

**Unit Goal: Basic fitness and wellness concepts related to the ability to perform law enforcement job tasks and to maintain a high level of fitness and wellness.**

**3.1. Describe the importance and relevance of health habits, fitness, and wellness to the law enforcement profession.**

Definition of Physical Fitness - The condition of the body that enables an individual to use his/her body in activities without undue experience of fatigue and exhaustion. Physical Fitness equates to performance and to readiness:

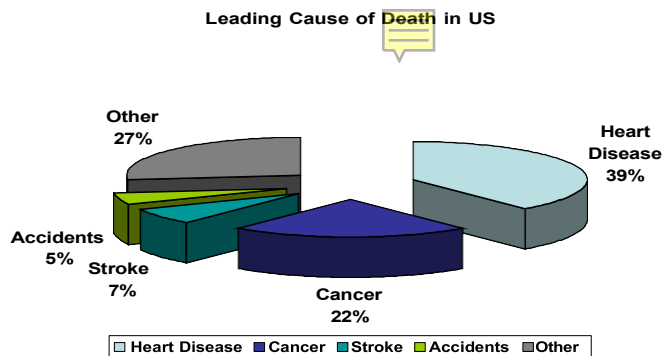
- Muscular strength
- Muscular endurance
- Cardiovascular endurance
- Flexibility
- Agility
- Power
- Speed

Definition of Wellness - Consists of a person's health/disease status and risk potential. Wellness ranges on a continuum from death to optimal well-being. It is not just the absence of disease; but is a state of positive well-being. Total well-being involves positive lifestyle/health behaviors for a balanced physical, mental, spiritual, and socio-emotional wellbeing. A person can be physically fit but not well—Wellness goes beyond performance.

Components of fitness can be divided into two categories:

- Functional and Health-Related Fitness—most important because these components do not just focus on job functions; they are related to being a fit, functional, productive human being for a lifetime.
  - Cardiovascular fitness or endurance
  - Flexibility
  - Muscular endurance (dynamic strength)
  - Muscular strength (absolute strength)
  - Body Composition
- Motor Fitness
  - Agility
  - Anaerobic power (Speed)
  - Explosive leg strength or power

These Functional and Motor Fitness components are the underlying physical factors in performing the essential tasks of the law enforcement officers' job.



#### The Health and Disability Status of Law Enforcement as a Profession

As an occupational group, law enforcement professionals are like other Americans however, Police officers have a higher incidence of stress-related disorders than civilian population.

- Alcoholism
- Suicide
- Divorce. Some recent studies have shown law enforcement has a lower rate than the general population.

#### Improving Position on Wellness Continuum

The Wellness Continuum ranges from death to optimal well-being, not just absence of disease. The following are actions that may help move the position on the continuum more towards wellness. Suggest brainstorming ideas.

- Stop—Harmful drugs, smoking and chewing tobacco.
- Limit alcohol.
- Exercise regularly.
- Eat less animal fat, cholesterol, and sodium.
- Eat more complex carbohydrates and drink more water.
- Achieve and maintain a healthy body weight as discussed with your doctor.
- Limit sunlight exposure or wear sunblock.
- Get immunizations.
- Get regular medical check-ups and self-exams.

Fitness is the key to performance in the law enforcement profession and is directly related to the ability to perform job functions:

- Improved capability for specific task performance
- Improved ability to mobilize the body efficiently
- Improved tolerance to fatigue
- Reduced risk of injuries when doing physical tasks
- Better psychological preparation
- Reduced stress and health risks

#### Law Enforcement Fitness Status

Officers are usually hired (trainees) at average or above average fitness but the incumbent (field officer) is generally below average in fitness levels when compared to general population. Fitness amongst the law enforcement profession is key in job performance.

### **3.2. Identify the guidelines and principles of a safe exercise program.**

**Instructor Note:** There are many resources to assist in developing a safe personal exercise program; the following are some fundamental guidelines but should not replace seeking professional guidance.

**Source:** Personal trainer, Institute of Aerobic Research Fit for Duty materials and training, Fit Force and Fit for Duty text (Hoffman & Collingwood).

Determining readiness for exercise program:

Individuals who are relatively healthy can usually participate in a mild or moderate exercise (such as walking) without problems or a need for medical examination. However, moderate, or strenuous exercise can be risky for some with certain health problems. If there are any concerns, see a medical professional prior to initiating an exercise program. A self-administered screening tool, Par-Q, is a useful checklist tool to assist in determining if medical screening is needed.

**Instructor Note:** See Chapter Resources for Par-Q Self Evaluation

### **3.3. Identify the principles of an exercise program.**

- **Progressive Overload**—For improvements in fitness, the demands placed on the body must be greater than those of daily activities. Exercise training causes the body to adapt to the additional demand which makes it better able to meet critical demands such as an incident requiring physical force. As the body adapts to exercise, the demand (exercise duration or intensity) must be gradually increased. Progressing too rapidly can lead to injury or drop out.
- **Regularity and Recovery**—An exercise program should be regular and provide time for recovery. It should be consistent throughout the week, month, and years. The weekend-warrior approach is high risk for injury. Studies show that fitness, which equates to performance, begins to decline after 96 hours. The body also needs time to recover from hard workouts. This includes getting enough rest, 7 or 8 hours a night as well as allowing 48 hours between heavy exercise that uses the same muscle groups or that is high impact such as running. Injury rates increase greatly if adequate recovery is not provided for. For example, the injury rate increases if a person runs more than five days a week or lifts weights, using the same muscle groups, two days in succession.
- **Specificity**—The body adapts specifically to the type of demand placed on it. For example, running may help develop endurance to handle a use of force incident but may not develop necessary strength to handle the incident. Strength training combined with specific skills training in defensive tactics will improve performance. Another example is that upper body large muscle strength training doesn't increase grip

strength. It is important to determine fitness goals then incorporate specific exercises to train to those goals.

- Balance—An exercise program should have balance so opposing muscles are worked. For example, working the biceps strengthens just the biceps not the opposing muscle, the triceps. There should also be a balance of the components of fitness including cardiovascular, strength and flexibility training.

### **3.4. Identify FITT guidelines for thresholds of fitness training related to cardiovascular, strength, anaerobic and flexibility training.**

Frequency, Intensity, Time, and Type (FITT) is a set of guidelines to assist in incorporating the exercise guidelines to a personal fitness program.

F (Frequency): Number of workouts per week

Principles of exercise incorporated: Regularity and recovery

I (Intensity): How hard you exercise

Principles of exercise incorporated: Progressive overload

T (Time): Duration of exercise

Principles of exercise incorporated: Progressive overload

T (Type): Type of exercise

Principles of exercise incorporated: Specificity and Balance

#### **Applying FITT to Cardiovascular Training**

Purpose: Improve efficiency of heart, lungs, and blood vessels. It helps to control weight, increase energy, increase endurance, increase performance capacity, and lower cholesterol. It increases the ability to perform essential job tasks: running, use of force and performance under high stress.

- Target Heart Rate—Utilizes heart rate as a personal monitor for exercise intensity. It is a way to determine exercise intensity by accommodating for differences in age, fitness level, stress level and environmental factors such as heat. After the age of 20, a person's predicted maximum heart rate decreases by one beat per minute. When performing the same level of exercise, a fit person has lower heart rate (further from their maximum heart rate) than an unfit person.

F (Frequency): Minimum 3 days a week.

I (Intensity): Target Heart Rate (THR) zone. (60-80% Predicted Maximum Heart Rate) or Rating of Perceived Exertion (RPE) (13-15 Borg)

*See IRG 1.4. to determine personal Target Heart Rate and RPE*

T (Time) Progress gradually from starting point (may be 5 minutes) to minimum of 20 minutes at THR.

T (Type) Aerobic (with oxygen) exercises that use is rhythmic, uses large muscle groups over an extended period of time such as running, rowing, cross-country skiing, walking, swimming, cycling, aerobic dance.

#### **Applying FITT to Strength Training**

Purpose: Increase lean muscle mass and strength; enhance physical performance, decrease injuries, improved self-concept, and professional presence. Increased ability to do essential tasks of lifting, carrying, climbing, pulling, pushing, dragging, jumping and use of force.

**Instructor Note:** Note safety considerations:

- Assistance from an exercise trainer is recommended.
- Incorporate warm up and cool down
- Progress gradually
- Lift slow and controlled

F (Frequency): 2-4 days a week. Allow at least 48 hours between sessions if using same muscle groups.

I (Intensity): Begin at 13 RPE and progress to 15-16 RPE (*Refer to IRG 1.1.4*)  
Muscle endurance—Low resistance (weights) and high repetitions (i.e., 12-20 reps).  
Muscle strength—Higher resistance and lower repetitions (i.e. 8-12 reps).

T (Time): Time to complete 1-3 sets (Begin with 1 set)

T (Type): Weight training or calisthenics

### Applying FITT to Flexibility Training

Purpose: Prevent injuries, improve posture, improves physical performance, reduce soreness, increase flexibility. Increased ability to do essential tasks of reaching, bending, emergency extraction, and use of force, entry and exit from vehicle, movement from inactivity to rapid movement quickly.

F (Frequency): 3-7 days a week

I (Intensity): Hold to an easy point of tension—do not bounce

T (Time): 10-20 seconds per stretch. 3-5 minutes at cool down.

T (Type): Best flexibility gains are made if done after cardiovascular exercise when muscles and connective tissue is warm. Stretches should be short in duration when warming up and sustained when done after exercise. Stretches should be slow, sustained without bouncing.

