2018-19 DESTINATION ZERO AWARD APPLICATION

OFFICER HEALTH AND WELLNESS

Table of Contents

Document A – BPD Presentation

Document B – Policy 1703, Employee Assistance Program

Document C – Policy 1731, Critical Incident Stress Management Protocol

Document D – Clinician and Mental Health Service Providers List**.**

Document E – Agenda and Course Outlines for Individual and Group Crisis Intervention

Document F – Flyer for District Pop Up Day (SED)

Document G – Family Wellness Day Flyer

Document H – Officer Safety and Wellness Brochure

Document I – BHS Flyer & Poster

Document J – Member Testimonials

Document K – WBALTV11 News Article: Love costs Baltimore Police Department one 'Penny'

Document L – Photos of Penny

Document M – Hiking Club Flyer

Document N – SOPs

Document O – Vehicle

Policy 1703

Subject	
EMPLOYEE ASSISTANCE PROGRAM (EAP)	
Date Published	Page
DRAFT 31 August 2018	**1 of 5**

By Order of the Police Commissioner

POLICY

The Baltimore Police Department (BPD) is committed to the safety and well-being of all members and their families. BPD members may experience events that will evoke intense emotional reactions (trauma) and can threaten to overwhelm their psychological coping abilities. BPD recognizes that its members may experience the same stressors and mental health issues as the general population and, in addition, stressors which are unique to the profession of policing and to police family life. This policy offers guidance on how the BPD, through an established Employee Assistance Program (EAP), supports and guides employees affected by personal and professional stressors and traumatic events.

DEFINITIONS

Critical Incident — An incident that is unusual, violent, and involves a perceived threat to or actual loss of human life that may overwhelm an individual's normal coping mechanisms and cause psychological distress (See Policy 1731, *Critical Incident Stress Management Protocol*).

Employee Assistance Program (EAP) — EAP is a voluntary, confidential program that helps employees work through various life challenges that may adversely affect job performance, health, and personal well-being. EAP services include assessments, counseling, and referrals for additional services to employees with personal and/or work-related concerns, such as stress, financial issues, legal issues, family problems, office conflicts, and alcohol and substance use disorders.

Employee Assistance Program (EAP) Provider — The approved confidential EAP service provider who responds to member support requests. The EAP Provider consists of a staff and provider network of psychologists, social workers, clinicians, and licensed mental health practitioners, all who provide confidential counseling and consultation.

Traumatic Incident — A mentally and sometimes emotionally painful and highly stressful event that cannot be resolved through normal stress-coping mechanisms. These events may cause disabling emotional and physical problems unless members are adequately treated. A Traumatic Incident is defined by an individual's unique, internal reaction to an event, not necessarily the external appearance or apparent magnitude of the event. It is not necessarily a life-threatening incident.

Common incidents that pose the increased potential for trauma include, but are not limited to:

- Police officer-involved shootings,
- An actual or ***perceived*** threat to one's life or of grievous physical harm,
- Suicide or suicide ***attempt*** by a colleague,
- Serious injury inflicted on, or death of a colleague,
- Serious injury or death of a non-member, especially a child, under particularly tragic or grotesque circumstances,

DRAFT

- Cruelty/abuse to a child,
- Line of duty contact with friend/relative during a tragic/traumatic event,
- Death or injury of a person resulting from duty operations,
- Perceived 'failure' during a tragic/traumatic event,
- Large scale or prolonged disaster,
- Events with high media exposure,
- Any tragic/traumatic event that may have private/personal emotional significance to a member, particularly when the event is characterized by: relative surprise; intense negative emotion; and perceived helplessness,
- Diagnosed or recovering from a terminal illness,
- Caring for a loved-one who has been diagnosed or recovering from a terminal illness, and/or
- Experiencing a familial death or loss (including children, spouse, etc.).

GENERAL

1. The BPD has partnered with a comprehensive EAP Provider comprised of a global network of services. The Employee Assistance Program is free, confidential, and available to all employees and their household members.

2. The purpose of the EAP is to provide confidential counseling and evaluation services to assist members experiencing incidents that may have a negative impact on performance, or may present a danger to the welfare and safety of the member, their family, and/or the general public.

3. The EAP is available to all employees and their families for a variety of problems including, but not limited to, Critical Incidents, Traumatic Incidents, substance abuse, depression, work stress, anxiety, marital issues, legal issues, loss/grief, violent/aggressive behavior, anger management, medical issues, and finance problems.

4. All services offered by the EAP are maintained in an updated list (See Appendix A, *List of EAP Health Service Providers*), and disseminated via email, in print, and accessible on the BPD website and mobile app. The EAP has a network of approximately 60,000 providers, including 150 in the Baltimore area. The EAP maintains the listing of providers that is available to BPD to ensure the availability of appointments, licenses, and insurance coverage of providers and will facilitate all connections to services. The EAP also has a resource library and additional information online:

5. In accordance with applicable state and federal law, the EAP is governed by a policy of confidentiality which restricts information, including identifying factors, identifying biographical material, clinical notes, or therapy issues that can be reported to or requested by the BPD. Individual members should expect, and shall be granted, legal privacy when seeking counseling assistance through the EAP.

DRAFT

DIRECTIVES

Contacting the EAP

1. The EAP may be contacted 24-hours a day, 7 days a week at 800-327-2251 for immediate support or to access services.

2. A care coordinator will perform an initial telephonic clinical assessment and develop a plan with the member based on their issue.

3. Following the assessment, members may be referred to an EAP counselor, work/life services, community resources, and in some cases, for support through their health insurance (e.g., substance abuse treatment or psychiatric services). The EAP can provide the counseling sessions face-to-face, telephonically, or through live video sessions.

