

Destination Zero: Officer Wellness Award Submission
Herndon Police Department (VA)



AGENCY OVERVIEW

The Town of Herndon is the third largest incorporated town in Virginia, comprised of 4.25 square miles. It is situated in western Fairfax County, just minutes from Dulles International Airport and approximately 25 miles from Washington, DC. The town has 11 parks, and the W&OD bike trail runs through its downtown. It has a current residential population of around 24,500. Its citizens are well educated, with 48.5% having a college degree, and the median income level is approximately \$100,000. The town also has a growing Hispanic population of approximately 36%. The town is surrounded by a growing business base due to its location and has become a hub for information technology, government facilities, and other national and international businesses. The leadership of the town preserves the unique sense of community of Herndon and strives to maintain the balance between business growth and small-town charm, especially with construction activity preparing the way for the Washington Metropolitan Area Transit Authority subway stop later this year.

Historically, the first law enforcement office in the town was formed in 1879, with an appointed town sergeant. In 1958, the responsibilities of a town sergeant were turned over to a chief of police. Under a chief of police, the department was comprised of both full and part-time officers. By 1972, the department had six officers. From 1972-1983, the six-man department grew to 26 officers and 10 civilian personnel. Also, in 1972, the first dispatcher was hired for a part-time call center, and was later expanded to a 24-hour, seven day a week operation in 1975.

Today the agency is a professional, progressive mid-size police department employing 54 police officers and 18 civilian personnel. It is nationally accredited through the Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA) and has led the region in policies and practices for the past 10 years under the current chief, who came to Herndon after retiring from a neighboring county agency in 2012. The department serves a very diverse and supportive community and places a priority on community policing and engagement, a practice that is supported throughout all levels of the organization. It values the trusting relationship it has earned with the Herndon community and has accumulated a total of 12,500 followers on its social media platforms (with a town population of 24,500).

Message From the Chief



Over the past 9 years, the Herndon Police Department has made significant strides in developing a culture of safety, emphasizing smart risk-taking and sound decision making through education, discussion, training, and accountability. Changing a culture takes time and patience, a desire of staff to engage in continuous learning, and a recognition of the need to change how we operate. Officers and supervisors need to be provided encouragement and support for decisions that minimize risk in the accomplishment of the public safety mission, and to make mistakes within safe boundaries to enhance the learning process.

Creating a culture of safety within law enforcement requires a change in mindset, a progressive approach to examine ways to safely solve the tactical and operational challenges we face daily. This means abandoning old ways of doing business, and an openness to new methods and tactics that challenge our traditional approach to problem solving, all with the goal of reducing accidents, injuries, and exposures to work-related traumatic incidents.

As the chief in the Town of Herndon and throughout my professional career, I have continually placed a priority on law enforcement safety. This attention to safety began during my early career with the Fairfax County Police Department where I initiated, developed, and commanded the first comprehensive Law Enforcement Safety Officer Program in the country. After being appointed chief in Herndon, I returned to school to earn my master's degree and completed my thesis on organizational safety ("*A Systems Approach to Law Enforcement Safety: Recommendation for a Comprehensive Safety Management Framework*"). I have worked diligently on various board positions with the Virginia Association of Chiefs of Police (VACP) to educate both officers and executive leaders towards a mindset of safety. This is illustrated in a class that I developed entitled "*Building Organizational Safety*" that was

taught in Herndon and for the VACP First Line Supervisors Course. I have partnered with the U.S. Marshal's Service to facilitate a National Public Safety Wellness Survey and educated others about the mental health challenges facing our profession. Currently I am working with a non-profit organization out of Reno, Nevada to



Signs of support posted on each entrance gate to the secured parking lot. Officers pass through these gates whenever they return to the station.

build the first National Public Safety Wellness Center in Northern Virginia, a no-cost, walk-in facility to treat first responders experiencing mental health challenges. This future facility is expected to serve as a national model, not only for treating those in need, but for training additional mental health clinicians to work with our profession.

The process of building this award submission has provided me with far more than a platform to demonstrate the commitment our agency and leadership team has made to officer safety. It has assisted me in identifying current gaps in our efforts and programs that still need to be addressed. The pursuit of excellence in the interest of officer safety is an endless process that must continue to evolve. We must continue to evaluate where we have room to grow and improve, especially given the challenges and evolving threats facing our profession. Placing a priority on the health and safety of our officers must become the single most important job of every law enforcement leader.

OFFICER WELLNESS

The Herndon Police Department has developed a comprehensive wellness program for department members that has greatly improved the mental health and wellness of our personnel, and improved safety and working conditions within our agency. Our goal with this program is not just to react to wellness issues as they arise, but to proactively provide the programs, resources, and tools necessary to prevent physical and mental issues from becoming personally disabling or interfering with law enforcement performance and responsibilities.

The program has a variety of components that help personnel cope with exposure to stressful incidents, as well as deal with day-to-day health and wellness issues. Our program takes a holistic view to mental and physical health and consists of numerous components that are outlined below. No one part of the program is more important than the other. Specific measurable goals to achieve over time are to reduce sick leave and on-duty injuries, and reduce complaints related to the performance of duty. Due to the significant turnover in personnel experienced by our agency over the past two years, and the medical issues related to COVID, it will take additional time to determine overall program effectiveness. What we do know, however, is that our programs are having a significant impact on hiring and recruiting based on input we receive during the application process.

Before the various components of HPD's comprehensive wellness program were implemented, two of our lieutenants with significant experience in the wellness field conducted roll call training sessions on the various components of our program for all personnel. This was done to ensure officers could ask questions and understand the purpose behind the policies and program. The police psychologists were included in these presentations virtually so personnel could be introduced to them in advance of the mandated wellness checks and before they became involved in a critical incident.

As chief, with the assistance of competent and experienced staff members, I have also taken a proactive leadership role to share our wellness policies with other agencies throughout the state, advocate for participation in the National Public Safety Wellness Survey, work on state and regional mental health projects, successfully introduced new legislation that will support treatment of first responders in Virginia, and assisted other agencies with leveraging mental health resources for their officers and dispatchers. My position on the board of the Virginia Association of Chiefs of Police has presented me with a visible and influential platform to educate and collaborate on law enforcement mental health issues across Virginia.

National Public Safety Wellness Survey

The Herndon Police Department became the law enforcement liaison for a critical public safety mental health survey that was conducted in 2021. The National Public Safety Wellness Survey, led by the United States Marshal Service, was developed to collect mental health data using verified clinical diagnostic tools tailored towards first responder mental health (law enforcement, fire and rescue, corrections, and dispatchers), to assess levels of PTSD, anxiety, and depression among participants. The survey was disseminated nationwide, which closed at the end of November 2021, was entirely voluntary, and the identity of all participants remained anonymous due to encryption software that the Marshal's Service attached to the survey. As the chief, I took the lead liaison position for this survey alongside my experienced lieutenant, and we began advocating for other agencies in Virginia and across the country to participate.

What we discovered was that public safety leadership in some agencies did not support the survey because they either did not place a priority on mental health issues or did not want appear to want to know the results for their agency. To educate law enforcement executives, my lieutenant and I conducted numerous in-person presentations on this survey to organizations both in Virginia and out of state attempting to create buy-in from top leadership and get cooperation for distributing the survey to their personnel. These organizations included the Virginia Association of Chiefs of Police (VACP), Virginia Fire Chiefs Association, National Capital Region Council of Governments (COG), Northern Virginia Chiefs and Sheriffs, and the Attorney General of Ohio Safety and Wellness Conference. Other presentations to out of state groups was conducted virtually by my lieutenant. When the survey closed, over 10,000 first responders had taken the survey.