### Applying FITT to Anaerobic (without oxygen) Training

Purpose: Increase ability to make short, intense bursts of maximum effort using energy stored in muscle in the absence of oxygen. Essential tasks: sprinting, pushing, pulling, jumping, pushing a car, defensive tactics...

- Anaerobic training may not be needed by a civilian exercising to maintain health but is essential for an officer's survival and ability to do essential job tasks.
- Anaerobic training should only be incorporated after a solid cardiovascular, strength and flexibility training program has been followed for an extended period of time.

F (Frequency): 1-2 days a week. Anaerobic training session can be a stand-alone session or incorporated during and after a cardiovascular workout session.

I (Intensity): All-out effort. 90% of Maximum Heart Rate

T (Time): Repeat short bursts of intense exercise (20-60 seconds) followed by period of rest

T (Type): Sprints—Cycling, running, leaping, skipping, stair climbing

### **3.5. Identify the components of an exercise program.**

Putting together a personal exercise program can be individualized and incorporate variety and balance. Following is an example of how to incorporate components of an exercise program.

- Warm Up (5-10 minutes): Incorporate dynamic stretching and joint movements along with a cardiovascular warm up which gets the heart rate up. Lighter, less intense movements similar to the cardiovascular exercise is a good warm up, i.e., fast walking and slow jog to prepare for a jog/run aerobic exercise. This allows the body to warm up and redistribute blood to working muscles.
- Work out (20-30 minutes): Exercising with the intensity and or duration to develop and maintain one or several components of fitness.
- Cool Down (5-10 minutes): Allows for gradual transition from vigorous exercise to the normal state through less intense total body movements followed by slow sustained static stretching. Strength training can be added before the stretching if cardiovascular and strength components are trained in the same exercise session.

### **3.6. Identify safety measures for fitness training.**

- Seek medical advice when there are any questions and, or there are concerns from the Par Q.
- Consider a fitness trainer's advice to assist in developing and progressing a personal fitness program or consult a fitness book or online resource.
- Consider the affect of heat on performance and reduce exercise intensity or postpone exercise if high heat indexes are encountered. Heat indexes above 105 (*bold & italic below*) indicate that heat stress is likely. Vertical column on left is air temperature, humidity is across the top.

	30	40	50	60	70	80	90
110	<b>123</b>						
105	<b>113</b>	<b>122</b>					
100	104	<b>110</b>	<b>120</b>	132			
95	96	100	<b>106</b>	<b>113</b>	<b>124</b>		
90	90	92	97	100	<b>106</b>	<b>114</b>	<b>121</b>
85	84	86	88	90	94	97	102
80	78	79	81	83	85	87	89

80-90      Fatigue is possible with prolonged exposure / activity  
 90 – 104    Heat Stress possible with prolonged exposure / activity  
 105-129    Heat Stress likely. Heat stroke possible with prolonged exposure  
 130+      Heatstroke highly likely with continued exposure

- Consider additional water needs when working or exercising in heat.
  - 8-10 glasses of water per day (1 gallon) if not exercising in the heat
  - Exercising in the heat, drink before, during and after exercise (or work).
  - Drink 2 ½ cups of water 2 hours prior to exercise, 2 ½ cups 30 minutes to an hour prior to exercise and 4 ounces ever 20 minutes during exercise.
- Listen to your body; don't exercise through pain and injury. Get medical advice if chest pain or undue shortness of breath occurs.
- Don't minimize the need for screening if new to exercise and or have illnesses or injuries that need medical screening or intervention.

**Unit Goal: Nutrition concepts required to maintain a high level of performance, fitness, and wellness.**

### 3.7. Describe the relationship between nutrition and performance.

Compare nutrition to fuel for a vehicle. An adequate amount of the right kinds of fuel is key to performance, disease prevention and wellness. The right kinds of fuel ensure that you have the energy to do essential job tasks such as:

- being able to produce 100% energy output for a few seconds.
- fueling your body for an 18-hour shift working search and rescue operation.
- being alert in the early morning hours when environmental stimulation may be reduced.
- having energy left at the end of the day to enjoy personal and family activities.

Different types of fuel; carbohydrates, proteins, and fats produce energy at different rates and last for different periods of time. A good balance of these energy sources helps to ensure the proper fuel is available to the body to perform the tasks listed above. For example, carbohydrates provide quick energy but lasts for a short time. A diet restricting carbohydrates can have a negative impact on the officer's energy and alertness level. Carbohydrate provides a quick energy source but is used up quickly. Protein is slower in providing energy but last a few

hours longer. Fat is the slowest in providing energy but there is an ample supply and can provide that energy for a long time. A balance between these three types of energy sources helps to ensure the body gets a steady supply of energy, allowing it to be more alert, ready, and efficient over the duration between meals.

**Instructor Note:** It is suggested to show students apps and online resources that can monitor and track macro intake. **Example:** MyFitnessPal

Essential Dietary Components:

- Fuel Nutrients
  - Carbohydrates
  - Fats
  - Proteins
- Non-Fuel Nutrients
  - Vitamins
  - Minerals
  - Water

#### Carbohydrates

Starches, sugars and fiber and are important for health and performance because it is used for:

- energy source; the body's preferred source of energy.
- burning fat efficiently.
- the main energy source for the brain.
- fiber helps to keep the digestive system working efficiently.

Highly restricted carbohydrate diets are usually not advised because the performance and health issues listed above.

Two Types of Carbohydrates and sources:

- Simple Carbohydrates:
  - Sweets, soft drinks, white flour, ice cream, cake
    - Considered “empty calories” because they are low on nutrients.
    - Blood sugar rises fast and drops fast so energy is not long lasting and causes drastic peaks and valleys in energy.
    - Reducing intake of these is a better nutritional/performance choice.
- Complex Carbohydrates:
  - Potatoes, whole grains, beans, fruits, vegetables
    - Full of vitamins, minerals, and fiber
    - Energy is provided slowly and gradually.
    - Increasing the intake is a better nutritional/performance choice.

Carbohydrate needs: 55-60% (70% for athletes) of total daily calories

#### Protein

- Protein is made up of amino acids often called the “building blocks” of the body because it is used for building, maintaining, and repairing tissue. Protein is needed for building components in the blood that carry oxygen and fight infection. It can be used in an



emergency for energy if carbohydrates are not available for fuel. Sources of protein include meat, fish, poultry, eggs, milk, beans, soybeans.

- It is a myth that building muscle mass and gaining strength requires large amounts of protein.

#### Fat

- The most concentrated and essentially endless source of calories which are necessary for nerve functioning, storing fat soluble vitamins, insulation, and protection for body organs. Sources of fat include butter, cream, oils, packaged snacks, cheese, and baked goods.
- Fat needs - No more than 30% of total calories, 7-10% for those with heart or cholesterol problems.

#### Saturated vs. Unsaturated Fats:

Understanding the difference in saturated and unsaturated fats can help with decision-making in nutrition.

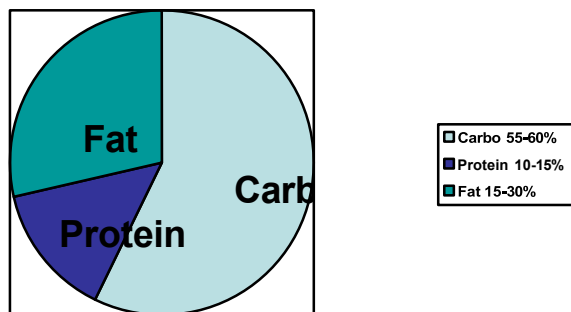
- Saturated fats tend to be solid at room temperature and mostly come from animal sources such as whole milk, cheese, butter, beef, and pork. Tropical oils such as palm, coconut, and palm kernel oil (all commonly used in fast and packaged foods) are saturated fats although they are liquid and are from plants.
- Unsaturated fats tend to be liquid at room temperature and most often come from vegetable sources. These fat choices can help control cholesterol levels and prevent strokes and heart attacks. Examples of unsaturated fats include safflower oil, olive oil, canola oil, avocados, and nuts.

#### Relationship between fat and cholesterol:

- Fat contains cholesterol and affects the way cholesterol is metabolized in the body. Cholesterol is a natural substance essential to body functions, but too much cholesterol can cause it to deposit on arteries which can cause stroke or heart attack.
- HDL cholesterol is considered “good cholesterol” and helps to carry cholesterol to the liver. It is “protective” so the higher the HDL the better. Exercise and weight loss can increase HDL.
- LDL is the “bad cholesterol” which tends to clog arteries. Reducing unsaturated fats in the diet can reduce LDL. Trans fat, often seen in packaged cookies, crackers, pastries, and chips, is a fat that started out as unsaturated fat, but was altered to where it acts like a saturated fat in the body with all the related negatives affects on health. Recent studies indicate that limiting trans fat is prudent.

#### Carbohydrate, Protein and Fat Balance:

A healthy balance of the fuel nutrients, carbohydrate, protein, and fat, helps to ensure a balance in the energy needs, proper nutrients and reduces cardiac risks. Below is a chart of how the daily calories should be divided for the average person, it may vary with conditions. For example, someone with high cholesterol or at high risk for heart disease may need to lower or cut fats. Your plate should look like the chart below except the fat portion would be half that size since it is more than twice the concentration of calories per gram as the other fuel sources.



