watching the daily news or using social media platforms, it is not uncommon for children to see stories about police shootings, the threat of criminal activity, or negative stories about police in general. Overexposure to these stories can increase the anxiety a child may have about their parent's safety.

In some cases, if the LEO parent exhibits symptoms of post-traumatic stress (PTS), children may also begin to exhibit symptoms. A child does not have to experience trauma firsthand in order to experience what is referred to as secondary or vicarious trauma. Whether the child experiences typical worries or more severe symptoms of distress, counseling is a viable option to help children develop healthy coping skills.

Benefits of Children's Counseling

Counseling can be beneficial for children of LEOs in various ways. When provided with a non-

judgmental, accepting, safe environment, children and adolescents can open up and talk about what they are feeling and experiencing. Even when parents have developed open lines of communication and a positive relationship with their child, there are times children and adolescents will shelter parents from difficult emotions for fear of adding stress to the situation. In some cases, they may internalize the stress because they believe it is their fault. Having a neutral person to confide in can help the child or adolescent address their feelings without fear of contributing to more stress in the family.

Counselors can lead sessions to help children develop coping skills, learn techniques to decrease anxiety, build a social support network and identify/use personal strengths. There are multiple options for receiving support including individual counseling, group counseling, or family counseling. Depending on the age of the child and the presenting problems and needs, families may choose to seek support from a school counselor or a counselor outside of school.

School Counseling

School counselors are available to help students cope with stress and share social and emotional concerns. Group counseling is one service they provide, which typically involves identifying children and adolescents

with similar needs and meeting with them in a group setting. Children of law enforcement families can benefit from a group counseling approach as it creates a unique [social support network focused on common challenges and strengths](#), which can help build resilience to stress. Group counseling capitalizes on the increasing influence of friends during middle childhood and adolescence; it provides a space for children to relate to one another and share similar experiences. Feeling understood and finding a place where they belong may also benefit children who receive negative comments about police officers from their peers.

Counseling Outside of School

Counseling outside the school setting is also beneficial, particularly when more severe symptoms of anxiety or PTSD are present. Some children may prefer attending counseling outside of school because they worry about the perception of their peers. Counselors can teach children relaxation strategies and mindfulness techniques that can be used at home or in school. In situations involving younger children, including those who haven't started school, Registered Play Therapists (RPTs) use play to help children express themselves and work through problems. This developmentally appropriate

approach to counseling can help young children in law enforcement families with anger management, grief/loss and coping with anxiety.

Whether in school or out of school, both individual and group counseling sessions provide a welcoming space for children to discuss worries and share experiences unique to being in a law enforcement family. The stress of policing affects the entire family, so seeking out professional help is not only beneficial for the LEO, but for the children as well.

About the Author

Dr. Kimberlee Ratliff is program director and professor of School Counseling at [American Public University](#). She earned a B.S. in Psychology at Fayetteville State University, M.Ed. in School Counseling at Campbell University and Ed.D. in Counseling Psychology at Argosy University/Sarasota. She is a licensed mental health counselor (WA), national certified counselor, national certified school counselor and has a school counseling certification in Washington State. Her research interests include military children and families, suicide prevention, neuroscience, and child and adolescent mental health/wellness.





Connecting With Faith to Achieve Balance

Sometimes an officer's spiritual side is silenced by the very nature of the job, by the violent and traumatic incidents that they regularly witness

By Robert Michaels, chief executive officer, [Serve & Protect](#)

We are all born with a body, mind and spirit. Police officers understand the importance of the first two – valuing physical and mental fitness. However, many officers ignore or neglect their spiritual health.

Sometimes an officer's spiritual side is silenced by the very nature of the job, by the violent and traumatic incidents that they regularly witness.

As a former officer, I thought my faith was strong but time on the job saw my faith take a back seat.

I started my career in military police in 1971 and then became an officer in the Norfolk (VA) Police Department from 1973 where I rose to detective. During that time, I witnessed many incidents that left me callous. As a rookie, I fell out of touch with my church, working weekends and nights. The longer I stayed away, the easier it was to drift. And the farther I drifted, the less my faith impacted my actions and thoughts. In a sense, my faith haunted me because I knew I was drifting. It didn't take long before the drifting resulted in a person who was angry, vulgar and more prone to violence.