4. The care coordinator shall provide direct contact information for additional care, follow up, and any other services necessary for the well-being of the member. The care coordinator will also assist the member with connecting to the provided resources.

5. In the event of a Critical Incident, Traumatic Incident, or when verbal permission is given by the member to the Director, Officer Safety and Wellness Section, the EAP will provide outreach to the impacted member directly to provide confidential support.

    5.1. The Director, Officer Safety and Wellness Section, will also coordinate with the EAP provider in the event that there is a need for onsite support following a Critical Incident and/or job related Traumatic Incident.

    5.2. The Director, Officer Safety and Wellness Section, serves as a proactive conduit for officers, and not as a clearinghouse for the use of EAP.

    5.3. Members are free to contact the EAP provider at any time without notifying the Director, Officer Safety and Wellness Section.

Confidentiality

1. Members and their families shall expect and receive privacy when seeking counseling assistance through the EAP.

2. All clinical counseling or mental and psychological consultation under the EAP will be provided by a trained mental health professional who shall maintain the utmost standard of confidentiality.

3. No personal identifying information will be shared with the BPD, including during any audit or reviews of the officer assistance and support programs maintained by the EAP.

4. Clinicians shall provide all those participating in counseling services with a confidentiality form, including the protections afforded to them before receiving counseling services with the EAP.

5. The EAP Provider will not release any information without written consent of the participant. If the participant would like a copy of their designated record set, participants may request it from the EAP Provider directly.

DRAFT

6. The EAP Provider shall only perform video evaluations, consultations, or other services via a HIPAA-compliant platform.

REQUIRED ACTION

Officer Safety and Wellness Section

1. The Officer Safety and Wellness Section shall conduct an annual audit of the EAP.

2. The audit shall include:

    2.1. The services provided by the EAP,

    2.2. The manner in which BPD employees are made aware of the EAP's services, and

    2.3. Recommendations for improving any gaps in services or outreach efforts

3. The audit shall be submitted to the Police Commissioner as an annual report.

4. Under no circumstances shall the annual audit include personally identifying information.

APPENDIX

A. List of EAP Health Service Providers

ASSOCIATED POLICIES

Policy 1731, *Critical Incident Stress Management Protocol*

COMMUNICATION OF POLICY

This policy is effective on the date listed herein. Each employee is responsible for complying with the contents of this policy.

DRAFT

APPENDIX A

List of EAP Health Service Providers

OFFICER SAFETY AND WELLNESS SECTION
CLINICIAN AND MENTAL HEALTH PROVIDERS LIST

PROVIDER NAME	CONTACT NUMBER
BHS	800-327-2251
MARWORTH	800-442-7722
TRANQUILITY WOODS	410-360-6600
HOUSE OF RUTH	410-889-7884
MY SISTERS PLACE/CATHOLIC CHARITIES	844-443-5732
SHEPARD PRATT	410-983-3000
BALTIMORE CRISIS RESPONSE INC. (BCRI)	410-433-5175
LA FITNESS	410-242-2062
YMCA	410-728-1600
BURN ALONG	443-873-0930
MASSAGE ENVY	410-234-3689
ABOUT FACES	410-675-0099
MEND ACUPUNCTURE	410-235-1776
CHARM CITY YOGA/YOGA WORKS	800-336-9642
BLUELINE YOGA	800-BLUYOGA

Policy 1731

Subject	
CRITICAL INCIDENT STRESS MANAGEMENT PROTOCOL	
Date Published	Page
DRAFT 31 August 2018	**1 of 5**

By Order of the Police Commissioner

POLICY

The purpose of this policy is to provide protocols for the Baltimore Police Department (BPD) on Critical Incident Stress Management (CISM). These protocols are designed to ensure that members who are involved in Traumatic Incidents, high stress incidents, or Critical Incidents receive proper stress management support, guidance, and education.

DEFINITIONS

Critical Incident — An incident that is unusual, violent, and involves a perceived threat to or actual loss of human life that may overwhelm an individual's normal coping mechanisms and cause psychological distress.

Critical Incident Stress Debriefings — A one-on-one discussion conducted by a licensed, qualified mental health professional that is designed to help members to understand their emotional response to a Traumatic or Critical Incident, and strengthen their coping mechanisms following an incident.

Critical Incident Stress Management — A formal process used to assist an individual who has been involved in a Traumatic or Critical Incident to return to and maintain an effective level of functioning.

Directly Involved — Any member, whether participatory or accessory, who is on the scene of a Traumatic or Critical Incident at the time the incident occurs.

Employee Assistance Program — EAP is a voluntary, confidential program that helps employees work through various life challenges that may adversely affect job performance, health, and personal well-being. EAP services include assessments, counseling, and referrals for additional services to employees with personal and/or work-related concerns, such as stress, financial issues, legal issues, family problems, office conflicts, and alcohol and substance use disorders. (See Policy 1703, *Employee Assistance Program*).

Employee Assistance Program Provider — The approved confidential EAP service provider who responds to member support requests. The EAP provider consists of a staff and provider network of psychologists, social workers, clinicians, and licensed mental health practitioners, all who provide confidential counseling and consultation.

Involved Member — Any member who is directly affected by a Traumatic or Critical Incident may include, but not be limited to: members who are on the scene at the time of the incident, those who respond to the scene immediately following the incident, and support personnel participating in the

DRAFT

response to the incident, such as emergency dispatchers and crime laboratory technicians.

Peer Mentor — An individual who has received training in Critical Incident Stress Management and who has been designated to provide emotional, social, practical and moral support to a BPD member. A Peer Mentor can be a sworn or civilian member of the department. A Peer Mentor is not a counselor or therapist but are trained to recognize and refer cases that require professional intervention, or are beyond their scope of training, to a licensed mental health professional. (See Policy 1711, *Peer Support Program*).