**Non-Fuel Nutrients:**

- Vitamins
- Minerals
- Water

**Vitamins and Minerals:**

- Vitamins are organic substances essential for metabolism, growth, and development. They do not provide any energy—no calories but are essential in energy processes. Minerals are inorganic substances also needed in very small quantities.
- Vitamin and mineral needs can usually be met by a balance diet, but if there is a doubt, a daily multi-vitamin mineral supplement can ensure that needs are met. One that meets 100% of the RDA Recommended Daily Allowance is all that is needed. Excessive supplementation can cause serious imbalances as some vitamins and minerals affect the absorption of others—moderation is key.

**Water:**

- The most important mineral! It is absolutely necessary for life and is needed for all body processes. The thirst mechanism is not a reliable indicator of water needs—don't rely on it. Drink 6-8 eight-ounce glasses of water each day—more if exercising. Water should be consumed prior, during and following exercise.

**3.8. Identify healthy nutritional strategies.**

**Source:** U.S. Department of Health and Human Services Dietary Guidelines for Americans: (Dietary Guidelines for Americans 2023)

<https://health.gov/our-work/nutrition-physical-activity/dietary-guidelines>

- Follow a healthy eating pattern across the lifespan. All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
- Focus on variety, nutrient density, and amount. To meet nutrient needs within calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.
- Limit calories from added sugars and saturated fats and reduce sodium intake. Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods

and beverages higher in these components to amounts that fit within healthy eating patterns.

- Shift to healthier food and beverage choices. Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.
- Support healthy eating patterns for all. Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide, from home to school to work to communities.

Build a healthy base:

- Balancing Calories
  - Enjoy your food but eat less.
  - Avoid oversized portions.
- Foods to Increase
  - Make half your plate fruits and vegetables.
  - Make at least half your grains whole grains.
  - Switch to fat-free or low-fat (1%) milk.
- Foods to reduce.
  - Compare sodium in foods like soup, bread, and frozen meals, then choose the foods with lower numbers.
  - Drink water instead of sugary drinks.

Choose sensibly:

- Choose a diet that is low in saturated fat, cholesterol, and moderate in total fat.
- Choose beverages and foods to moderate your intake of sugars.
- Choose and prepare foods with less salt.
- If you drink alcoholic beverages, do so in moderation.

Other Healthy Choices:

- Eat a balanced diet and a variety of foods at each meal.
- Make low fat, low cholesterol choices: chicken, fish, low fat milk.
- Avoid trans fats found in many packaged crackers, cookies, and processed snack foods.
- Establish consistent eating patterns and do not skip meals.
- Eat smaller, easily digested meals.
- Eat slowly, in a relaxed pleasant place.
- Balance, variety, and moderation are the keys to adequate nutrition.
- Learn to read labels to make good nutritional choices.



<https://www.myplate.gov/>

**Source:** MyPlate was developed by the U.S. Department of Agriculture and represents the latest guidelines for food groups and serving sizes.

**Note to the Instructor:** Encourage students to go to the USDS website and complete a personalized plan of nutrition and physical activity assessment based on MyPlate. Suggest using this exercise as a homework assignment. Search for “USDA Center for Nutrition Policy and Promotion.” There are calculators for calories, calorie charts, eating out guidelines and personal online assessment tool.

**Lecture Scenario:** How much from each group is needed? The amount you need from each group depends on your age, sex, and level of physical activity.

- Grains: Make at least half of your grains, whole grains. (Refer to the chart for daily serving amount at <https://www.myplate.gov/eat-healthy/grains>)
- Vegetables: Make half your plate vegetables. (Refer to the chart for daily serving amount at <https://www.myplate.gov/eat-healthy/vegetables>)
- Fruits: Make half your plate fruits. (Refer to the chart for daily serving amount at <https://www.myplate.gov/eat-healthy/fruits>)
- Protein: Most Americans eat enough food from this group but need to make leaner and more varied selections of these foods. (Refer to the chart for daily serving amount at <https://www.myplate.gov/eat-healthy/protein-foods>)
- Dairy: The amount of food from the dairy group you need to eat depends on age. (Refer to the chart for daily serving amount at <https://www.myplate.gov/eat-healthy/dairy>)

80/20 Rule:

- Eat healthy 80% of the time but allow some “treats” 20% of the time and you’re more likely to stick with a plan. A plan that allows occasional splurges is one more likely to last.

**Unit Goal: Causes and effects of stress in the lives of peace officers.**

**3.9. Explore types of stress related to the law enforcement profession.**

Stress Definition

- Natural reaction of the mind and body to a demand placed on it—pleasant or unpleasant
- Biochemical and hormonal processes occur which affect physical and psychological functioning
- You NEED stress. Stress adds flavor, challenge, and opportunity but unmanaged can seriously affect your physical and mental well-being.

#### Eustress vs. Distress:

- We perceive stress differently, what may be stressful for one may not be for another.
- *Eustress* is a stressor that is perceived as positive, such as a promotion, getting married or achieving an accomplishment.
- *Distress* is a stressor that is perceived as negative, such as an injury, illness, divorce or being fired.

#### Acute vs. Chronic Stress

- Acute is short term stress with a quick resolution. This is the type of stress our body handles the best. If we are faced with something that requires us to fight or flee—our bodies are ready to take it on. An example of acute stress would be a threatening dog—the mind and body gears up, with the “fight or flight” response to handle this stress quickly, then settles down.
- Chronic Stress is prolonged unrelieved stress also called cumulative stress. Prolonged unrelieved wear and tear results from too many demands (Like driving with your foot on the brake). An extreme example of this is burnout when a person loses energy and interest because of unrelieved stress.
- Daily stresses can be acute or chronic, it waxes or wanes with the hassle factor of everyday life. Stress is individual and we all have different tolerances (Example of a daily stress that can be considered chronic is the stress of driving in traffic).

Stress can be one individual stressor or an accumulation of many. For example, multi-tasking is an ability that can be very useful in today’s busy world but can create havoc on the stress level.

#### Critical Incident Stress (CIS)

- Critical Incident Stress is incident specific.
- This is stress that causes psychological and physical discomfort for two days to one month.
- CIS is considered a “normal” response to an abnormal extreme incident. Events such as working a gruesome accident, involvement in a use of force incident or shooting, or body recovery of a child.
- Elite athletes go into professional sports with fresh bodies and through hard use, wear and tear, and repetitive trauma, they inevitably sustain damage to their bodies requiring medical attention. Brains are the same. Repeated traumatization to that part of the body causes changes that require attention. Exposure to repeated traumatic events or hearing about traumatic events impacts the brain. It is imperative that officers learn symptoms, causes, and coping skills.

**Instructor Note:** It is important that officers can identify potential stressors that may influence their responses like historical victimization, trauma, or related family history.

**Additional Resources:** Mental Health Training and Intervention: A Critical Component of Police Reform by Lilly and Curry. The Ruderman White Paper on Mental Health and Suicide of First Responders.

Post Traumatic Stress Disorder (PTSD)

- PTSD creates major distress and long-lasting disruptive changes in person's life. This is not "normal" stress and may need professional help.
- PTSD is similar to CIS, but symptoms are prolonged past 1 month. The person is unable to make the event part of their past, keeping it part of their present.

Law enforcement is not the only profession with high levels of stress, but our profession has inordinately high levels of stress related symptoms such as alcoholism, cardiovascular disease, divorce, and suicide.

**Lecture Scenario:** Recommend discussion on intersections of exposure to trauma, creating traumatized individuals (PTSD), and how trauma impacts working with survivors and victims negatively.

### **3.10. Identify the emotional and physical symptoms of the stress response physiology of stress.**

- A stressor is a demand, real or imagined, that disrupts a person's equilibrium and initiates the stress response.
- Stressor can be social, psychological, spiritual, or physical and can be positive (eustress) or negative (distress). The body's response is non-specific and varies only in degree and duration—not influenced by the situation or the demand causing the response.
- Physiological changes are lifesaving, arousing the individual to prepare to fight or flee; therefore, this response is often referred to as the "Fight or Flight" response.
- A threat or demand is perceived and interpreted by the cerebral cortex. A complex interaction of the nervous system and endocrine system sets into motion the nervous and hormonal changes that prepare for the physical response. This intricate system works well for acute stress but not so well for the onslaught of chronic stress an officer frequently faces.

The nervous system has three parts:

- Central Nervous System —brain & spinal cord—the command center
- Sympathetic Nervous System —creates biochemical changes to the mind and body to prepare to respond to threat (fight or flight). Like pushing the accelerator of a car.
- Parasympathetic Nervous System —responsible for rest, digestion & nutrients

When the Central Nervous System perceives a threat, the Sympathetic Nervous System is activated, and Parasympathetic System is reduced.

Effects of Sympathetic Nervous System and its activation of the "stress cocktail" of hormones:

- Increases in:

- heart rate
- blood pressure
- breathing
- sweating
- oxygen consumption
- muscle tension
- alertness
- Huge blood flow changes:
  - Blood shunted to arms, legs, and brain
  - Blood shunted away from noncritical organs, - stomach, liver, intestines, immune system
  - Clotting factors change to allow blood to clot quicker in case of a wound
- Senses and perception changes:
  - Senses related to threat become more acute.
  - Depth perception reduced
  - Pupils dilate
  - Changes in hearing, vision, and time perception
- Parasympathetic Nervous System is turned off or reduced:
  - Digestion slows or stops as blood is needed elsewhere
  - Immune system is compromised
  - Non-critical systems are shut down
  - Tissue building and repair stops

When the threat is resolved the Sympathetic nervous system decreases, the Parasympathetic nervous system increases, and digestion resumes. The immune system picks up and the body goes about repair. The body's response works well when the stressor is resolved physically and quickly as in acute stress.