As chief, I also participated in a video for the survey urging law enforcement leaders to distribute the survey to their agency and discussed how they could use the results to leverage mental health resources. That video can be viewed at <https://youtu.be/BZfWmmxOfcQ>.

For participating in the survey, each agency head received a summary of their agency's responses. This provided them a snapshot of the mental health of their agency and a valuable resource to advocate for mental health resources. The results for the state of Virginia were released in late January, and the national summary results will be released in mid-March.

The Herndon Police Department participated in the survey in early 2021 and I received an agency summary quickly due to our lead role in the project. The survey results were concerning and in line with national and state results that showed a significant number of officers were experiencing moderate to severe levels of anxiety and depression. Also alarming from the survey results was a snapshot of those with levels of PTSD and suicide ideation. When I presented our department's summary to the Town Manager, he was immediately struck by the results, especially since the Town of Herndon was a relatively calm, supportive community throughout the challenges of police reform that sparked violent protests and heightened attacks towards law enforcement. As a result, funds were immediately made available for Herndon police officers to have access to wellness checks, with an assurance that the funding would continue in future budget cycles. Those wellness checks were implemented within months of the funding being allocated.

In early January, I approached a Virginia Senator to solicit support for introducing a bill in this year's General Assembly that would add workman's compensation benefits for law enforcement officers and firefighters who were suffering from anxiety and depression resulting from a work-related traumatic exposure. Currently legislation only supports PTSD for workman's compensation. As a result, companion bills were introduced in both the Virginia Senate and in the House. The results of the Virginia

survey were used to advocate and advance this legislation without opposition through the General Assembly. This bill, the first of its kind nationwide, is expected to become law at the end of the 2022 General Assembly.



Police Psychologist

Police psychologist services were contracted to assist Herndon officers and dispatchers who were struggling with exposure to traumatic events, as well as the daily stresses of the job. Research has shown that providing first responders access to a known and experienced police psychologist who understands the demands and challenges of the profession can greatly increase their willingness to disclose their struggles and build a trusting relationship. The department hoped to encourage officers to seek help before their mental health issues escalated to problems at work or at home. The department also recognized that a mentally well officer and dispatcher will have more effective interactions with the community, make better decisions, and be better prepared to cope with traumatic exposures more effectively.

The police psychologists that were contracted are two of the most experienced police psychologists in the state and are utilized for annual wellness checks, training, advice, callouts for traumatic incidents, and referrals regarding difficult and/or struggling personnel. Personnel were given their contact information and provided direct access without having to go through their chain of command. This was done to encourage department personnel to reach out confidentially and ask for help without fear of impacting their jobs.

The critical importance of having a known police psychologist on contract and available for call out became readily apparent in June of 2021 when officers responded to an apartment complex for a welfare check of a family, only to discover the murdered bodies of two young children and their mother. The presence of the police psychologist in the police station all day as this case was being investigated was invaluable. The psychologist, who had her own emotional support dog along with her, met with every officer and dispatcher involved in the incident prior to the end of their shift and upon leaving the station. The psychologist also provided follow up sessions with those who needed it in the days following the incident. Based on her recommendations, several officers were provided additional administrative days off before returning to work to cope with the traumatic incident.

Annual Wellness Educational Sessions

Annual wellness educational sessions are **mandated** for both sworn and professional staff as part of HPD's wellness program. Mandating these sessions through policy removes the stigma of having to talk with a mental health professional. All employees, including the chief and her executive staff, participate in these sessions. Our administrative support lieutenant worked closely with our police psychologist to schedule all personnel for these wellness sessions in early 2021, which were designed to provide mechanisms and strategies to cope with stress, as well as allow personnel to discuss current struggles. These sessions were conducted virtually with our police psychologists and done in complete confidence. Follow up sessions were conducted with personnel as needed or as requested.

Prior to launching the sessions, roll call training was conducted for the agency to introduce the police psychologists, familiarize personnel with the process and what to expect in the sessions, and demonstrate the need for mental health care in the profession. The police psychologists also answered any questions that arose and explained their professional duty to confidentiality.

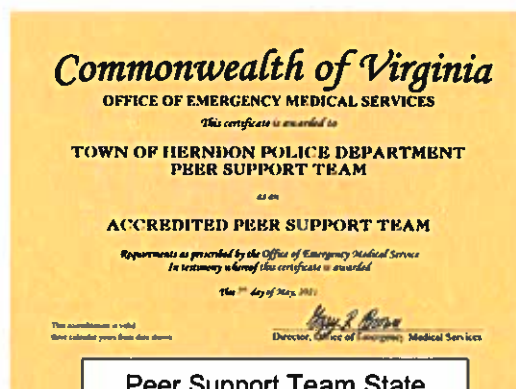
Despite some initial hesitancy among a small percentage of personnel, these sessions were well received and quickly embraced by staff. The wellness checks will continue to be conducted annually and remain mandatory for all personnel at HPD. The Town Manager understands the need for these wellness checks and has committed to funding them each budget year.

Peer Support Team Expansion and State Certification

The Herndon Police Department had previously established a small peer support team, but its members had little experience or training. Additionally, internal policies had not been fully developed for the agency, nor did officers understand the unique role this team played during a critical incident.

Over the course of the last two years, department's administrative lieutenants worked on developing training opportunities for new and current members and expanded the number of team members in the agency. They also connected our peer team with other teams throughout the region for training purposes and to assist with mutual aid requests. State level training in Critical Incident Stress Management (CISM) was also secured to ensure all team members received this baseline training.

The administrative lieutenants also developed the necessary internal policies governing the proper use of a peer support team and completed the paperwork and steps to have HPD's peer support team Virginia state certified in Richmond. The team's state certification protects the confidentiality of discussions between officers and peer team members so they cannot be called to court and testify. This provides officers with a known colleague to talk to in confidence when they are struggling without fear of that information being released.



The department has a total of 7 officers trained in peer support. A retired police officer who now works as a civilian parking enforcement officer for the department is also trained, as is one assistant supervisor in our dispatch center. Three commanders are fully trained, one of which oversees the program, provides guidance to the first line supervisor in the unit, and assists in coordinating training. Depending on the scope and size of the incident, our peer support team provides services to our personnel. When incidents

exceed the ability of our agency, peer teams from other jurisdictions in the region are called to assist our department.

Our peer support members are used to respond to the scene of critical incidents and were called to the scene of an officer-involved shooting in 2019 to provide peer support to the officer involved in that incident. In 2021, during a significantly difficult homicide scene involving the death of young children, the department utilized peer support from a neighboring jurisdiction for our officers due to the number of peer team members from our agency directly involved in working the scene.

Transcendental Meditation

Research has shown that mindfulness training is critically important to effectively deal with stress. The Herndon Police Department recognized that meditation could provide personnel with skills to cope with the daily challenges they face. As such, one of our administrative lieutenants developed a contact with the David Lynch Foundation, which teaches Transcendental Meditation™. As a result of that contact, the Foundation offered to donate instructors to teach HPD personnel TM through a grant at no cost to our agency. Over the course of 2021, the David Lynch Foundation provided an onsite certified instructor to train 25 personnel who had a desire to incorporate TM into their daily lives. The first group that was trained was the chief and her administrative staff. The Town's Risk Manager was also invited to participate in the training to demonstrate the department's proactive efforts to support officer mental health and wellness.

Herndon Police Department personnel are provided on duty time to meditate each workday and a comfortable location in which to do so. Those that have incorporated meditation into their lives have discussed the positive effect it has had on managing daily stress. Additional police department personnel have now expressed a desire to be trained and additional grant funding is being explored for the David Lynch Foundation to provide this training.