Peer Support Team — A group consisting of sworn and civilian employees who have been trained in Critical Incident Stress Management to assist members involved in Critical Incidents as well as high stress incidents, (e.g. death of a family member, divorce, or financial hardships). The Peer Support Team consists of a Team Coordinator, Peer Mentors, and a Mental Health Professional. Peer Support Team members will be required to participate in the department's comprehensive response to critical incidents.

Post-Traumatic Stress Disorder (PTSD) — As defined by the National Institute of Mental Health (NIMH), PTSD includes a group of symptoms, such as disturbing recurring flashbacks, avoidance, or numbing of memories of a dangerous event, and/or hyper-arousal. Acute PTSD symptoms usually begin early (within three months of an event), or may be onset symptoms beginning six months to a year afterwards. Symptoms must continue for more than a month after the occurrence of a traumatic event, and be severe enough to interfere with relationships or work to be considered PTSD.

Referral — The process of directing or redirecting a person to an appropriate specialist or agency for consultation, review, or further action, including but not limited to treatment.

Traumatic Incident — A mentally and sometimes emotionally painful and highly stressful event that cannot be resolved through normal stress-coping mechanisms. These events may cause disabling emotional and physical problems unless members are adequately treated. A Traumatic Incident is defined by an individual's unique, internal reaction to an event, not necessarily the external appearance or apparent magnitude of the event. It is not necessarily a life-threatening incident.

Common incidents that pose the increased potential for trauma include, but are not limited to:

- Police Officer Involved Shootings,
- An actual or ***perceived*** threat to one's life or of grievous physical harm,
- Suicide or suicide ***attempt*** by a colleague,
- Serious injury inflicted on, or death of a colleague,
- Serious injury or death of a non-member, especially a child, under particularly tragic or grotesque circumstances,
- Cruelty/abuse to a child,
- Line of duty contact with friend/relative during a tragic/traumatic event,
- Death or injury of a person resulting from duty operations,
- Perceived 'failure' during a tragic/traumatic event,
- Large scale or prolonged disaster,
- Events with high media exposure,
- Any tragic/traumatic event that may have private/personal emotional significance to a member, particularly when the event is characterized by: relative surprise; intense negative emotion; and perceived helplessness,

DRAFT

- Diagnosed or recovering from a terminal illness,
- Caring for a loved-one who has been diagnosed or recovering from a terminal illness, and/or
- Experiencing a familial death or loss (including children, spouse, etc.)

Well-being Check — The process whereby a member checks on the well-being of another member, be it via electronic communication or in person.

GENERAL

1. The BPD recognizes that law enforcement work often exposes members to emotionally painful and highly stressful situations. Such encounters can adversely affect a member's quality of life and job performance.

2. Through CISM protocols, the BPD will help members and their families maintain professional and personal wellness during and following Critical and Traumatic Incidents. The program is designed to provide members with prevention and early intervention strategies to help mitigate the painful effects of a Traumatic or Critical Incident, as well as to provide on-going support to members in a safe and confidential environment through our Employee Assistance Program (EAP) and Peer Support Program.

DIRECTIVES

Immediate Referral

The following critical incidents require an immediate response:

1. The member is involved in a police-involved shooting.

2. The actions of the member, whether accidental or deliberate, result in the death or serious injury of a person.

3. The member is present at the death or serious injury of a BPD employee.

4. Negotiating team members directly responsible for management of negotiations are involved in an incident that results in serious injury or death.

Immediate Response and Notification Process Following a Critical Incident

Incident Commander

1. In Critical Incidents, the Incident Commander on scene will gather the following:

    1.1. Nature of the incident;

    1.2. Number of employee(s) affected;

    1.3. Location of affected employee(s);

DRAFT

Communications Section

1. Upon notification, Communications Section will advise the Director, Officer Safety and Wellness Section or Designee, of the following information:

    1.1. Location and nature of the incident;

    1.2. Name of requestor, affected personnel, to include any Communications Section personnel, and contact phone number.

Supervisors of Involved Members

1. During and after these incidents, supervisors shall briefly meet with the involved member(s) to:

    1.1. Ask supportive questions concerning the Critical Incident (e.g., "are you o.k.?", "do you need anything?", "would you like to talk to someone"? "Do you need to take a break?"),

    1.2. Inform and encourage the use of the BPD's confidential Employee Assistance Program, (See Policy 1703, *Employee Assistance Program*),

    1.3. Closely monitor members during and after high stress incidents and shall conduct well-being checks,

    1.4. Ensure members are provided with adequate support - whether through EAP, Chaplain, or Peer Support Program - to maintain mental health, and

    1.5. Supervisors may request a Critical Incident Stress Debriefing in response to other highly stressful incidents that may not rise to the level of an immediate response and should be based on the nature of the traumatic event.

NOTE: Such incidents may include when members are involved in a riot, civil disturbance/unrest, or mass demonstration, but may not warrant a mandatory referral (See Policy 804, *First Amendment Protected Activity*).

Post-Incident Stress Debriefing Procedures

1. Any Directly Involved member must be referred to the BPD's mental health provider for a post-incident stress debriefing immediately after the critical incident and/or before returning from administrative leave.

2. The Peer Support Team, in conjunction with the BPD's mental health provider, once activated, will respond and assist in the debriefing process for Involved Members immediately following a Critical Incident.