**Lecture Scenario:** Compare a physical attack on an officer compared to the stresses of investigation and court proceedings afterwards.

The Sympathetic Nervous System cannot stay in high alert and the Parasympathetic Nervous System cannot remain off for an extended time. A compromise is made between the systems. This creates wear and tear like driving with your foot on the brake. The smooth transition between the Parasympathetic Nervous system and Sympathetic Nervous System is impaired. This causes symptoms seen in long term chronic stress such as high blood pressure, irritability or hostility, cancer, heart disease, impaired sleeping, impaired sexual function, and skin disorders. There is some control of the Sympathetic and Parasympathetic Nervous System; this is where stress management techniques come in.

Cognitive/Emotional

- Cognitive Impairment is impaired decision making, memory, and the ability to focus or engage in a task.
- Alcoholism
- Suicide

- Abrupt change in typical behavior patterns
- Rapid mood changes
- Overly suspicious
- Overly irritable to overly hostile
- Blaming others for problems
- Argumentative
- Depression

Physical

- Digestive disorders
- Headaches
- Excessive Illnesses
- High Blood Pressure
- Sleep Disorders

Social

- Emotionally distancing
- Relationship problems
- Divorce

**3.11. Identify common stressors of peace officers.**

**Instructor Note:** Refer to the Self-Assessment Scales (Social Readjustment Rating Scale/Hassle Test) in the chapter resources.

Stress external to agency:

- Frustration with judicial system
- Lack of consideration by the courts for scheduling officer appearances
- Perceived lack of public support
- Negative or distorted media coverage of policing
- Officers dislike of the decisions and interests of city council, county commissioners, or legislature

Internal to agency:

- Policies that are offensive to officers
- Poor training and inadequate career development opportunities
- Lack of identity and recognition for good performance
- Poor economic benefits, working conditions, equipment
- Excessive paperwork
- Inconsistent discipline
- Perceived favoritism regarding promotions and assignments
- Explore myths such as “weak people are more susceptible to stress”

Stressors in work itself:

- Rigors of shift work, especially rotating shifts, which result in alterations to body rhythms and officer's personal life
- Frequent exposure to life's hardships



- Boredom, interrupted by the need for sudden action
- Fear and dangers of the job
- Constant responsibility for protecting other people
- Fragmented nature of the job, which rarely allows for following a case through to conclusion
- Work overload
- Crisis driven and therefore unpredictable which can be hard on families because of last minute changes
- Daily routine of family life can seem mundane compared to the brief periods of excitement on the job.
- When the job becomes common place, the excitement is gone. Cynicism, drugs, or alcohol may set in to fill the gap of the adrenalin rush once experienced.

Stressors confronting the individual officer:

- Fears regarding job competence, individual success, and safety
- Necessity to conform, inclusion of the occupational subculture
- Necessity to take a second job or to further education
- Altered social status in the community due to attitude changes toward a person because he or she is an officer
- The officer's life is under public scrutiny and a higher expectation of behavior often referred to as "fishbowl living"
- Work stress comes home, home stress goes to work. Family members can become targets for stress produced at work and vice versa.

Law Enforcement personalities and characteristics:

- Make a good safe officer but can often wreak havoc on the home front.
- Cynicism and distrust are the practice of always looking for what is wrong in people; the "us vs. them" mentality.
- Emotional control can result in the inability to emotionally engage at home.
- The need for control is necessary on the job but the ability to relinquish or share control may be difficult at home.
- Sensation seeker/adrenalin junkie to remain hypervigilant off duty
- Over-protectiveness of family
- Over immersion in job
- Sometimes people with a physical aggressive nature are drawn to the law enforcement profession which could cause over aggressiveness on and off duty.

Family and personal

- Marital
- Children
- Parents
- Financial

Stressors related to the law enforcement career

- Begin career optimistic, enthusiastic, and idealistic
- New experiences and relationships forged under challenges

- Non law enforcement friendships may fade
- After graduation, a rookie looks to the veterans for how to do the job. They learn how to do the job and stay alive but where do they learn how to keep relationships healthy and alive?
- Frequent exposure to negative views of the world from some law enforcement peers, and experiences on the job combined with continued social isolation from non-law enforcement friends and activities can lead to cynical, negative, distrustful, or overly suspicious attitudes.

#### Hypervigilance and the Biological Rollercoaster

- Hypervigilance is the elevated alertness of surroundings required of law enforcement officers for survival. It is viewing the world from a threat-based perspective having the mindset to see the events unfolding as potentially hazardous. It is constantly considering the “what if” that is necessary for officer survival. Hypervigilance is key to officer safety. This heightened arousal is usually considered a pleasant state and is often missed when off duty.
- When officers are off duty, the other side of the hypervigilant rollercoaster occurs and they may experience extreme fatigue, detachment, isolation, reduction in sensory input, emotional withdrawal as well as a withdrawal from activities. This occurs with the throttling back of the Sympathetic Nervous System and the activation of the Parasympathetic Nervous System.
- Work peers see the officer alert and energetic, but the family sees their family member tired, needing to withdraw, often not talkative or engaged. This can cause problems in personal relationships.
- The gradual reduction in outside interests, hobbies and relationships combined with an over focus on the importance of the job can lead to the officer’s primary identity revolving around work. This can be a set up for a work/life imbalance leaving the officer vulnerable to extreme stress.

#### **Unit Goal: Personal strategies for the positive management of stress**

##### **3.12. Recognize strategies to manage stress.**

- Stress is not the event itself, but your reaction to an event. An event may not always be avoidable, but we can control our reaction to the event, a key to stress management.
- The challenge is to make stress work for you instead of against you. To survive and manage stress you need to learn to recognize stress, accept it and channel it in positive rather than destructive ways.

#### Three basic approaches to stress management

- Avoid
  - Reducing or eliminating exposure to a stressor
  - Avoiding or reducing exposure to biophysical stressors in the environment such as excessive noise and cigarettes

- Psychic stress caused by feelings of overload and lack of control can be lessened by learning and applying effective time management techniques. For example: leaving early to avoid traffic or choosing a less busy route
- Saying no, walk away, setting boundaries
- Alter
  - Minimizing the physiological response of the body to a stressor
  - Remove stress by changing something
  - Time Management
  - Problem Solving
  - Planning
  - Direct communication
- Adapt/Accept by building resistance to stress or changing perspective
  - Building Resistance by nurturing a balance to give a broad base of support:
    - Psychological
      - Nurture the mind and the emotions
      - Take time away from work
      - Focus on hobbies and outside interests
      - Gain knowledge in a variety of areas not just the job
    - Physical
      - Rest and relaxation allow the Parasympathetic Nervous System to engage allowing digestion, repair, and immune response.
      - Physical exercise “plays out” the fight or flight response to stress allowing the body and mind to return to equilibrium faster.
      - Nutrition is important to performance and disease prevention.
    - Social
      - Engage in community involvement activities and nurture relationships in and outside of law enforcement.
      - Engage emotionally with family and friends.
    - Spiritual/Faith System
      - Nurturing this area can give meaning to all the other areas and to life.
    - Changing Perspective
      - The impact of a positive attitude is the key to managing unavoidable stress.
    - Unrealistic Expectations/Self Affirmations
      - Be positive and supportive of yourself.
      - Don’t dwell on negative or degrading thoughts.
      - Identify and rewrite negative thoughts or messages to positive realistic expectations; “I should succeed at everything I do.” to “when I fail, I’ll get up and try again or try something different.”
      - Use humor when appropriate, it can dampen stress and change moods.

**Lecture Scenario:**

- Have students name negative/unrealistic messages.
- Have students name positive/self-affirming messages.
- Have students rewrite each of the negative messages so they are realistic and self-affirming.
- Discuss the power of the mind in influencing attitude, performance, and stress level.

**3.13. Identify ways to reduce stress through relaxation.**

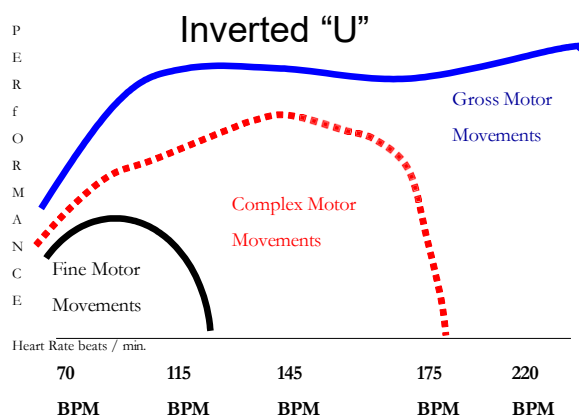
There are a variety of relaxation techniques designed to engage the Parasympathetic Nervous System and throttle back the nervous system.

- Visualization
  - Mental imagery to visualize yourself succeeding at a task, being strong.
- Guided Imagery
  - Guided daydreaming elicits relaxation response.
  - Imagining being in a beautiful, peaceful place, and mentally engaging the senses with colors, sights, smells, touch, and sounds.
- Unguided Imagery
  - Daydreaming without direction
- Thought Stopping/Blocking/Focusing
  - These are techniques to force your mind off of stressors. You refuse to allow your mind to dwell on a subject by forcing it to dwell on a specific topic.
- “Tactical Breathing” or deep breathing.
  - Breathe in for a count of 4, hold for 4, and exhale for 4 using diaphragm (belly) breathing.
  - Slow deep breathing kicks in the Parasympathetic Nervous System causing the heart rate and blood pressure to lower and the body to relax.
- Progressive Muscular Relaxation
  - This technique teaches how to recognize muscular tension, and how to make a muscle relax causing general relaxation.