Mental Health Diversion Policies

The department's administrative lieutenants helped to develop best practice policies to provide leadership with opportunities for diversion treatment in lieu of discipline for performance issues that arise, where applicable. These avenues for diversion allow division commanders ways in which to treat underlying mental or physical health issues that interfere with performance, so the problems do not repeat themselves, as well as provide officers a path towards post-traumatic growth. Personnel are still held accountable for performance issues, but through the internal investigation process, diversion policies provide a method to mandate therapy to deal with root causes, instead of simply treating the behaviors.

This policy was used in 2021 to mandate assistance for an officer who had performance issues but was found to be struggling with significant personal stress. This mandated assistance allowed us to eventually return the officer back to full duty.

Early Warning System

The department recognizes that poor performance and behavior often has a root cause that can be addressed successfully if discovered early. As a result, the department has established an Early Warning System to identify officers in need of structured intervention measures to address problematic behavior or other potential issues.

The objective of an Early Warning System review is to recognize incidents, practices, or patterns of behavior that negatively impact the department's mission or the officer's performance, and provide structured intervention through monitoring, training, counseling, or other productive means to improve performance. If it is determined that intervention is warranted, the appropriate division commander works with the officer's supervisor to propose an intervention plan that may include training, EAP or peer counseling, or other methods that would support improvement.


This process was used successfully over the past two years to separate one officer from the agency, and to put another officer on a positive path forward.

Critical Incident Exposure Form

Our administrative support lieutenants introduced and developed a Critical Incident Exposure Report form that personnel and supervisors are asked to use to document on duty exposures to traumatic incidents such as child death investigations, police involved shootings, etc. These forms simply document the involvement of the officer or dispatcher in an on-duty traumatic incident over the course of a career. They are intended to help support future workman's compensation claims of PTSD, depression, or anxiety, should an officer need mental health resources and treatment due to an exposure. These forms will also be invaluable to assist police psychologists in treating those struggling from work-related stress.

These forms are not mandatory, and officers may fill them out themselves, or a supervisor can complete it. Officers are encouraged to maintain a copy for themselves. The forms are not placed in an officers personnel file, nor are they sent up the chain of command or to Human Resources. No HIPAA information is included on the form. If filled out, a copy is sent to the administrative lieutenant in charge of the peer support team, who is also our liaison with our psychologist. These forms remain in that file until the officer separates from the department. At that time, the officer is given the entire file to take with them.

This documentation is critical due to the recent changes in Virginia State Code regarding the ability for law enforcement officers to secure workman's compensation for mental health treatment if diagnosed with PTSD. Legislation has recently been introduced in Virginia's current General Assembly session that adds the conditions of depressive disorder and anxiety disorder to the workman's compensation bill. The legislation states that these conditions **MUST** have resulted from an on-duty exposure to one of five qualifying events such as traumatic exposures to a crime scene, traffic accident, involvement in a use of force incident that leads to death or serious injury, etc. By using some standard format to capture these exposures, officers will be in a better position to support their need to secure workman's compensation covered treatment from a mental health professional.



**Horridon Police Department
Critical Incident Exposure Report**

This is a report of exposure to a critical incident to be submitted to the Horridon Police Department. This is not a worker's compensation claim form. Employees will be afforded the opportunity to fill out this form if they were involved in a critical incident. A brief list of events that may be reported critical incidents are: officer involved shootings, vehicle death involving a serious injury or death, officer being the victim of a forcible assault, death or serious injury of a colleague or partner, death or serious injury to someone in custody, rape of child, sexual assault, sexual abuse of death involving children, robbery and other vulnerable populations (particularly if officer has a child near same age), accidents involving multiple deaths, or injuries to a child, serious personal confrontation with victims, unsuccessful rescue attempt, substantial human aids, personal personal threat, excessive media coverage or a negative outcome.

Each officer is reminded for individual trauma is different and there is a cumulative effect in each exposure. Going into the future exposures following a critical or potentially traumatic incident will help the department to better understand from critical incidents affect officer's mental health and what help or treatment may be needed in the short and long term. Having an early incident and giving better support to officers today will help officer's understand and understand as well as reduce stressors and compensation claims. The form also provides valuable information that may be used later to support a potential worker's compensation claim for post-traumatic stress disorder (PTSD).


Remember as employees, if you are diagnosed with Post-Traumatic Stress Disorder (PTSD) and you believe the stress could be work related and needs to establish a claim, you must complete and submit the worker's report of every form within one year of the diagnosis. [This is HCV 1901.1000.](#)

**Please submit this completed report to the
Assistant Support Services Commander**

It is recommended that you attach a copy of the event or report to this
document for future reference

The form can only be obtained and viewed by the employee, officers,
and the Assistant Support Services Commander

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**Horridon Police Department
Critical Incident Exposure Report**

OFFICER INFORMATION

Officer Name	Last Name	DOB	How to Contact
Assignment	Shift	Supervisor	Phone Number
Unit Number	Emergency Contact	Phone Number	
Alternate Number			

Signature of Supervisor & Date
CIVILIAN, WOODRUFF DETAIL 5

Date of Incident: _____ Type of Call: _____

Event # _____ Case # _____

Describe Nature of Incident: _____

Describe Offender/Injured Individual: _____

Signature of Employee: _____ Date: _____

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Critical Incident Exposure

Restoration and Recovery Room (“Nap Room”)

A Restoration and Recovery Room, or “nap” room as it is commonly referred to, was established in HPD to provide officers and dispatchers a safe place to take a 20–30-minute power nap, meditate, or otherwise use as a quiet space to decompress. Officers and dispatchers work long, varied shifts and are routinely working in states of sleep deprivation. Research overwhelmingly supports the fact that rested first responders are safer and make better decisions in the field. Better decisions in the field lead to better interactions with our community, as well as less chance for accidents.

One of our administrative lieutenants worked diligently to construct this space and make it a comfortable and inviting environment. Recliners, dim lighting, dark paint, and a sound machine contribute to a soothing environment. The lieutenant took it upon himself to paint the room instead of waiting for Town Public Works personnel to complete the job to ensure we could make the room available in a quicker time frame. A policy was developed to ensure both accountability and safety while the room was in use. Because the room remains darkened most of the time, a sign was installed on the wall next to the door that slides to “occupied/unoccupied” so those using the room are not interrupted.

Before this room was created, officers would routinely catch short naps in their cruisers when sleep deprived or while waiting to go to court or drive home after an extended shift. This is a reality throughout our profession that most will not openly discuss. The increased targeting of our law enforcement officers, however, makes this practice even more dangerous today. This nap room creates a safe place for officers to take a short nap without judgment. Officers also use this room to catch a short nap while waiting to attend court after their shift or after court before they drive home. The room is also used for meditation by our staff and can be utilized as a private space for female employees to lactate after the birth of a child.



“Nap Room”

Facility Dog

A decision was made to add a dedicated facility dog to our HPD family to assist our personnel with daily stress and trauma exposure. One of our administrative lieutenants made contact with a non-profit organization based out of Portsmouth, VA, (Mutts With a Mission), who trained and placed dogs with veterans suffering from PTSD. The organization had recently begun to place some of their dogs with law enforcement agencies as facility dogs, where they could serve an entire group of first responders as opposed to one individual with PTSD. As a result of the relationship that our lieutenant developed, and the efforts he made to establish our agency as a worthy recipient of a facility dog, the Herndon Police Department was selected to receive a dog for our agency.