NOTE: Attendance at a Critical Incident Stress Debriefing is strictly confidential, no information related to the debriefing shall be conveyed to other BPD members and will in no way jeopardize the member's job security, promotional opportunities, and/or reputation within BPD. The debriefing process is not a critique of any actions taken by the member, but rather an attempt to mitigate elevated levels of anxiety, fear, and/or emotional distress a member may be experiencing. The debriefing shall not serve as the basis for disciplinary action.

DRAFT

3. Critical Incident Stress Debriefings shall take place immediately following the incident. Supervisors shall make every effort to facilitate a debriefing. If the debriefing(s) cannot be facilitated immediately, the supervisor shall ensure the member receives a debriefing before their tour of duty has ended. The supervisor shall explain the reasons for any delay in writing to the Involved Member's Commanding Officer and/or to the Commander of Officer Safety and Wellness Section.

4. Commanders will identify members within their command, who are exhibiting signs of distress or difficulty coping with a traumatic or critical incident and recommend a post incident debriefing through the Officer Safety and Wellness Section.

NOTE: In some instances, a member might consider an event traumatic. In such cases, Members may contact The Employee Assistance Program Provider directly, without consulting their Command, to request confidential support services. The EAP can be contacted at (800) 327-2251. (See Policy 1703, *Employee Assistance Program*).

5. The Director, Officer Safety and Wellness Section, may recommend the Commanding Officer of the amount of leave the member should take or if the member should work a modified-duty assignment.

6. Any member directly involved in a Police Officer Involved Shooting (POIS) shall be placed on administrative leave for 10 days (See Policy 710, *Level 3 Use of Force Investigations / Special Investigation Response Team (SIRT)*.

7. Whenever a member is placed on administrative or medical leave due to a Traumatic or Critical Incident, supervisors are required to perform well-being checks. Unless otherwise directed by a mental health professional, these checks should occur at least weekly while the member is on leave.

ASSOCIATED POLICIES

Policy 710, *Level 3 Use of Force Investigations / Special Investigation Response Team*
Policy 804, *First Amendment Protected Activity*
Policy 1703, *Employee Assistance Program*
Policy 1718, *Police Chaplain Program*

RECISSION

Remove from files and destroy/recycle Policy 1731, *Critical Incident Stress Management* dated 1 July 2016.

COMMUNICATION OF POLICY

This policy is effective on the date listed herein. Each employee is responsible for complying with the contents of this policy.

DRAFT

OFFICER SAFETY AND WELLNESS SECTION
CLINICIAN AND MENTAL HEALTH PROVIDERS LIST

PROVIDER NAME	CONTACT NUMBER
BHS	800-327-2251
MARWORTH	800-442-7722
TRANQUILITY WOODS	410-834-8800
HARBOUR OF GRACE	443-502-8606
FX NUTRITION	844-443-5732
SOUND THERAPY	410-852-1100
FX WELL PHYSICAL FITNESS	410-889-7884
NOURISH (Nutritionists)	410-370-0415
MEND ACCUPUNCTURE	410-235-1776
JIMMY'S MEAL PREP	443-966-3257
MASSAGE ENVY	410-234-3689
YOGAWORKS	800-336-9642
FIRST TWENTY (UNDERARMOUR PERFORMANCE)	610-291-1037
EMBRACE HEALTH	443-800-5600
BLUELINE YOGA	800-BLUYOGA
*SAFECALLNOW HOTLINE	206-459-3020
*ICISF HOTLINE	410-313-2473
*MD CRISIS HOTLINE	800-422-0009
BALTIMORE CITY WELLNESS	410-247-3697
AETNA	410-937-3333
YOUNG LIVING ESSENTIAL OILS (AROMATHERAPIST)	845-304-2785
MARYLAND SPINE INSTITUTE	443-827-0946

Updated 12/11/2018

ICISF Individual Crisis Intervention / Group Crisis Intervention Combined Training Schedule

Day 1

8:00 am	**Introduction to the Workshop**
8:15am	**Introduction to Stress, Crisis & Crisis Intervention**
9:30 am	**Break**
9:40 am	**Overview of Critical Incident Stress Management**
11:00am	**Introduction to Basic Crisis Communication Skills are you listening? Exercise**
12:00 -1pm	**Lunch**
1pm	**Use of Questions / Question Exercise**
1:45pm	**Active Listening Role Play**
2:30pm	**Break**
2:45pm	**Psychological Reactions to Crisis**
4 pm	**Formulating an Approach to the Person in Crisis: The SAFER-R Model Lecture**
6pm	**End**

Day 2

8:00am	**SAFER-R Role Play**
9:00am	**Introduction to Group Crisis Intervention**
9:30am	**Break**
9:45am	**Group Crisis Intervention Research Issues**
10:15am	**Demobilization Lecture** **Demobilization Demonstration** **Demobilization Exercise**
11:30am	**Crisis Management Briefing Lecture**
12-1pm	**Lunch**
1pm	**Crisis Management Briefing Role Play**
2:30pm	**Break**
2:45pm	**Defusing Lecture**
3:30pm	**Introductory Remarks Exercise**
4pm	**Defusing Demo**
6pm	**End**

Day 3

8:00am	**Defusing Role Play**
9:00am	**Critical Incident Stress Debriefing Lecture**
10 am	**Break**
10:15 am	**CISD Demonstration or Video**
11:30 am	**Lunch**
12:30pm	**CISD Role Play**
2pm	**Break**
2:15pm	**Discussion of Role Play**
2:45pm	**CISM Assessment and Strategic Planning Introduction**
3:30pm	**"Do No Harm" Lecture**
4:00pm	**Questions and Wrap Up**
5:30pm	**Discussion of ICISF Services** **Workshop Evaluation**