**Unit Goal: What happens physically and psychologically when confronted with survival stress, critical incident stress or post-traumatic stress disorder.**

**3.14. Discuss what happens physically and psychologically when confronted with survival stress and explore ways to positively channel these changes.**

Effects of Stress on Performance—the “Inverted U Principle”

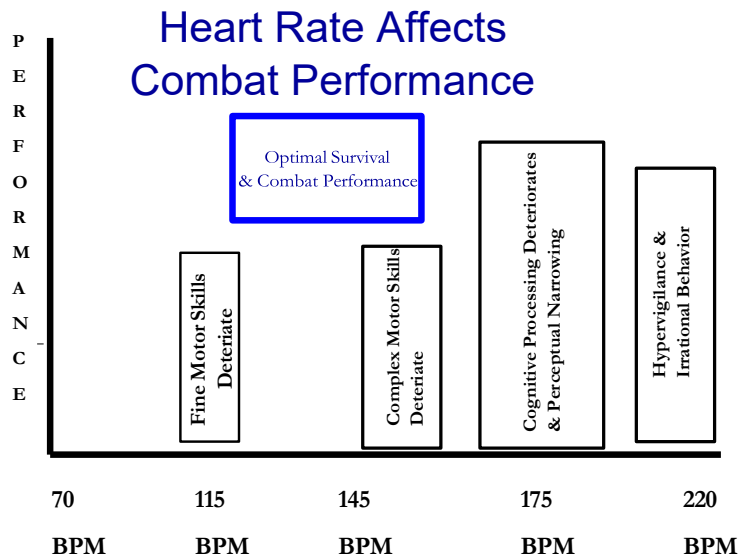


As heart rate increases, the ability to perform physically and process information improves to a point then begins to drop.

Fine motor skills deteriorate first at heart rates about 115. Skills needing accuracy such as

double locking handcuffs, radio operation and writing a ticket.

Complex motor skills, such as complex ground fighting techniques, begin to deteriorate and changes in vision begin at heart rates over 145. (i.e., tunnel vision, two-dimension vision.)



At heart rates above 175 an officer may experience auditory changes, loss of peripheral vision and depth perception, increases in reaction time and a declining ability to process information.

Heart rates above 200, an officer may exhibit irrational behavior such as repetitive nonproductive activities. Symptoms associated with high engagement of Sympathetic Nervous System and resulting elevated heart rates include:

- Visual changes such as tunnel vision, loss of depth perception, and color changes are common. Scenes may appear dimly lit due to pupil dilation and objects associated with the threat may appear larger.
- Time often appears to slow down during the incident as well as during recollection of the incident. A person can often recall incident frame by frame after the initial 24-48 hours has passed. For example, they may see a fist coming at them inch by inch or a bullet entering a body slowly.
- Some sounds may seem muffled while others sound louder than they should due to hearing perception changes.
- Memory lapses may occur. For example, the number of shots that were fired or how many people were involved in an incident. Most memory will begin to return in 24 to 48 hours. A warning that any reports written during this time should be considered preliminary.
- After an incident the officer may experience nausea, extreme weakness, and inappropriate or cycling emotions.

Strategies to positively channel changes to enhance tactical performance or minimize deterioration of psychomotor skills and sensory changes are geared towards minimizing heart rate.

**Lecture Scenario:** Suggestion of a quick demonstration. Have students close their eyes and visualize an environment where they would be required to escalate, then de-escalate on the force continuum. They should picture the people involved, words said, actions taken and visualize their successful performance. For example: make a vehicle stop and three people get out of the car and quickly approach the officer. Visualize words said, actions taken, use of cover, and use of radio, defensive tactics, or firearms skills.

- Mental Rehearsal-visualize successful performance of skills in a variety of situations
- Practice skills that require fine motor or complex motor skills to make them more automatic.
- Choose and practice skills that are not complex and use large muscle groups.
- Tactical Breathing-breathe in for a count of 4, hold for count of 4 and exhale for count of 4.
- Positive talk and self-affirmation. Tell yourself, "Slow down, I can handle this, I trained for this..."

**3.15. Discuss physical and psychological effects of Critical Incident Stress (CIS).**

- A traumatic event that causes a strong emotional reaction which has the potential to interfere with an individual's ability to function at the scene or later, often later.
- The incident temporarily disrupts your everyday life, forces you to face death, your vulnerability, pain, severe loss, or horror (i.e., a shooting, use of force incident, heart attack or catastrophic illness.)
- An occupational hazard, most will experience CIS in their personal or professional life at some time.
- Memory lapses may occur. Example, the number of shots that were fired or how many people were involved in the incident. Most memories will return in 24 to 48 hours. A warning that any reports written during this time should be considered preliminary.
- In addition, memories of a traumatic experience can be categorically different from memories of a non-traumatic experience. During a traumatic experience, the person may only encode certain details of the event, or may only recall sensory information, like taste, touch, or smell. Traumatic memory may also not be linear, may be fragmented, and may come back to the person at different times.

Five phases of transition that persons who experience traumatic events typically go through:

**Instructor Note:** Grief is not linear. It is important to stress to students that while many people do experience the five phases, not all do, and not all do in this order.

- Denial Phase
  - A tendency to reject the traumatic incident
  - Refusal to believe the event occurred

- In officer-related shootings this phase may be brief or nonexistent because of the necessity to immediately deal with the aftermath of the event.
- Anger Phase
  - Feeling anger or resentment that the traumatic event “had to happen to me”
- Bargaining Phase
  - A wish that the event had never taken place
  - For example, an officer wishes he could “take back the bullet”
- Depression Phase
  - This phase is often the longest.
  - Its severity depends on:
    - the individual’s basic personality.
    - the nature of the event.
    - the reaction of the department.
    - the reaction of the community.
    - the officer's support system.
- Acceptance Phase
  - The officer “gets over” the total preoccupation with the event.
  - Accepts the fact that the event occurred and resumes a normal life
  - This phase can be reached sooner through professional counseling.

#### Assault or Shooting

The psychological and physical symptoms may be similar as listed in other critical incidents, but more severe and longer lasting due to the seriousness of the event and secondary trauma occurring after the incident due to media, investigative procedures, court proceedings, peer and public opinion. In a shooting, it is common department/investigative procedures to remove the gun from the officer’s possession as evidence. Many department policies allow for a gun substitution. It is common for an officer to feel like the “bad guy” ... like “killing the messenger” during investigative proceedings and steps should be taken to minimize that affect such as keeping the officer informed of the rationale of investigative procedures and allowing the officer as much control as possible.

#### **3.16. Explore ways to prepare and assist yourself or someone else cope with a critical incident with minimum of pain and scarring.**

- Assist with basic needs first.
  - Ensure and assure safety.
  - Help to notify family and assist with connection (i.e., phone call or transport).
  - Take over with officer and family’s consent, as many of the small duties as possible. (i.e., feed dog, transport kids, groceries, meals, handle phone calls and visitors)
- Physical presence, sit quietly with them, listen...listen...listen...allow silence if they don’t want to talk.
- Don’t offer answers; offer presence, comfort, reality, assistance with logistics and decisions, and listen...listen...listen.

- Continued reassurance that what they are experiencing is normal in this abnormal situation.
- Assist in keeping routine as much as possible (i.e., rest, exercise, eating).
- Ensure someone is close. (i.e., partner or significant other stays close by).
- Assist with resources (i.e., CISM team, Employee Assistance Program, PEER Network).
- Designate someone to handle media.
- Follow Department guidelines regarding these incidents.

**Lecture Scenario:** Panel group or videotape interviews with police officers who have experienced critical incident stress.

- Choose panel of 3-5 officers or video them to present to class.
- Use a balance of incidents such as: shooting, assault, environmental emergency etc.
- Discussion with class

### **3.17. Discuss Post Traumatic Stress Disorder.**

- Symptoms like CIS but are more severe and persist longer than one month after an incident and will continue to affect person's life.
- In PTSD the response pattern triggered by a similar stressor is similar in intensity to the original event. It as if they are there living it, not just remembering it. It may be triggered by a similar sound, sight smell or sensation. For example, consider an officer who has been in a serious gun fight four years ago who hears a car unexpectedly backfire next to him or her. If that backfire reminds the officer of the gunfight and triggers some memories, that may be an indication of healthy recovery from CIS. But if the officers react with the same intensity, fear, and anxiety as when he or she was in the gunfight, this might indicate PTSD.
- Avoidance of reminders of events and responses to normal events are numb.
- Increased arousal with sleep difficulties, exaggerated startle responses, unusual irritability, or anger outbursts.
- Professional psychological help needed to recover from PTSD.

**Lecture Scenario:** Discuss with students the research on the impact of yoga among prior military with diagnosed PTSD vs. talk therapy alone. Include education about syncopations (heart rate vs. respiratory rate) and why deep breathing matters how it impacts the brain and the body.

SOURCE: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6086130/>  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047000/>  
<https://breathe.ersjournals.com/content/13/4/298>

**Unit Goal: Signs and intervention strategies for suicide amongst police officers.**

### **3.18. Increase awareness of prevalence of suicide.**

**Source:** General US population statistics: (Suicide Figures from the Centers for Disease Control for the year 2009. American Foundation for Suicide Prevention)



**Instructor Note:** It is the responsibility of the instructor to ensure the most up-to-date statistics are presented in class.