In April of 2020, Canine Bragg joined the HPD family and had an immediate positive impact on personnel. One of our captains was chosen to be Bragg's handler based on his regular but flexible administrative shift schedule and his training in peer support. K9 Bragg was embraced by staff from his first day on the job, and leadership quickly noticed the positive difference in the personalities of several employees due to his presence. Bragg can often be found during the day visiting various parts of the station, sitting in dispatch, begging in the lunchroom around noon, or hanging out in investigations visiting with the detectives. Bragg and his handler have also visited some of our local schools for various special events, which has helped break down barriers between the police and our community. He has been an ambassador for us to talk to the community about the impact that stress has on our profession and our need for mental health resources.



Interacting with Canine Bragg

Employee Assistance Program (EAP)

The town provides an Employee Assistance Program (EAP) which offers counseling and support services for personnel at no cost. The EAP can assist with a variety of problems whether personal or job-related. Any employee or family member may initiate a request for help by calling EAP without going through the chain of command and the services provided are strictly confidential. Personnel are provided information on how to access EAP during their hiring orientation with the Department of Human Resources and information is also posted in the police department. This information is readily accessible to personnel electronically or by phone.

Supervisors also can make employee referrals to EAP when they determine someone needs services. If a work performance problem continues and the employee does not voluntarily consult with EAP, the supervisor can initiate a formal referral for the employee. The supervisor must contact EAP and register the referral. The supervisor is not entitled to any information discussed between the employee and EAP, but EAP will confirm with the supervisor if the employee has called to schedule an appointment and verify their attendance. The department has successfully used both voluntary and mandatory referrals in the past few years to help employees cope with personal problems.

Suicide Awareness Training

Suicide awareness training has been provided to officers through a variety of training platforms over the years. The department, however, recognizes this growing crisis within the profession and has taken steps to conduct formal training to all personnel in the month of March 2022. An additional police psychologist who has been recently brought onto our contract will be conducting the training. The training will be delivered in-person, onsite in roll calls using videos that were developed depicting officers from our neighboring jurisdictions that have been personally affected by this growing crisis.

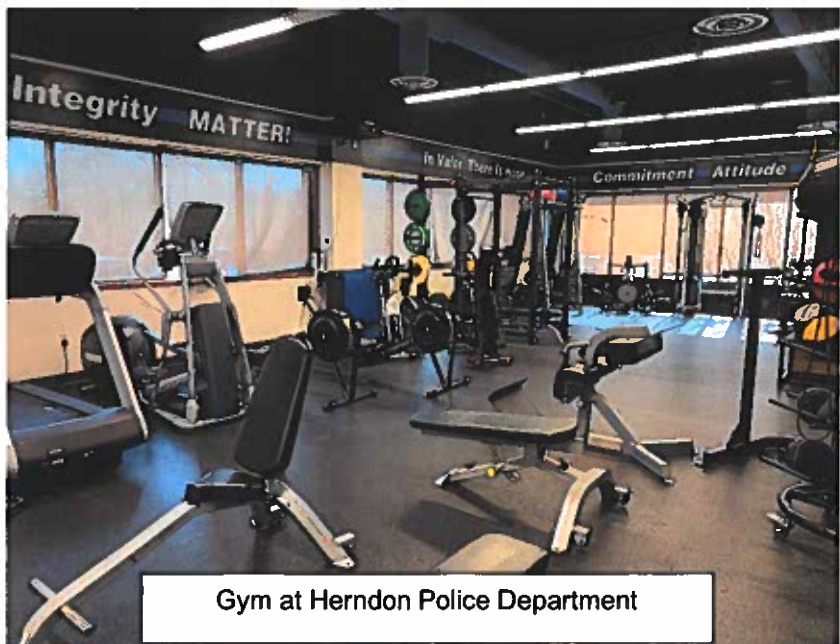
Additionally, our executive staff encourages open discussion about police suicides that occur in our region. Our senior staff also talks about officers we know that have taken their own lives, how those signs and red flags became clear after the officer's death, and how they can engage other officers in conversation when issues of concern are voiced. Our department also encourages our personnel to honor those who take their own life, and not allow the stigma of suicide to diminish their dedicated service.

Fitness Facility

Department personnel have 24-hour access to a well-equipped gymnasium that contains functional fitness, strength, and cardio equipment. Personnel are provided one hour to work out on duty each shift, provided that operational demands don't otherwise prevent it. Personnel also have full access to this facility before or after work, and on days off. A signup sheet is in the facility to document employee use in the event of a workman's compensation claim.

During the height of the pandemic, our department gym remained open when most public and private facilities were forced to shut down. Limits were placed on the number of employees who could use the facility simultaneously to adhere to basic social distancing protocols. The ability to continue to work out throughout the pandemic provided a significant mental and physical boost to our staff at one of the most challenging and stressful times in their careers.

The Town of Herndon also has its own Community Center with an indoor pool, gymnasium, strength and cardio equipment, tennis courts, and fitness classes. All personnel have free access to this facility and the classes that are offered, on or off duty. In addition, the Town's golf course is free to all employees.



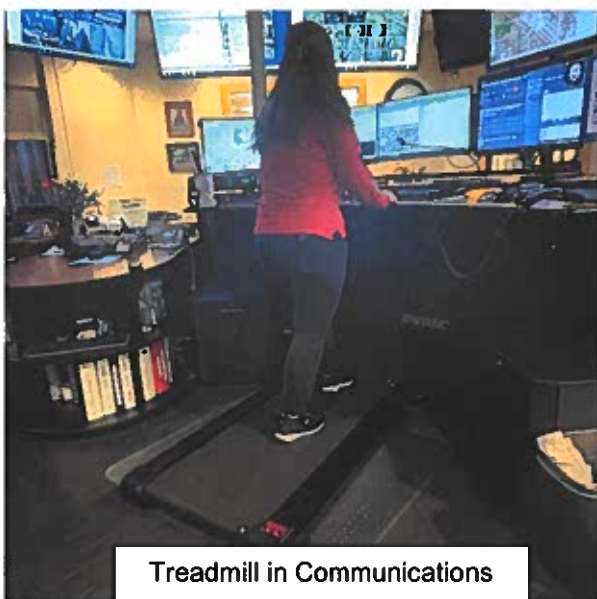
Fitness Training for Staff

The department has identified officers who have an interest in fitness and sent them to various training courses to increase their knowledge of health and wellness programs and practices. In addition to increasing their knowledge, these officers are now able to assist others with proper exercise instruction, as well as build programs for those with little experience. The department has trained officers in CrossFit and the Cooper Institute's law enforcement fitness standards. The department also has a sworn officer who is highly experienced in jiu jitsu who teaches the martial art to others who have an interest. He is also our lead physical control tactics and de-escalation instructor. The department has a mat room in the building that allows this training to be conducted onsite. This training not only increases physical fitness but teaches officers valuable skills that assist them in handling physical encounters and surviving ground fights on duty.

The Herndon Police Department also applied for a Bureau of Justice Administration (BJA) Training Grant and was awarded the proposal for department wide fitness, nutrition, and healthy lifestyle training. Due to COVID restrictions on federal contractors to travel, this training has not been delivered. HPD is now in the process of reapplying with BJA (as instructed by BJA) to offer a more creative approach to receive this grant funded training that will not involve travel for the vendor. The new proposal is requesting access to the vendor's online training courses and providing department members access to the vendor's health and wellness smart phone app that provides fitness workouts, meditation, yoga courses, nutrition advice and healthy recipes, etc. The department will have the ability to select the online courses provided for personnel and is planning to place an emphasis on nutrition and sleep courses, which will address current gaps in our health and wellness programs. All our officers are issued smart phones so the app would be made accessible on their work phones through this grant for one year. The department is awaiting a decision from BJA to provide this new request for training.