PROGRAM DOCUMENTATION FORM

Course Title: Assisting Individuals In Crisis

Objectives	Content	Time Frame	Faculty	Teaching Method
List objectives in operational/behavioral terms	List each topic area to be covered and provide a description or outline of the content to be presented	State the time frame for the topic area	List the faculty person or presenter for each topic	Describe the teaching method/s used for each
1. List at least four fundamentals of crisis intervention.	1. Fundamentals of Crisis Intervention a. Rapid intervention b. Stabilization c. Mobilization of Resources d. Restoration to Function	1.5 hours		Illustrated, Lecture
2. Demonstrate the technique of active listening.	2. Techniques of Active Listening a. Attending b. Positioning c. Questioning d. Informing	1.5 hours		Demonstration, Role Playing
3. Compare open- vs. closed-ended questions.	3. Open vs. Closed-Ended Questions a. Allow discussion b. No specific goals	1 hour		Lecture
4. Explain the concept of interpretation.	4. Interpretation a. Cautions b. Limits c. Process d. Uses	1.5 hours		Lecture
5. Demonstrate cognitive reframing techniques.	5. Cognitive Reframing Techniques a. Definition b. Methods c. Timing	1.5 hours		Demonstration, Role Play

6. Defining non-verbal communication.	6. Non-Verbal Communication a. Body Language b. Posture c. Facial Expressions d. Eye Movements	1.5 hours		Lecture
7. Discuss group dynamics in CISD sessions.	7. CISD and Group Dynamics Theory a. Elements of Group Dynamics b. Roles of Support Personnel	.75 hours		Lecture
8. Describe common psychiatric symptoms after trauma.	8. Common Post-Trauma Psychiatric Symptoms a. Mental Confusion b. Anxiety c. Rage d. Major Symptoms of Psychosis	.75 hours		Lecture
9. List risk factors for suicide.	9. Risk Factors for Suicide a. Age b. Weapon c. Gender d. History	.75 hours		Lecture
10. Describe the grief process	10. The Grief Process a. Denial b. Anger c. Bargaining d. Acceptance	.5 hours		Lecture
11. Discuss the effects of counseling other peers.	11. Risks to Peers and Transference	. 5 hours		Lecture, discussion
12. Wrap-up	12. Questions & Answers	1.25 hours		Lecture, discussion

PROGRAM DOCUMENTATION FORM

Course Title: Group Crisis Intervention

Objectives	Content	Time Frame	Faculty	Teaching Method
List objectives in operational/behavioral terms	List each topic area to be covered and provide a description or outline of the content to be presented	State the time frame for the topic area	List the faculty person or presenter for each topic	Describe the teaching method/s used for each
At completion of the session, the participant will be able to: Define a) stress b) CIS c) PTSD	a) Stress - nature of - difference between - general & critical b) CIS - definition - examples c) PTSD - end state - maladaptive - pathological	1 hour		Illustrated Lecture
List the common causes of Critical Incident Stress	Causes of CIS - highly traumatic event - line of duty death - line of duty injury - suicide of known person - multi-casualty incident - personal threat - etc.	30 minutes		Illustrated Lecture

List the effects of Critical Incident Stress	Effects of CIS - cognitive - physical - emotional - behavioral	15 minutes		Illustrated Lecture
Identify the most common critical incidents	Common CI - children – deaths or injuries - personal threat - prolonged incident - excessive media - etc.	15 minutes		Illustrated Lecture
List the 10 basic interventions of CISM	List of CISM interventions - on scent support - pre-incident education - demobilization - defusing - debriefing - individual consults - spouse support - specialty debriefings - follow-up services - initial discussions	1 hour		Illustrated Lecture and videotape
Define and describe in detail the CISM group processes of a) Demobilization b) Defusing 1. describe the 3 steps of a defusing c) Debriefing 1. describe the 7 phases of a CISD	Definitions of a) demobilization - disaster only - logistics - process - follow-up b) defusing - immediate - 3 parts 1. introduction 2. exploration 3. information	2 hours		Illustrated Lecture

	c) debriefing - 3 hours in length - 7 phases - cautions			
	Observe and discuss videotape of defusing Observe & discuss role play of defusing Participate in role play of defusing	3 hours		Videotape / discussion Demonstration / discussion Role play / discussion Videotape / Discussion
	"CISD – Techniques of Debriefing" video - Discussion	1.5 hours		
	CISD details - room size - when to do - leaders' role - team members' role - process	1.5 hours		Illustrated Lecture
	Role Play of Debriefing	3 hours		Demonstration / discussion

L👀k It's the DISTRICT Wellness

POP-UP DAY!!!

Free Blood
Pressure Check

Be Well. Be Fit. Be More.
BALTIMORE CITY EMPLOYEES WELLNESS PROGRAM

Yoga Partners
By our partner:

yogaworks

Did you know we have a
FREE & CONFIDENTIAL
MENTAL HEALTH
PROVIDER?

YES = BHS

bhs

Good Nutrition

Ask about.....
Healthy Meal Plans
District Delivery.

Already Prepared

Southern District
October 18, 2018
7am - 5pm

Did you know?
There is a
FAMILY WELLNESS
FAIR
October 27, 2018
@ Police Academy
SAVE THE DATE!

Meet Penny.....
our new
therapy-dog

SUPPORTED BY THE
FOP

WHO IS MATT?

ASK ABOUT HIM!!!