- 90% of people who die by suicide have a diagnosable and treatable psychiatric disorder at the time of their death.
- Frequency of suicide in the US:1 every 14.2 *minutes*.
- Nearly 1,000,000 people make a suicide attempt every year.
- Most people with mental illness do not die by suicide.
- Recent data puts yearly medical costs for suicide at nearly \$100 million (2005).
- Men are nearly four times more likely to die by suicide than women. Women attempt suicide three times as often as men.
- Suicide rates are highest for people between the ages of 40 and 59.
- White individuals are most likely to die by suicide, followed by Native American peoples.
- Men more often use firearms; women more often use drugs or poisons (2009).

Law enforcement statistics

- 2000-2010 has shown a gradual **reduction** of law enforcement felony deaths despite increasing gang activity, availability of automatic weapons, drug trafficking. With survival training and improved technology and equipment, we are doing well in officer survival on the street.
- We are losing the battle of emotional survival.
- An average, 60 law enforcement officers died feloniously in the U.S each year during the 2000's. The loss of one police officer's life to a felony is unacceptable and agencies do everything possible to increase officer survival, yet the suicide rate is a concern.
- Marital problems or relational problems is the leading cause.
- Legal trouble second leading cause.
- Suspension/work related stress.
- Suicide rate increases drastically at retirement especially if there is a medical disability.

According to a study conducted in 2006, "Although the suicide rate of 18.1 for law enforcement personnel is higher than the 11.4 in the general population, it is not higher than would be expected for people of similar age, race, and gender. Thus, any difference between law enforcement rates and rates in the general population can be completely explained by the race, gender, and age of people who enter the law enforcement field. This is an important point because it suggests that speculation about such factors as job stress and the availability of weapons are not factors that are exclusively associated with law enforcement suicide. Although even one suicide is too many, allocating mental health resources to law enforcement personnel at the expense of other professions does not appear justified. Furthermore, the reasons that officers commit suicide are similar to those of the general population with the possible exception of legal problems."

**Source:** Police Officer Suicide: Frequency and officer profiles. By Michael G. Aamodt & Nicole A. Stalnaker Radford University June 20, 2006

**Instructor Note:** Instructors should highlight that it is their duty to seek help to assure they are maintaining emotional health. It is not simply about maintaining physical health but also maintaining emotional health.

**3.19. Recognize common signs of suicidal thoughts and behavior.**

Losses—loved one, health, divorce, job, cherished possessions, retirement, financial problems, legal problems, victim of a crime, sexual assault, witness to violence. Other signs:

- Loss/change in important relationship
- Expresses hopelessness, depression, guilt
- Change in sleep and, or appetite
- Minimal social support
- Alcohol/Substance abuse
- Legal problems/Financial problems
- Under investigation
- Talks about death or wanting to die

**Instructor Note:** Instructors should highlight that it is the officer's duty to seek help to assure they are maintaining emotional health. It is not simply about maintaining physical health but also maintaining emotional health. Many law enforcement agencies have employee assistance programs (EAP), internal programs or assigned department personnel that specialize in interfacing with members. It is recommended that instructors discuss agency/department options as well as local resources geared towards first responders.

**3.20. Identify strategies to assist a coworker contemplating suicide.**

AID LIFE

- Ask – Don't be afraid to ask, "Are you thinking of hurting or killing yourself?"
- Intervene immediately. Take action, tell the person they are not alone.
- Don't keep it a secret
- Locate help – Seek a mental health professional, peer support, chaplain, family member, or a friend.
- Inform supervisor of the situation
- Find someone to stay with the person.
- Expedite. Get help immediately and don't leave the person alone.

**Instructor Note:** Many law enforcement agencies have employee assistance programs (EAP), internal programs or assigned department personnel that specialize in interfacing with members. It is recommended that instructors discuss agency/department options.

**Unit Goal: Problems, symptoms, and responses to substance abuse in law enforcement.**

**Instructor Note:** See Self-Evaluation of Personal Alcohol Usage and Discussion on Factors Contributing to Alcohol and/or Drug Abuse in Law Enforcement in Chapter Resources.

**3.21. Identify the extent of alcohol and drug abuse in the law enforcement workplace.**

Hundreds of books, articles, and research reports have been written about alcohol and drug abuse in the workplace and almost all lead to the following conclusions.

Conclusions:

- A significant number of U.S. workers abuse alcohol and/or drugs.
- Alcohol and/or drug use occurs on the job as well as off the job.
- Alcohol and drug use endangers the health and safety of these workers, their co-workers, and the public.
- Law enforcement is not immune, but the nature of the profession may present barriers to an officer getting help.

The Problem of Workplace Alcohol and Drug Abuse in Law Enforcement:

Although these statistics describe the American work force as a whole, they are probably very good indicators of the problem of alcohol and drug abuse in the specific area of law enforcement. Of the studies that have been done on law enforcement, most suggest that alcohol and drug abuse is as frequent as or more frequent than in the general population.

These problems may or may not be prevalent in Texas. A survey of 2,200 officers in 29 police departments throughout the U.S. revealed that 23% of the officers had serious alcohol problems and 10% had serious drug problems. This number is substantially higher than the number estimated for the general population. A study of officers in a major mid-western state revealed that 53% came to work with a hangover, and that an “average” officer drank alcohol on the job almost eight days every half year. Risk factors for law enforcement profession include:

- High levels of stress.
- Peer pressure.
- Isolation from the mainstream.
- A preponderance of young male individuals and a culture that approves of using alcohol to relax and cope with stress.

Add to that a need for emotional control, and a disposition to solve problems and move on, can make officers quick to get rid of their problems rather than face them and work through them. Hypervigilance can drive officers to seek extreme means to help them relax. The myth image that those officers are problem-free problem solvers may encourage reliance on alcohol or substances rather than people to reduce stress and tension.

**Instructor Note:** Instructors should discuss the impacts of on-the-job trauma with students. Students need to consider how they may respond to various situations due to their own history. Students should use personal trauma when interacting with survivors/victims who experience trauma as a way to build empathy.

### 3.22. Explain myths and realities of alcoholism.

Myth: Once an alcoholic, always an alcoholic

Reality:	Alcoholism is a disease for which recovery is possible IF the person experiencing alcoholism begins and sticks with a recovery program. If not, a premature death is likely.
Myth:	Alcohol helps to sleep
Reality:	Alcohol may help with onset of sleep but interferes with necessary Rapid Eye Movement (REM) sleep causing sleep impairment.
Myth:	Alcoholism is caused by a lack of willpower, immorality, weak character, or police stress.
Reality:	No one really knows what compels a person to drink. Studies have implicated physical, genetic, psychological, environmental, and social factors.
Myth:	All people experiencing alcoholism are skid-row drunks.
Reality:	Many people experiencing alcoholism hold high-level jobs and function well at work for years before their performance affected by drinking is noticeable.
Myth:	If a person experiencing alcoholism can stop drinking, he or she doesn't have a problem.
Reality:	Abstinence is not a sign that someone is free of alcoholism. AA calls these abstainers "dry drunks".
Myth:	A person experiencing alcoholism drink every day.
Reality:	Alcohol abuse patterns vary. Some get drunk daily and others on weekends. Some stay sober for months and then go on a long binge.

**3.23. Discuss signs and symptoms of drug/alcohol abuse and the personal consequences of personal use.**

- Failed attempts to cut back or quit for whatever reason
- Difficulty enjoying life or social setting without alcohol or drugs
- Declining performance
- Feeling guilty about drinking/drug use or angry if confronted about drinking
- Drink alcohol or frequently hung over on the job
- Need a drink to get going
- Financial or relationship problems related to alcohol or drugs
- Blaming others of drug or alcohol use
- Hiding alcohol or drugs
- Black outs or lapses of memory
- Heavy reliance on alcohol for escape or reward
- Use of alcohol to replace direct communication or problem-solving
- Loss of control of drinking.
- Drinking despite consequences. Alcohol is the perfect solvent—dissolves jobs, homes and families.
- Drink to "prepare" or "recover" from an event

The solution to alcohol/drug abuse in law enforcement begins with the individual officer. The responsibility of the individual officer is two-fold:

- To evaluate their own use of alcohol and drugs

- To assist co-workers who are experiencing alcohol/drug problems

The continued exposure/activation of arousal system can change the brain and make discerning danger an issue for the officer and for the people they are encountering.

**Instructor Note:** Instructors should highlight that it is the officer's duty to seek help to assure they are maintaining emotional health. Discuss available programs directed to law enforcement professionals. Provider resources about crisis counseling.

**3.24. Discuss responsibilities an officer has to a co-worker when substance abuse threatens the safety and efficiency of the department.**

Assisting co-workers:

Experts agree that the earlier an alcohol or drug abusing employee is helped, the more likely they will be able to recover. Unfortunately, co-workers are often the first to see a problem, but the last to intervene. Often this is because they fail to understand how they can help. Alcohol-related misconduct is often covered up until there is a crisis. Examples of covering up could include:

- Not arresting a coworker stopped for driving under the influence.
- Not ticketing an illegally parked car that belongs to a drunken cop.
- Driving when their partner is too hungover to navigate and wants to sleep it off in the back seat.
- Ignoring the smell of alcohol on an on-duty coworker's breath or covering up for lack of performance while drunk or hung-over.