Walking Treadmill in Communications Center

The Herndon Police Department has a Communications/Dispatch Center within its building. Our dispatchers work long 12-hour shifts, are required to sit, or be tethered to their consoles for much of that



Treadmill in Communications

time, and do not have the ability to be outside and mobile like our officers. Despite having access to the fitness facility, a walking treadmill was purchased to allow dispatchers to stand and walk at low speeds while carrying out their dispatch duties. New command consoles were purchased a few years ago to allow dispatchers to raise the desktops so they can use this treadmill or simply stand to increase their alertness and blood flow while taking calls for service. A small number of dumbbells were also acquired for the dispatchers to use so they could remain in the Center and still remain active and alert.

Annual Medical Physicals

Medical physicals are mandated every 1, 2, or 3 years through the Public Safety Occupational Health Center (OHC), depending on the age of the officer. The physical examination for sworn personnel is conducted only to determine the employee's continued fitness to perform the tasks of a police officer and to inform them of their general physical condition. Information is confidential and is reported to the Personnel and Training Section Supervisor. Officers must receive a Class B or greater rating to remain on active duty. Officers that receive lesser ratings will be evaluated on a case-by-case basis and may be placed on restricted duty pending resolution of the issue.

In addition to regular medical tests, exams, and blood work provided by the OHC, officers are also given stress tests, vaccines, and chest x-rays at various stages in their career. Officers are encouraged to drop in at the OHC to have blood drawn a week before their scheduled physical so the doctor can go over the results with them at the time of their medical exam.

Officers are also instructed to bring their issued gas mask/air purifying respirator (APR) with them when they come in for their medical physical. The OHC conducts fit testing on gas masks and on N95 masks as part of their exam. The department also has two officers trained to conduct fit testing at the department to ensure fit testing can be done on site when necessary.

COVID vaccines were offered at the OHC at the beginning of the pandemic. Flu shots are made available annually through advertised locations in the County or are provided free of charge through Town insurance at local pharmacies within our jurisdiction.

Casualty Assistance Plan

The department has a Casualty Assistance Plan which establishes guidelines and an operational framework for the department's response to a serious injury or death in the line of duty. This plan is in the process of being updated due to the changes in agency structure and resources that have been added to the department over the past few years.

Financial Planning Resources

The Town offers access to financial planning resources to all personnel for their Town 457 plans. Employees can work with the Town's Investment Advisor or use the online Web Education Portal to get assistance. A Financial Wellness section on the portal covers areas such as budgeting, home buying and mortgages, saving for retirement or kids college, and social security strategies. Employees can also sign up online to schedule one-on-one sessions with an advisor.

The Florian Foundation was brought into roll calls on several occasions to conduct training for officers on the need to create personal wills and medical directives. This non-profit organization provides this service at no cost to all first responders. Emails were also distributed to all sworn staff about this resource to connect them with this valuable service.

Wellness Resources for Spouses and Retirees

One of the current gaps identified in our comprehensive wellness program is our inability to successfully reach and communicate with our spouses and retirees. Ways to address this have been discussed with members from other local agencies who have made creative but unsuccessful attempts to get spouses to attend informational and educational training sessions. Having officers distribute information to their spouses has also proven to be unreliable.

To try and effectively address this need within the Herndon Police Department, plans are underway to use our annual awards dinner and banquet scheduled for March 12, 2022, to provide outreach to these groups. This event is a semi-formal, enjoyable function for all personnel, retirees, and their significant others. This is one of the only times each year that the chief and her executive staff have direct, in-person access to the families.

The goal is to distribute a flyer to each of the spouses and retirees in attendance describing available resources, an email contact to our police psychologist, and an email link to ascertain their interest in attending a virtual training session with our psychologist and executive staff. This ensures the information is getting directly into the hands of the spouses, without relying on our officers to provide it to them. Based on input from other agencies, a virtual meeting may be more desirable as it eliminates discomfort and is easier to schedule around family activities and work commitments. Spouses and significant others will be asked to voluntarily provide us with an email contact so we can send them updates on department events and information that may be beneficial to them.

Conclusion

The Herndon Police Department understands the importance of placing a focused effort on supporting our officer's overall health and wellness, for personal wellness and job performance. We also understand the importance of extending these same resources to all our professional staff, who support our daily mission to provide effective public safety services to our community. Our efforts have resulted in a holistic health, safety, and wellness program that has increased the opportunities for personnel to maintain positive mental and physical health in an increasingly difficult and stressful profession, as well as enhance our ability to remain safe on the job. Our program has also contributed to better working conditions and a healthy work culture within the agency, which has been a highly valuable selling point for our recruiting team, demonstrating our department's sincere care and concern for our employees. Our overall goal is to not only keep our officers physically safe and mentally well on the job, but to ensure they leave the profession whole, with the ability to enjoy their lives in retirement after years of dedicated public service.

**Presentation conducted on Herndon's
Wellness Programs to other regional and
state groups to share best practices and
encourage the development of health and
wellness resources in the profession.**



Health and Wellness Programs

Herndon Police Department

1

Peer Support Program



- State certified Peer Support Team
- Trained in Peer, CISM, and Stress First Aid
- Works in partnership with other regional teams for training and mutual aid
- Careful selection of team members is critical – must be credible; ensure diverse backgrounds
- Training for entire department on role of team and policy governing peer interactions, especially regarding confidentiality
 - *Know the different role peer members and psychologists play*

2

Police Psychologists



Experience Working With Law Enforcement

- **Mandatory annual education wellness sessions**
- Call out for traumatic incidents
- Training and education – Managing stress, coping skills, suicide awareness, etc.

In-House or on Contract

- Referrals to other clinicians – inpatient and outpatient
- Trauma treatment and therapy
- Personnel have access to psychologists without going through the chain of command

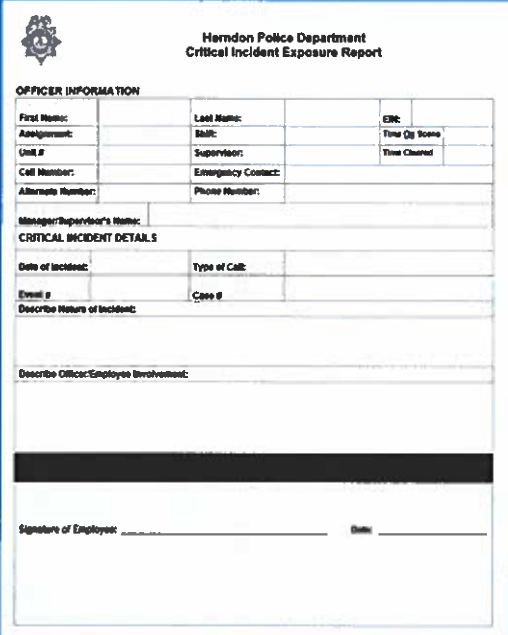
3

Transcendental Meditation™

- Donation by the David Lynch Foundation to teach TM to personnel
- Executive leadership first group trained at HPD
- Voluntary training
- Significant benefit noted by those continuing to practice
- Nap room used by personnel for quiet place to meditate at work



4



**Harmon Police Department
Critical Incident Exposure Report**

OFFICER INFORMATION

First Name:	Last Name:	EIR:	
Assignment:	Shift:	Time Of Scene:	
Unit #	Supervisor:	Time Cleared:	
Call Number:	Emergency Contact:		
Alternate Number:	Phone Number:		