FX WELL

SPONSORED BY OFFICER SAFETY & WELLNESS SECTION
GUEST SPONSORS AND ATTENDEES

yogaworks

Be Well. Be Fit. Be More.
BALTIMORE CITY EMPLOYEES WELLNESS PROGRAM

JIMMY'S SINCE 1974 FAMOUS

JOIN

POLICE TRAINING ACADEMY
3500 WEST NORTHERN PARKWAY

FAMILY HEALTH & WELLNESS FAIR

Sponsored by
BPD Officer Safety & Wellness Section

RSVP by the Eventbrite link - https://bpdofficerwellness.eventbrite.com
Password - *BPDFAMILY*

SATURDAY,
OCTOBER 27, 2018
11AM - 4PM

US

BALTIMORE POLICE DEPARTMENT HEALTH & WELLNESS PROGRAM

- Has a FREE and confidential Employee Assistance Program.
- Provides Wellness Seminars.
- Fitness Programs
- Provides access to a FREE nutritionist.
- Stress Management Classes
- Most providers offer a language line for over-the phone interpretations and is TTYL accessible.

The Days of Suffering in Silence are Over.
Protect your Mental Health.

The Officer Safety and Wellness Section
is located at:
7 E. Redwood Street,
Baltimore MD 21201
Phone: 410-396-2541
E-mail:
ehwu@baltimorepolice.org

BALTIMORE POLICE DEPARTMENT

OFFICER SAFETY & WELLNESS SECTION

...to provide opportunities for mental health, physical health and nutritional health resources for members of the Baltimore Police Department (BPD) to improve Health, encourage a healthy lifestyle and build resiliency to deal with the rigors of Police work ....

Our Mission

WHO WE ARE

Health and Wellness Unit

Our Health and Wellness Unit is developing a robust Health and Wellness Program to focus on a holistic approach to member wellness. The areas of focus include physical fitness, stress reduction, nutritional services, mental health care, suicide prevention, and stress induced trauma assistance.

Early Intervention Unit

The Early Intervention Unit focuses on the agency's most valuable resource - the development of members through proper guidance and training. This system is designed to monitor officer's activities and quickly alert supervisors, when at-risk or potentially problematic behavior patterns are identified.

CONTACT US

To refer an officer who may need assistance and may be experiencing mental, physical, or nutritional challenges:

ehwu@baltimorepolice.org

410-396-2541

We are here for all members of the Baltimore Police Department and their families.

The Officer Safety and Wellness Section is located at:
7 E. Redwood Street,
Baltimore MD 21201
Phone: 410-396-2541
E-mail:
ehwu@baltimorepolice.org

Policing Your Thoughts Comes First.
Officer Safety Through Great Mental Health.

For a free and confidential session contact BHS at 1-800-327-2251

When Life Throws You a Curve, Call BHS

The Baltimore Police Health and Wellness Program provides you and your household members with **free**, **confidential** assistance to help with personal or professional problems that may interfere with work or family responsibilities.

Baltimore Police Health and Wellness Program

- is a FREE* service benefit provided and paid for by the Baltimore Police Department
- is completely confidential
- provides access to a panel of clinicians and professional resources nationwide
- provides a language line for over-the-phone interpretations and is TTY accessible

Life is Full of Unexpected Challenges

Everyone experiences personal or work-related problems that can become unmanageable. With the help from BHS, many of these challenges can be easily resolved.

Relationships	Transitions	Risks	Challenges
Spouse/Kids	Marriage/ Divorce	Depression/ Anxiety	Stress/ Conflict
Boss/ Co-worker	Birth/Death	Suicidal thoughts	Financial/ Legal
Customers	Promotion/ Retirement	Burnout/ Anger	Parenting/ Balance
Friends	Health/ Illness	Substance abuse	Daily responsibilities

ASSISTANCE

About BHS

At BHS, we're in the business of bettering lives, so employees can bring their best selves to work. BHS' wide range of services raises productivity, opportunity, happiness and success for individuals and organizations.

Support Services

A Care Coordinator will confidentially assess the problem, assist with any emergencies and connect you to the appropriate resources. This may include long-term support or the need for further assessment. The Care Coordinator then becomes your personal point of contact and will keep in touch to ensure you achieve your desired outcomes.

Up to **Six FREE** counseling sessions per issue.
If a matter requires longer treatment, the employee would be referred to a long-term treatment provider.*

Unlimited 24-hour access via a dedicated toll-free phone number 7 days a week, 365 days a year.

Call BHS
800-327-2251
TTY and Language Line Accessible

Access MyBHS at
portal.BHSonline.com
Username: **BPD**

We offer fast, effective and professional solutions.

* When services are required beyond the scope of the Health and Wellness Program, such as a referral to a treatment provider, costs may be incurred. These are often covered by your health insurance plan, with a co-pay.

POLICE DEPARTMENT BALTIMORE POLICE BALTIMORE, MARYLAND

bhs™

OFFICER SAFETY TESTIMONIAL

Western District Officer "*This was one of the best fairs ever. It really made me feel like someone cares about the officers.* " **11/2018**.

Lt. Grinage "*On behalf of the Northwestern District, we would like to thank the Officer and Safety Wellness Section for hosting the Wellness Pop-Up event at our district. We would also like to extend our gratitude to all of the vendors that participated. It was greatly appreciated and we look forward to seeing you all at the upcoming Family Wellness Fair*." **10/5/2018**.

Officer in Patrol "*I just wanted to take a minute to reach out to you again and say Thank You for the direction and guidance both you and your staff have given me in this horrible trying time in my life and career.*
The counseling and therapy referral you provided has been life changing for me and set me back on the path for success. Although my wife is still in physical therapy learning to walk again, she has made slow progress over the last 2 months. Honestly Sir, if not for you taking the time to call and speak to me personally that morning several weeks ago, I'm not sure I would have made it! Both mine, and my family's recovery is going great! Thank you again Sir!"**12/6/2018**.