Co-workers can help in five ways:

- Be aware and recognize the problem.
- Urge the person to seek help.
- Encourage the person after they seek help.
- Keep in mind that avoiding the problem only contributes to the denial of the abuser, and that alcohol/drug abuse will eventually have serious physical and emotional consequences.
- Consider discussing resources, such as peer support, critical incident response team, employee assistance program, professional substance abuse programs, and hotlines.

You may have concerns for a coworker's wellbeing but your approach, to avoid legal traps, is to focus on performance and the safety and efficiency of your department. If you suspect an alcohol/drug problem, refrain from offering the fellow officer your "diagnosis." Diagnosis is the job of professionals. Instead, tell the officer you are concerned about the safety of others and encourage them to seek assistance from their supervisor or a counselor. If they refuse to get help or change, discuss your concerns about safety with a supervisor.

**3.25. Discuss consequences of steroid abuse.**

- Steroid use in law enforcement is used to get a performance edge on the "bad guy". The increase in muscle mass and confidence often sought after can be obtained through a sensible fitness regime.

- Steroid use can cause severe physical and psychological changes:
  - Increased cholesterol, triglycerides, and glucose
  - Increased irritability and hostility “road rage”
  - Increased risks of liver cancer, hepatitis, hypertension, and diabetes
- Symptoms of steroid use:
  - Mood swings and increased aggressiveness
  - Acne
  - Voice lowering (in females)
  - Increases in facial and body hair
  - Above normal gains in muscle mass

### References used in Stress Section

1. Kirschman: *I Love a Cop*. 1997.
2. Gilmartin, *Emotional Survival for Law Enforcement* (2002)
3. NIDA: Strategic Planning for Work Place Drug Abuse Programs, (1987).
4. Alcohol and Drug Prevention Strategies for Law Enforcement. (1991). Criminal Justice Center, Sam Houston State University.
5. U. S. Department of Health and Human Services, Trainer's Manual: Employee Counseling Services Program - Supervisory Training.
6. NIDA. Strategic Planning for Work Place Drug Abuse Programs. (1987).
7. Lanphier, et.al., 1983.
8. Van Raalte, 1979.
9. Jones, 1980.
10. NIDA publication, Strategic Planning for Work Place Drug Abuse Programs. (1987).
11. Hoffman & Collingwood, Fit for Duty.2005.
12. The Cooper Institute, *Fit for Duty Health and Fitness Training System*
13. T. Baker and J. Baker, "Preventing Police Suicide," *FBI Law Enforcement Bulletin*, October 1996
14. G. Fields, "Suicide on the Force," *USA Today*, June 1, 1999
15. *Suicide: Prevention, Intervention & Post-intervention*. International Critical Incident Stress Foundation. 2007
16. PPCT Defensive Tactics Instructor Book, 2005
17. Wikipedia, the free encyclopedia
18. Apres, Richard M. Preventing Law Enforcement Stress: The Organization's Role, The National Sheriff's Association.
19. 2012 Police Suicides: the NSOPS Study Posted on March 28, 2012 by *The Badge of Life Canada* by Ron Clark, RN, MS, Connecticut State Police (ret.) Andy O'Hara, California Highway Patrol (ret.) A *Badge of Life Police Mental Health Foundation* article
20. "Suicide in the U.S.: Statistics and Prevention". NIMH.  
<http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml>. Retrieved 26 June 2011.
21. Aamodt MG, Stalnaker NA. *Police Officer Suicide: Frequency and Officer profiles*. In Sheehan D, Warren eds. *Suicide and Law Enforcement*. Washington, D.C.: U.S. Government Printing Office;2002:383-98

## RESOURCE MATERIALS

### FITNESS AND WELLNESS AND STRESS MANAGEMENT

#### LEARNING OBJECTIVE 3.1.2.

INSTRUCTIONAL STRATEGY: Par-Q self-evaluation to determine readiness for physical activity.

SUGGESTED USES: Students take the Par-Q as individuals and evaluate it themselves. It should not be collected, or specifics discussed in class due to confidentiality issues

#### ACTIVITY:

1. Distribute a Par-Q to each student and have them complete it on their own.
2. Explain that it is a tool to assist them in deciding on readiness for physical activity and the need for screening.

### FITNESS / WELLNESS / STRESS MANAGEMENT LEARNING OBJECTIVE 3.1.2.

#### PAR-Q Physical Activity Readiness Questionnaire

Regular physical activity is fun, healthy and a necessity for safely doing law enforcement work. Physical activity is very safe for most people. The PAR-Q is a tool to help you in determining if you should get medical screening prior to becoming much more physically active. It is designed to identify the small number of adults for whom physical activity might be inappropriate, or those who should have medical advice concerning the type of activity most suitable for them. Please read carefully and circle **YES** or **NO** for each question as it applies to you.

- |   |     |    |
|---|-----|----|
| 1. Has a doctor ever said you have heart condition and that you should only do physical activity recommended by a doctor?   | YES | NO |
| 2. Do you feel pain in your chest when you do physical activity?  | YES | NO |
| 3. In the past month, have you had chest pain when you were not doing physical activity?  | YES | NO |
| 4. Do you often lose your balance, feel faint or have spells of severe dizziness?   | YES | NO |
| 5. Has a doctor ever said your blood pressure was too high?   | YES | NO |
| 6. Is your blood pressure over 144/94   | YES | NO |
| 7. Has your doctor ever told you that you have a bone or joint problem, (i.e., back, knee or hip) that could be made worse by a change in your physical activity? | YES | NO |
| 8. Is there a good physical reason, not mentioned here, why you should not follow   |     |    |



- |   |     |    |
|---|-----|----|
| an activity program even if you wanted to?                              | YES | NO |
| 9. Are you over age 65 and <u>not</u> accustomed to vigorous exercise?  | YES | NO |
| 10. Are you using any drugs that might alter your response to exercise? | YES | NO |

***If you answered YES to one or more questions: BEFORE*** increasing your physical activity and/or taking a fitness test, talk your doctor about any questions you answered YES and seek advice from your physician as to the suitability for:

1. Unrestricted physical activity with a slowly and gradual build up.
  2. Restricted and supervised activity to meet your specific needs, at least on an initial basis.
- Check your community for special programs or services.

***If you answered NO to all questions:*** Reasonable assurance of your present suitability for a slowly graduated exercise program.

FITNESS AND WELLNESS AND STRESS MANAGEMENT

INSTRUCTIONAL STRATEGY: Stress in Policing: Self Assessment

PURPOSE OF ACTIVITY: to increase the student's awareness of the factors contributing to stress.

SUGGESTED USES: Individual self-assessment with large group discussion follow-up

ACTIVITY:

1. Share purpose of activity.
2. Increase awareness of stressors and effects of cumulative stress
3. Individuals complete 1.3.4a Social Readjustment Rating Scale

Tally Score and compare to Rating score at bottom of instrument

Individual complete 1.3.4b Hassle Test. They should ONLY circle items that apply in the last month and rate ONLY those items 1, 2 or 3. Tally score and compare to 30 points (indicating risk for stress-related condition)

4. Class discussion
  - Holmes Rahe scale measures significant life events. It is limited in its validity because many of the questions are about past stress not current stressors.
  - Hassle Test measures irritants that can range from minor annoyances to fairly major pressures, problems or difficulties.
  - Discussion comparison of the two instruments. New scientific evidence reveals that daily hassles may stress us out more in the long run than the major events.
  - Allow sharing thoughts and discussion of stressors to point differences in the degree of stress experienced by different people with similar stressors.

### Holmes and Rahe Stress Scale

To measure stress according to the Holmes and Rahe Stress Scale, the numbers of "Life Change Units" that apply to events in the past year of an individual's life are added and the final score will give a rough estimate of how stress affects health.

Life Event 	Life Change Units	Life Event	Life Change Units
Death of a Spouse	100	Change in Living Conditions	25
Divorce	73	Revision of Personal Habits	24
Marital Separation	65	Trouble with Boss	23
Imprisonment	63	Change in Working Hours or Conditions	20
Death of a Close Family Member	63	Change in Residence	20
Personal Injury or Illness	53	Change in Schools	20
Marriage	50	Change in Recreation	19
Dismissal from Work	47	Change in Church Activities	19
Marital Reconciliation	45	Change in Social Activities	18
Retirement	45	Minor Mortgage or Loan	17
Change in Health of Family Member	44	Change in Sleeping Habits	16
Pregnancy	40	Change in # of Family Reunions	15
Sexual Difficulties	39	Change in Eating Habits	15
Gain a New Family Member	39	Vacation	13
Business Readjustment	39	Christmas	12
Change in Financial State	38	Minor Violation of Law	11
Change in Frequency of Arguments	35		
Major Mortgage	32		
Foreclosure of Mortgage or Loan	30		
Change in Responsibilities at Work	29		
Child Leaving Home	29		
Trouble with In-Laws	29		
Outstanding Personal Achievement	28		
Spouse Starts or Stops Work	26		
Begin or End School	26		

**Score: 300+ At Risk of illness 150-199 +  
Moderate risk of illness (reduced by 3 %)  
150: Only slight risk of illness**

*From Wikipedia, the free encyclopedia*

### Hassle Test

Listed on the following pages are a number of ways in which a person can feel hassled. First circle the hassles that have happened to you in the **past month**. Then look at the numbers to the right of the items circled. Indicate by circling a 1, 2 or 3 how **severe** each of the circled hassles has been for you in the **past month**. If a hassle **DID NOT** occur in the last month, **DO NOT** circle it. A point total of 30 or more represents levels of daily stress which increase your risk for a stress-related condition or disease.