Manager/Supervisor's Name: _____

CRITICAL INCIDENT DETAILS

Date of Incident: _____ Type of Call: _____

Event # _____ Case # _____

Describe Nature of Incident: _____

Describe Officer/Employee Involvement: _____

Signature of Employee: _____ Date: _____

Critical Incident Exposure Report

- Used to document traumatic exposures over career
- Assist in workman's compensation claims
- Assists clinicians in treatment
- NOT retained in personnel files

5



Facility Support Dog

- Donated by Mutts With a Mission
- Assigned to a captain trained in Peer Support
- Spends time in various locations throughout the station (dispatch, investigations, etc.)
- Not a community outreach dog

6

Restoration & Recovery (Nap Room)



- 30 minutes each shift
- Power naps, meditation, quiet time to decompress
- Sleep before or after court or late shift
- Not used for meal breaks
- Policy in place for use

7

NATIONAL WELLNESS SURVEY FOR PUBLIC SAFETY PERSONNEL

DATA SUMMARY

COMMONWEALTH OF VIRGINIA

JANUARY 2022

PREPARED BY THE U.S. MARSHALS SERVICE BEHAVIORAL ANALYSIS UNIT

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National Wellness Survey for Public Safety

Virginia Summary Report

8

Key Statistics From Virginia Survey Summary

Survey sent to 13,261 –
2,635 completed it

19% received scores
indicating clinical levels of
depression

20% received scores
indicating clinical levels of
anxiety

12% received scores
representing clinical
significance on **PTSD**
assessment

21% indicated problems
with **alcohol**

8% reported experiencing
thoughts of **passive
suicide ideation** (thoughts
of suicide/self harm but
no plan to carry it out)

4% reported experiencing
thoughts of **active suicide
ideation** (thoughts of
suicide/self harm and a
plan to carry it out)

70% of the LEOs
responding indicating
clinical significance in all
areas have **not been
formally diagnosed**

9

Chief Maggie A. DeBoard
Maggie.deboard@herndon-va.gov
Cell 571-262-1712

Lt. Jay Carson
Jaysyn.Carson@herndon-va.gov
Cell 571-641-7687

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National Wellness Survey for Public Safety

Personnel: Summary Report for the

Commonwealth of Virginia

(This attachment does not contain the many detailed pages of tables listing all of the response options)



NATIONAL WELLNESS SURVEY

FOR PUBLIC SAFETY PERSONNEL

DATA SUMMARY

COMMONWEALTH OF VIRGINIA

JANUARY 2022

PREPARED BY THE U.S. MARSHALS SERVICE BEHAVIORAL ANALYSIS UNIT

SURVEY OVERVIEW

The U.S. Marshals Service and Nova Southeastern University are conducting a national survey to assess the impact of public safety work on individual well-being. Given their repeated exposure to potentially traumatic events, there is an overwhelming need to address the wellness of public safety professionals.

The following data are from the Commonwealth of Virginia, where 2,635 out of 13,261 individuals (20%) completed the survey.



EXPOSURE TO TRAUMA

Respondents were asked to report on **exposure to various types of trauma** and whether they experienced that trauma within their professional life (i.e., public safety role), personal life, or not at all. If positively endorsed, they were also asked to report the frequency and recency of the trauma.

Below is a summary of the percentage of respondents who reported each type of traumatic experience **within the scope of their professional duties**. State-level scores are compared to the averages of agencies from other states, which are designated by orange markers.

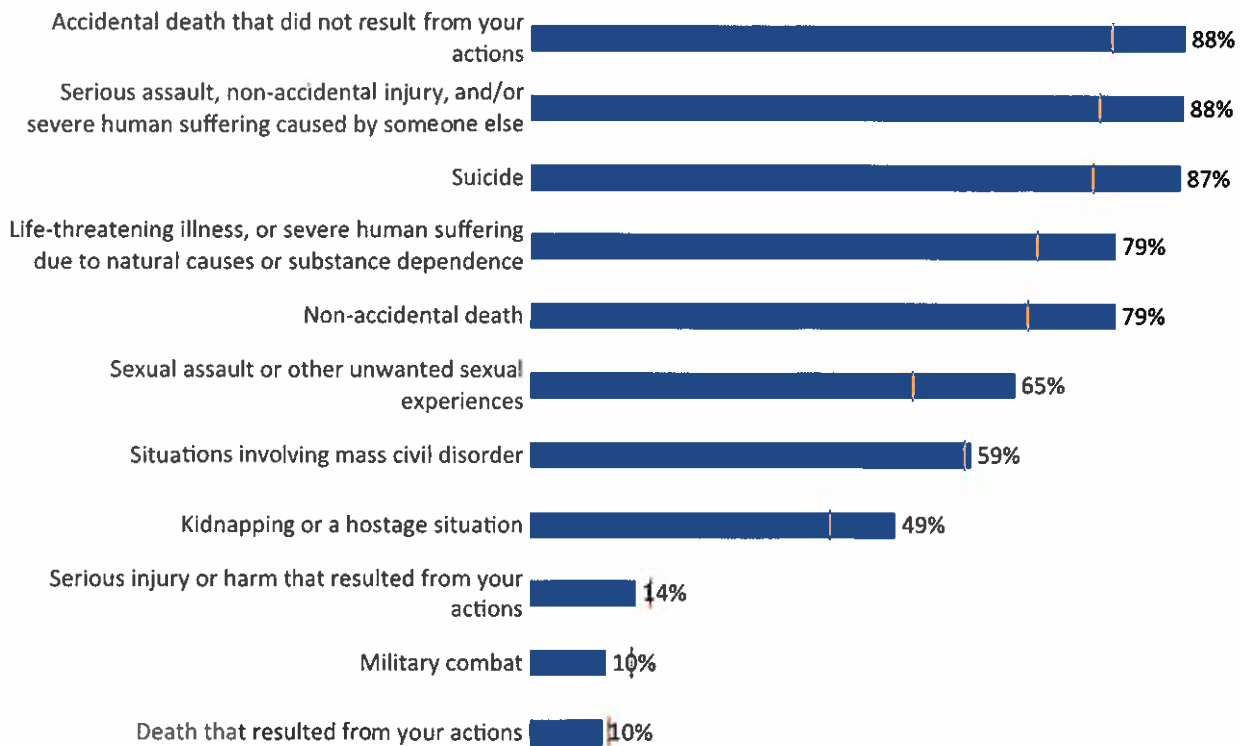


Figure 1. Percentage of Respondents Reporting Each Type of Traumatic Experience Within the Scope of Their Professional Duties

EXPOSURE TO TRAUMA

Later in the survey, respondents are asked to consider the most stressful event or experience they have encountered in their lifetimes and to classify that event into one of the categories listed above. The most commonly endorsed category of their worst life event was **accidental death not from your actions** (27%).

STRESS & STRESS MANAGEMENT

Respondents were asked to report which **stressors in their professional life** they experienced within the past year. The following are the most commonly endorsed professional stressors.