Lt. B. Pearson " *I wanted to take a brief minute on this wonderful Thanksgiving and say thank you to all of you who were praying for my daughter Alyssa and my family during this difficult time. About two months ago my two daughters were in a car accident where they were hit from behind. It was not terrible as they sustained only minor injuries, thank God. However, my 13 year old was suffering from severe headaches after the accident. This was not too alarming as she has had headaches in the past and I too suffer from migraine headaches so it runs in the family. As another week went by she was taken back to the doctor and they advised she had a minor concussion but there was no serious concern. After another week went by and her headaches worsened and she also began to throw up as a result, the doctor ordered an MRI. It was while the doctor was reading her MRI that they advised that she must be transported immediately to the ER because she had bleeding on her brain. Once she got to the ER, the doctor advised that this was more serious than they could deal with and she must be transported to a Neurosurgeon in Orlando who specializes in brain trauma. Upon getting this news, I immediately left work and flew to Florida to be with her. Upon further tests, it was discovered that the bleeding was not a result from the accident but that she had a tumor 1/6th the size of her brain in her right frontal cortex and it was bleeding. The neurosurgeon said the accident was a blessing in disguise because if it had not been for the accident, we probably never would have had the MRI that discovered the tumor. He said she could of went to sleep and never woke up, had an aneurism, or had a seizure and been paralyzed. It is so great how God can take something bad like and accident, and use if for good like finding a tumor and allowing her to have emergency brain surgery to have it removed and potentially save her life. After the surgery, the neurosurgeon came into the waiting room and told us the he could actually feel the love and prayers from everyone and he doesn't typically feel that, so again I want to say thank you. I am very grateful. God is so good. She has a long recovery ahead but she is doing great.*

I just want to encourage anyone that is going through a tough time or recently has gone through a tough time to reach out and let someone know. We have a great health and wellness unit with people who really do care and you also have your BPD family who can pray with you and for you and your family. You are not alone, we are all one big family. Feel free to contact me anytime. Have a Happy Thanksgiving. Stay safe, stay united and God Bless!" **11/22/2018**.

Sgt. C. Battle "*I think what Officer Safety and Wellness is doing is a great thing. It's bringing some information about health, insurance, clubs, and more and we definitely need more of this for our members. It's inspiring to know that someone cares. You guys bring awareness and support to officers with physical and mental health concerns.*" **12/4/2018**.

Love costs Baltimore Police Department one 'Penny'

BPD therapy dog provides officers with emotional support

Updated: 6:10 PM EDT Aug 2, 2018

Jennifer Franciotti

News Anchor, Reporter

BALTIMORE —

The Baltimore Police Department has a new K9, and her primary job has nothing to do with bomb detection or drugs. Instead, her main purpose is to provide emotional support to officers.

At the Southeastern Police District, the newest member of the BPD is getting a lot of love.

"I want to take her home to be honest," BPD Officer Anthony Levierge said.

Penny is a mini golden doodle, and she's the department's first-ever therapy dog. Her primary purpose is to be here for the officers.

"As all therapy dogs, they help alleviate stress, anxiety. They lower blood pressure, and overall pain. But also she's here just to give you a smile," BPD Lt. Sarah Connolly said.

"Being a police officer in Baltimore given the current conditions, it's pretty stressful, but having this dog right here seems to be a pretty fun stress reliever," BPD Sgt. Joseph Dobry said.

"I think it's great because we work long hours, deal with all sorts of calls, and seeing a dog like this brings a smile right to your face," Levierge said.

That is the point. Connelly bought Penny with her own money. She's hypoallergenic, doesn't shed and she's not a jumper or a licker.

"I love it, like a nice hug. I'm lowering my blood pressure right here," Levierge said.

Penny will make the rounds to all of the districts and people will be able to meet her at community events.

Levierge hopes she visits the southeast more often.

"One-hundred percent -- If I could take her my whole shift, I would," Levierge said.