### Hassles

Circle if happened in the last month and rate 1, 2 or 3

#### 1 Somewhat Severe

#### 2 Moderately Severe

#### 3 Extremely Severe

HASSLE	1,2,3	HASSLE	1,2,3
Misplacing or losing things		Side effects of medications	
Troublesome neighbors		Concerns about medical treatment	
Social obligations		Fear of rejection	
Inconsiderate smokers		Difficulties getting pregnant	
Troubling thoughts about your future		Sexual problems that result from physical problems	
Thoughts about death		Sexual problems other than those resulting from physical problems	
Health of a family member		Concerns about health in general	
Not enough money for clothing		Concerns about physical appearance	
Not enough money for housing		Not seeing enough people	
Concerns about owing money		Friends or relatives too far away	
Concerns about getting money		Preparing meals	
Concerns about money for emergencies		Wasting time	
Someone owes you money		Auto maintenance	
Financial responsibility for someone who doesn't live with you		Filling out forms	
Cutting down on electricity, water, etc.		Neighborhood deterioration	
Smoking too much		Financing children's education	
Use of alcohol		Problems with employees	
Personal use of drugs		Problems on job due to being a woman or man	
Too many responsibilities		Declining physical abilities	
Decisions about having children		Being exploited	

Non-family members living in your house		Concerns about bodily functions	
Care of a pet		Rising prices of common goods	
Planning meals		Not getting enough rest	
Concerned about the meaning of life		Not getting enough sleep	
Trouble relaxing		Problems with aging parents	
Trouble making decisions		Problems with your children	
Problems getting along with fellow workers		Problems with persons younger than yourself	
Customers or clients give you a hard time		Problems with your lover	
Home maintenance (inside)		Difficulties seeing or hearing	
Concerns about job security		Overloaded with family responsibilities	
Concerns about retirement		Too many things to do	
Laid off or out of work		Unchallenging work	
Don't like current work duties		Concerns about meeting high standards	
Don't like fellow workers		Financial dealings with friends or acquaintances	
Not enough money for basic necessities		Job dissatisfactions	
Not enough money for food		Worries about decision to change jobs	
Too many interruptions		Trouble with reading, writing, or spelling abilities	
Unexpected company		Too many meetings	
Too much time on hands		Problems with divorce or separation	
Having to wait		Trouble with arithmetic skills	
Concerns about accidents		Gossip	
Being lonely		Legal problems	
Not enough money for health care		Concerns about weight	
Fear of confrontation		Not enough time to do the things you need to do	
Concerns about financial security		Television	
Silly practical mistakes		Not enough personal energy	
Inability to express yourself		Concerns about inner conflicts	
Physical Illness		Feel conflicted over what to do	
Nightmares		Regrets over past decisions	
Concerns about getting ahead		Menstrual (period) problems	
Hassles from boss or supervisor		The weather	

A point total of 30 or more represents levels of daily stress which increase your risk for a stress-related condition or disease.

Adapted from The Cooper Institute. Fit for Duty Health and Fitness Training System

#### FITNESS AND WELLNESS AND STRESS MANAGEMENT

PURPOSE OF ACTIVITY: to provide the student with the opportunity to examine his/her own attitudes and behavior related to alcohol use.

SUGGESTED USES: Individual completes assessment followed by group discussion and wrap up. Answers should be kept confidential unless volunteered.

#### ACTIVITY:

1. Share purpose of activity.
2. Individually answer the questions on the Self-Evaluation of Personal Alcohol Usage form (3.7.1.) Inform the class that this information is personal and confidential. (Provide 5 minutes of time for this part of exercise.)

Notes to the Instructor: No one should be required or pressured to release the information on these forms. It is for self-evaluation only.

#### **SELF-EVALUATION OF PERSONAL ALCOHOL USAGE** **<<< FOR STUDENT'S PERSONAL USE ONLY >>>**

#### **FITNESS AND WELLNESS AND STRESS MANAGEMENT**

The objective of the exercise is to give the opportunity to examine your own attitudes and behavior related to alcohol use. Begin by individually answering the following questions. Next, review your answers and try to arrive at some conclusions about your use of alcohol.

Yes	No	Is This You?
Y	N	Have you ever felt the need or tried to cut down on your alcohol intake?
Y	N	Do you test yourself for control, say you won't drink, and then take a Drink anyway?
Y	N	Do you think it would be difficult to enjoy life if you could not take another drink?
Y	N	Do you use alcohol as a way of handling stressful situations or life problems?
Y	N	Have you ever gotten angry at someone for telling you that you drink too much?
Y	N	Have you ever felt guilty about your drinking?
Y	N	Have you ever felt as if you needed a drink to get going in the morning?
Y	N	Do you hide your alcohol or drink secretly?
Y	N	Do you take more drinks than you had planned?
Y	N	Do you have wide swings in mood and personality?
Y	N	Can you drink more than you used to?
Y	N	Do you ever wake up the morning after and find you can't remember part of the evening before?
Y	N	Do you feel uncomfortable if alcohol is not readily available?
Y	N	Are you in more of a hurry to get that first drink?

- |   |   |  |
|---|---|--|
| Y | N | Do you regret things you have done or said while drinking?   |
| Y | N | Are you having an increasing number of financial, family, sexual or work problems because of alcohol?  |
| Y | N | Do you eat irregularly or very little when you are drinking?   |
| Y | N | Have you had legal problems, for example a DUI arrest, related to your use of alcohol?   |
| Y | N | Do you sometimes get the shakes in the morning and find it helps to have a little drink?   |
| Y | N | Do you regularly use over-the-counter medications and / or prescription drugs to counter act alcohol induced insomnia, stomach distress, headaches or hangovers? |

If you answered “Yes” to one or more items, you or the person you are concerned about should think seriously about getting help.

*(Checklist adapted from the National Council on Alcoholism & the Kaiser Permanente Medical Care Program)*



Estimated amounts of calories<sup>a</sup> needed to maintain caloric balance for various gender and age groups at three different levels of physical activity. The estimates are rounded to the nearest 200 calories. An individual's caloric needs may be higher or lower than these average estimates.

Gender/ Activity level <sup>b</sup>	Male/ Sedentary	Male/ Moderately Active	Male/ Active	Female/ Sedentary	Female/ Moderately Active	Female/ Active
Age (years)						
2	1,000	1,000	1,000	1,000	1,000	1,000
3	1,200	1,400	1,400	1,000	1,200	1,400
4	1,200	1,400	1,600	1,200	1,400	1,400
5	1,200	1,400	1,600	1,200	1,400	1,600
6	1,400	1,600	1,800	1,200	1,400	1,600
7	1,400	1,600	1,800	1,200	1,600	1,800
8	1,400	1,600	2,000	1,400	1,600	1,800
9	1,600	1,800	2,000	1,400	1,600	1,800
10	1,600	1,800	2,200	1,400	1,800	2,000
11	1,800	2,000	2,200	1,600	1,800	2,000
12	1,800	2,200	2,400	1,600	2,000	2,200
13	2,000	2,200	2,600	1,600	2,000	2,200
14	2,000	2,400	2,800	1,800	2,000	2,400
15	2,200	2,600	3,000	1,800	2,000	2,400
16	2,400	2,800	3,200	1,800	2,000	2,400
17	2,400	2,800	3,200	1,800	2,000	2,400
18	2,400	2,800	3,200	1,800	2,000	2,400
19-20	2,600	2,800	3,000	2,000	2,200	2,400
21-25	2,400	2,800	3,000	2,000	2,200	2,400
26-30	2,400	2,600	3,000	1,800	2,000	2,400
31-35	2,400	2,600	3,000	1,800	2,000	2,200
36-40	2,400	2,600	2,800	1,800	2,000	2,200
41-45	2,200	2,600	2,800	1,800	2,000	2,200
46-50	2,200	2,400	2,800	1,800	2,000	2,200
51-55	2,200	2,400	2,800	1,600	1,800	2,200
56-60	2,200	2,400	2,600	1,600	1,800	2,200
61-65	2,000	2,400	2,600	1,600	1,800	2,000
66-70	2,000	2,200	2,600	1,600	1,800	2,000
71-75	2,000	2,200	2,600	1,600	1,800	2,000
76+	2,000	2,200	2,400	1,600	1,800	2,000

a. Based on Estimated Energy Requirements (EER) equations, using reference heights (average) and reference weights (Healthy) for each age-gender group. For children and adolescents, reference height and weight vary. For adults, the reference man is 5 feet 10 inches tall and weighs 154 pounds. The reference woman is 5 feet 4 inches tall and weighs 126 pounds. EER equations are from the Institute of Medicine. Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids. Washington (DC): The National Academies Press; 2002.

b. Sedentary means a lifestyle that includes only the light physical activity associated with typical day-to-day life. Moderately active means a lifestyle that includes physical activity equivalent to walking about 1.5 to 3 miles per day at 3 to 4 miles per hour, in addition to the light physical activity associated with typical day-to-day life. Active means a lifestyle that includes physical activity equivalent to walking more than 3 miles per day at 3 to 4 miles per hour, in addition to the light physical activity associated with typical day-to-day life.

c. Estimates for females do not include women who are pregnant or breast-feeding.

Source: Bittner P, Mancini K, Yamini S, Davis C. Development of food intake patterns for the MyPyramid Food Guidance System. J Nutr Educ Behav 2006;38(4 Suppl):S78-S92.

Dietary Guidelines for Americans. (2010). Retrieved May 15, 2012, from <http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/Appendices.pdf>