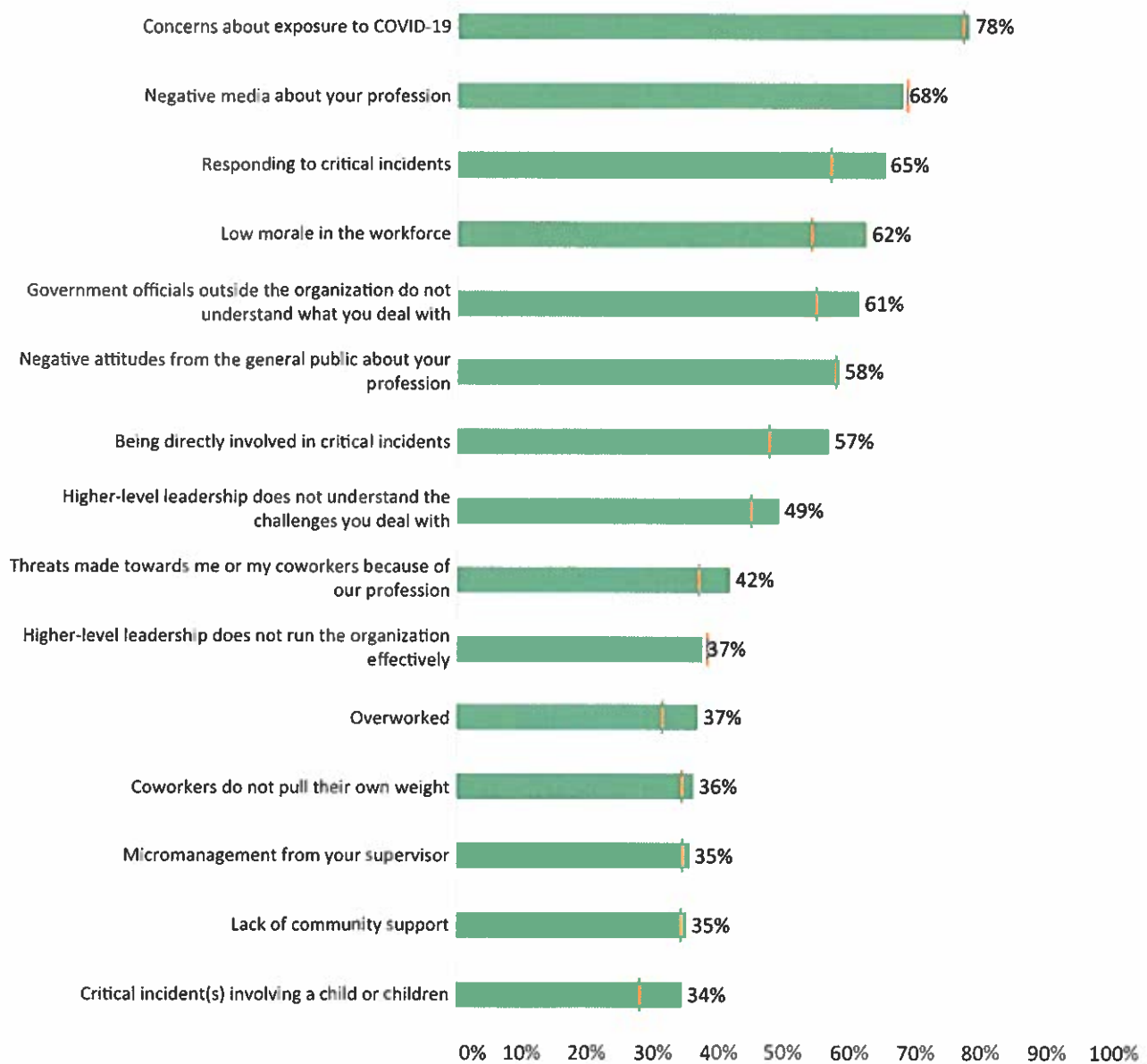


Figure 2. Percentage of Respondents Who Endorsed Each of the Experienced Professional Stressors

STRESS & STRESS MANAGEMENT

Respondents were asked to report which **stressors in their personal life** they experienced within the past year. The following are the most commonly endorsed personal stressors.

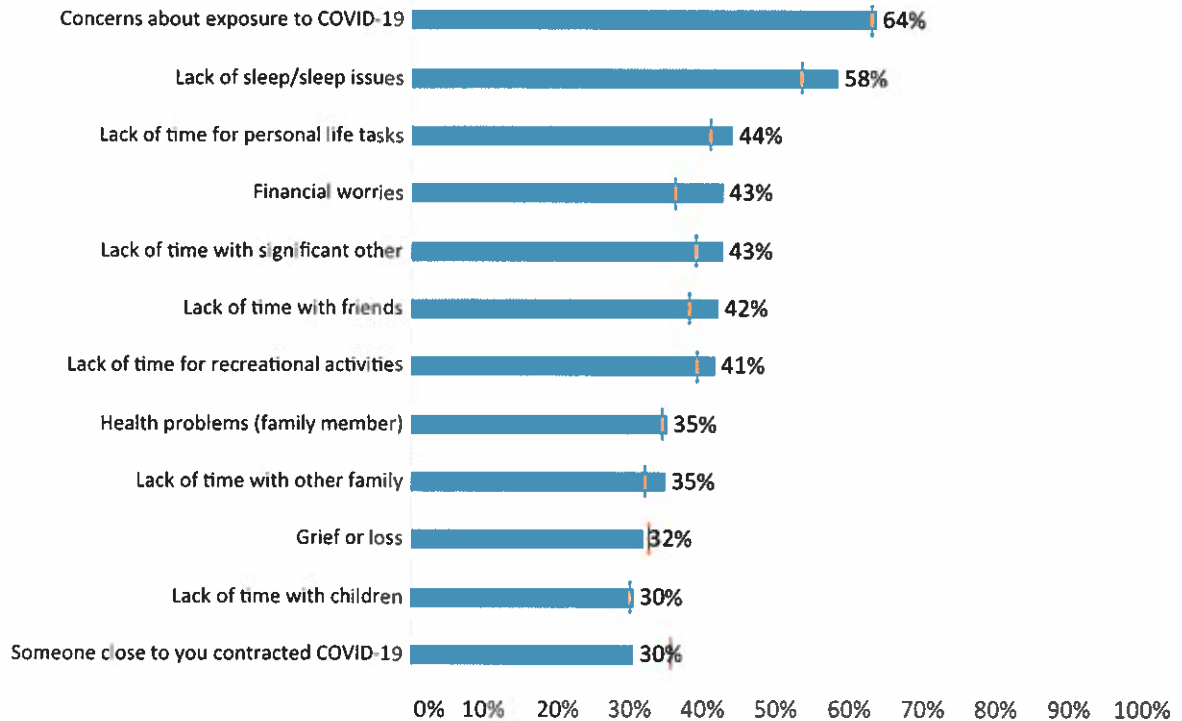


Figure 3. Percentage of Respondents Who Endorsed Each of the Experienced Personal Stressors

When asked which **activities they engage in to counteract the effects of stress**, those listed below were the most commonly reported by respondents.

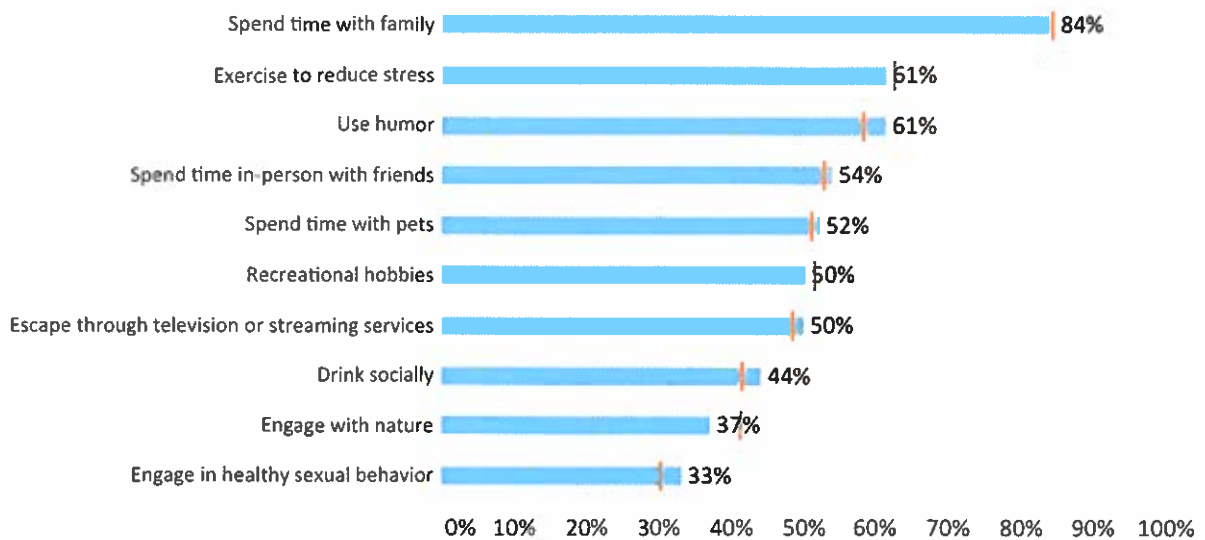


Figure 4. Percentage of Respondents Who Endorsed Each of the Activities to Counteract the Effects of Stress