So what changed me? I happened to have a partner, Drew Grant, who was strong in his faith. He would challenge me on things like word choices and actions. One night, I was arresting a guy and he spun around. I grabbed him by his throat and got ready to tune him up. Drew calmly put his hand on my shoulder and asked why I was going to hit the guy. "Because he's a jerk and needs it," I said. Drew challenged me to make a different choice. I did, and from then I decided to make a lot of different choices.

After 11 years in law enforcement, I walked away and earned a bachelor's degree in Biblical Studies. Going to a Bible college was like spiritual rehab and reconnected me to my core beliefs. After graduation, I worked in the private sector eventually becoming the vice president of marketing for a record label. It was a good gig, but left me feeling unsatisfied. I knew there was a void in my life.

In 2011, while sitting in church, I felt compelled to reconnect with my law enforcement background. I launched a company called [Serve & Protect](#), which helps officers and first responders find trauma-related resources including therapists, service dogs and chaplain services.

Chaplains are instrumental in helping officers revitalize their spiritual side, and those who are trauma-informed can identify stress and trauma in officers. I currently have more than 100 chaplains in the network and I only recruit those who have

worked in public safety because they get it. They have firsthand experience of the stressors and understand the unique challenges facing first responders.

Chaplains provide officers with spiritual support including:

- **Being present where officers are.** Many chaplains refer to their work as a "ministry of presence." They regularly visit departments and simply walk around, saying hello, and do not get in the way. If an officer needs their help, however, they are there.
- **Listening more than speaking.** Chaplains are masters of listening and are eager to hear what officers have to say. They aren't interested in converting anyone. Instead, chaplains are there to listen, encourage and be a beacon of hope.
- **Recognizing signs of PTSD or suicidal ideations.** Many chaplains have studied trauma. When they identify warning signs, they can refer officers to a trauma-informed professional therapist for more help.

At no time in my professional journey did I imagine I'd become a chaplain. But it has been an incredibly rewarding experience to help fellow officers renew their spiritual side. When officers work on their overall health, it's important that they realize their spiritual health is just as important as their physical and mental health. Faith is part of a holistic view of emotional wellness: body, mind, and spirit.

About the Author

Robert Michaels is CEO and founder of [Serve & Protect](#). He served as a MP and detective with Norfolk (VA) Police Department. Rob received his B.A. from Columbia International University and M.A. from Wheaton College. He is a longtime member of the Fraternal Order of Police and serves as Tennessee state chaplain. Rob is also chaplain for the FBI Memphis Division and received the FBI Director's Community Leadership Award in 2017. He is a member of the American Academy of Experts in Traumatic Stress and is a guest lecturer speaking on "Plain Talk About PTSD and Suicide."

RESOURCES

Find the right treatment professional for you.

Safe Call Now

www.SafeCallNow.org

24-Hour Hotline: (206) 459-3020

Safe Call Now is a free, confidential, comprehensive, 24-hour crisis referral service for all public safety employees, emergency services personnel, and their families. Safe Call Now provides a complete continuum of care to address issues that impact the personal and professional lives of those who serve. All calls or requests are answered by current, retired, or former first responders who have firsthand experience dealing with personal crisis. No problem is too big or too small.

Safe Call Now also provides a comprehensive training series to provide agencies with tools, prevention programs, and infrastructure systems so that personnel and their family members can receive help before a crisis arises. Armor Up Training: www.ArmorUpNow.org/training

Serve & Protect

(615) 373-8000

Serve & Protect is a non-profit organization dedicated to supporting the emotional wellness of first responders at no charge. Calls are answered by active or retired first responders who connect the caller with a local trauma therapist or trauma-informed practitioner. Every referred therapist is interviewed prior to referral in order to assure a perfect fit with the caller. Follow-up calls are made to assure the initial appointment went well.

For training on trauma, suicide prevention, spouse support, or educational materials visit www.ServeProtect.org.

FBINAA & Treatment Placement Specialists

(877) 540-3935

The FBI National Academy Associate's Officer Safety and Wellness program has partnered with Acadia Healthcare's Treatment Placement Specialists to help officers find local and qualified treatment professionals. All TPS's have been formally trained on triaging calls and connecting first responders with the appropriate professionals.

Find a qualified professional in your area:
www.TreatmentPlacementSpecialists.com/first-responders

National Suicide Prevention Lifeline

(800) 273-8255