Follow Penny on Instagram at @sweetminipenny

Nestlé
Pure Life
J. HERMAN
BALTIMORE
POLICE
K9 UNIT

Poison Ivy

BALTIMORE POLICE
BALTIMORE POLICE
BALTIMORE POLICE

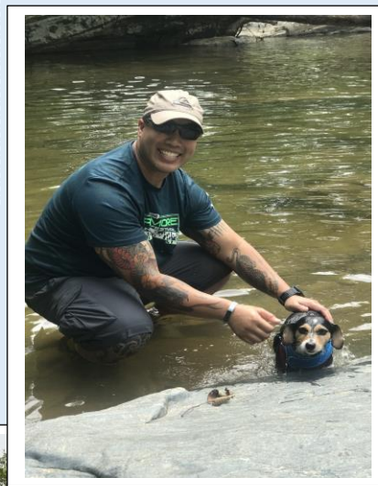
RAVENS

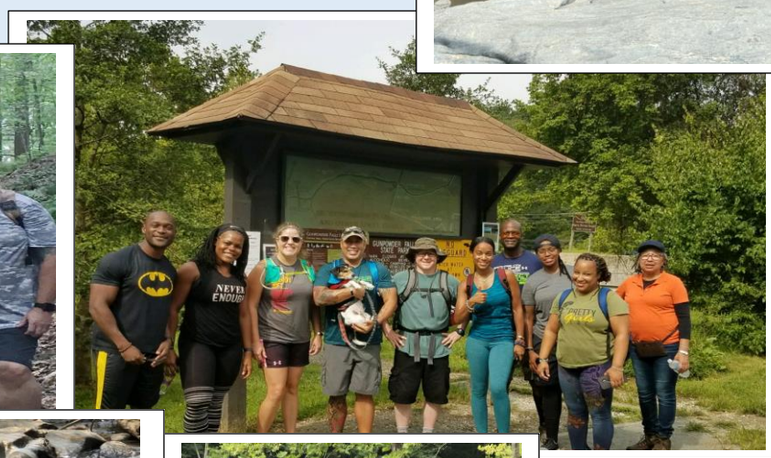
BPD HIKING CLUB

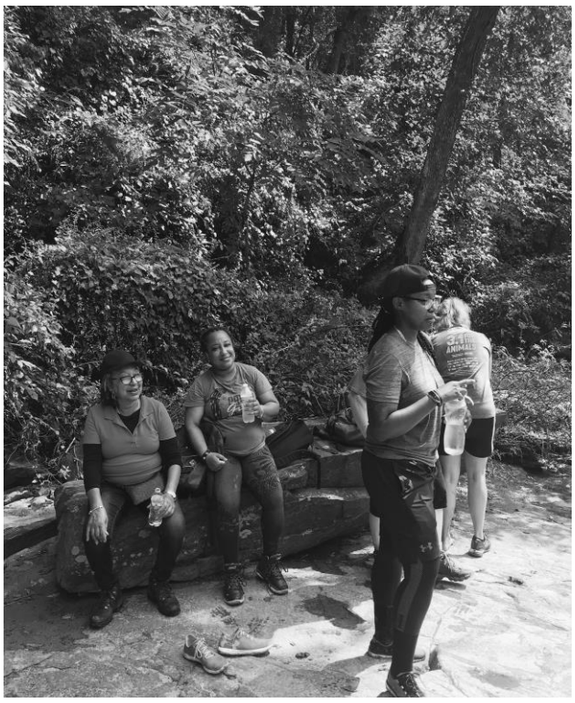
2018 Hiking Trails

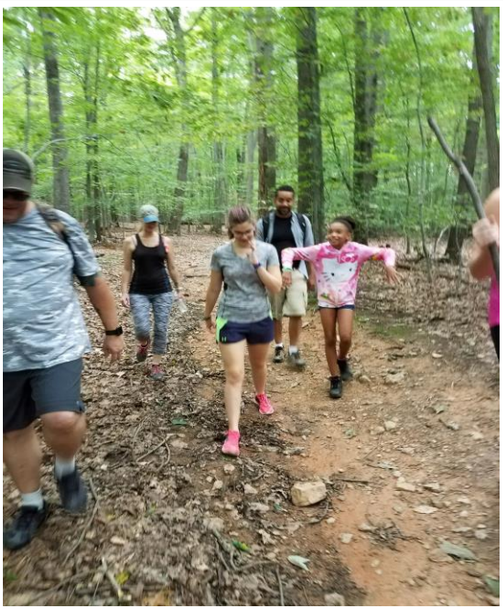
Soldier's Delight Serpentine Trail (2.03 miles)
Prettyboy Reservoir (3.7 miles)
Savage Park (8.2 miles)
Patapsco State Park Loop (4.7 miles)
Loch Raven Reservoir (3.7 miles)
Baltimore Waterfont Promenade (4.7 miles)
Susquehanna State Park (7.5 miles)
Patapsco State Park (6.3 miles)
Downs Memorial Park (3.8 miles)

The BPD Hiking Club has hiked a total of
61.45 miles
between August 18th – September 29th!!









"ON CALL" RESPONSE TO CRITICAL INCIDENTS

1. When you are advised of a critical incident requiring the assistance of Officer Safety and Wellness Section members, notify BHS by calling the on-call BHS clinician.

   1.2. When notifying BHS of a critical incident, you will ask them which staff member will be responding. When speaking with him/her, please advise them to respond to the BPD Headquarters building and give them the address. Advise them to obey all traffic laws and drive safely. Also ask for an estimated time of arrival.

2. Notify Headquarters Security Booth at 410-396-2027.

   2.1. Let them know that a critical incident just occurred and our mental health partner is responding to the Homicide Unit to conduct a wellness-check of the involved officer(s) and that a parking spot is needed for the BHS clinician. Also, provide the name of the BHS clinician who is responding.

3. Respond to the Homicide Unit

   3.1. When the BHS clinician arrives, come down and escort them up to the Homicide Unit. The involved officer(s) will likely be in the roll call room. Make introductions and give them your business card. Let them know that our mental health partner is there to assist them. Let them know that everything said to a BHS clinician will be held in complete confidence and suggest that they give BHS a moment of their time. If there is more than one officer, they will speak to the BHS clinician member individually.

   3.2 Make sure that they speak in a private area.

4. Shooting officer(s) receives 10 days off, referred to as "administrative leave".

   4.1. The shooting officer(s) automatically receives 10 days off following a critical incident. Have the shooting officer(s) sign the "Notification of Administrative Duties" form and make a copy for the member if requested. Get a good phone number for the officer(s) and ask for an updated address and store this information for office use by emailing it to ehwu@baltimorepolice.org

   4.2. Notify their Commanding officer(s) both Captain and Major and advise him/her that the involved officer(s) gets a minimum of 10 days off, so make preparations in case a temporary replacement is needed. (Make notification by email and follow-up with a phone call if a number is available).

   Note: The ten (10) days includes scheduled vacation days previously approved by the Officers Command.

5. 48 Hour Follow-Up

   5.1. Follow-up with officer(s) to ensure they are okay and provided them with our resources as needed.

6. Scan and file the Notification of Administrate Duties form onto the Officer Safety and Wellness Section shared drive under the same title. Label the document by the Officer's last name first and first name last, along with the date of the shooting. Example: Doe, John 06.01.18

   6.1 Add the Officer(s) name to our 2018 "Police Officer Involved Shooting Chart".

BALTIMORE
Peer Support

BALTIMORE
Health & Wellness

BALTIMORE POLICE