HEALTH & WELL-BEING

Respondents were asked to report on their access to and interest in engaging with behavioral health resources. Below is an overview of how many respondents have **utilized behavioral health resources** either offered within the department or found elsewhere due to professional reasons.

Resource	Within Department		Outside Department	
	State	Average	State	Average
Doctoral-level psychologist or non-doctoral-level counselor	17%	16%	10%	11%
Psychiatrist	6%	5%	7%	6%
Peer Support Team member	16%	16%	N/A	
Chaplain, clergy, or other spiritual services	8%	6%	8%	8%
Primary care physician or practitioner	N/A		12%	11%

Further, respondents were asked why they may have been **reluctant to seek behavioral health resources** in the past. Of individuals who expressed they were interested in seeking help at some point, these were the most common reasons for not doing so:

- 1 I wanted to handle it on my own
- 2 Fears it would impact my career, future employment, or security clearance
- 3 Concerns about confidentiality
- 4 Stigma - concerns I'd appear weak
- 5 It's the way I am - I don't ask for help
- 6 I just keep putting it off

Respondents completed well-recognized and validated mental health instruments, used either in their original or somewhat modified form, to help researchers gain an understanding of **how public safety work may be impacting their current well-being**. It is important to note these are provisional assessments based on self-reported data and should not be interpreted as formal diagnoses.

TURNOVER

The following data represent responses to the item, *"In the next few years, I intend to leave my public safety job prematurely due to work stressors."* On average, 17% of respondents agreed with this item.



HEALTH & WELL-BEING

DEPRESSION & ANXIETY

42% of respondents some degree of depression from the Patient Health Questionnaire (PHQ-9). 44% of respondents indicated some degree of anxiety based on results from the Generalized Anxiety Disorder Assessment (GAD-7).

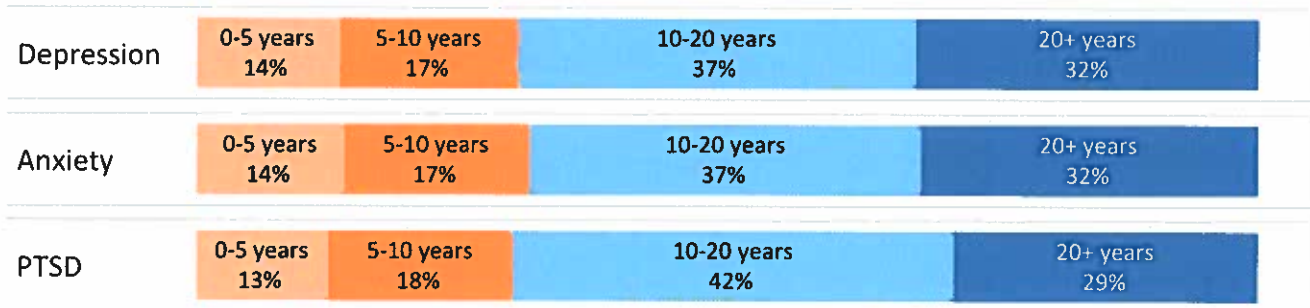
	State	Average		State	Average
Mild Depression	23%	21%	Mild Anxiety	24%	22%
Moderate Depression	10%	9%	Moderate Anxiety	11%	9%
Moderately Severe Depression	6%	5%	Severe Anxiety	9%	7%
Severe Depression	3%	3%			

POST-TRAUMATIC STRESS DISORDER

- 12% of respondents received scores representing clinical significance on the PTSD Checklist (PCL-5), indicating the individual may benefit from PTSD treatment. The average score for other states is 12%.
- 56% of respondents (compared to an average of 53%) reported being bothered by a stressful event or experience within the past month.

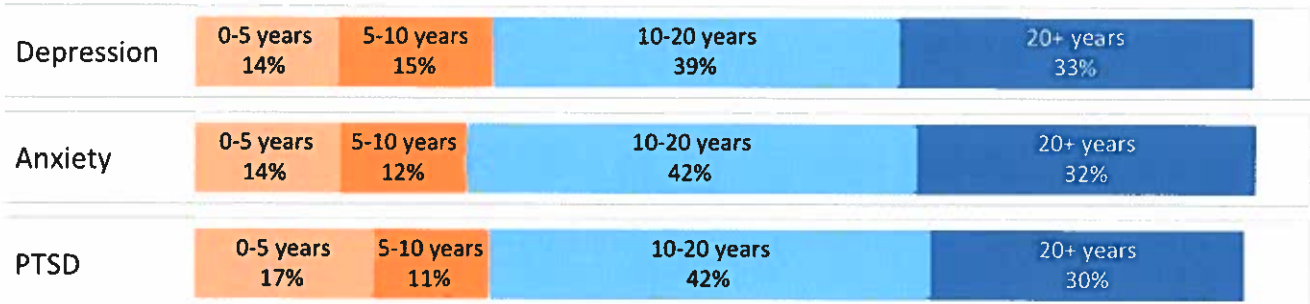
Sworn Law Enforcement

Of the Sworn Officers signifying possible depression, anxiety, and/or PTSD, indicated below is the a..



Fire & Rescue

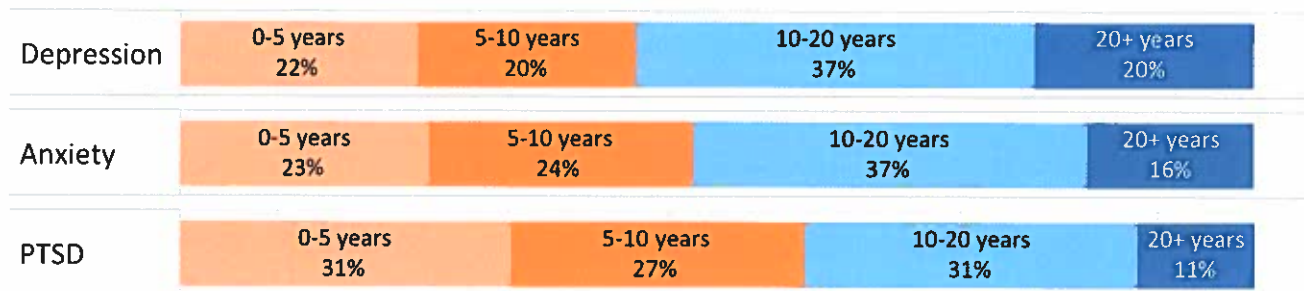
Of the Fire & Rescue personnel signifying possible depression, anxiety, and/or PTSD, indicated below is the average time spent in the profession.



HEALTH & WELL-BEING

Dispatch

Of the **Dispatchers** signifying possible depression, anxiety, and/or PTSD, indicated below is the average time spent in the profession.



ALCOHOL ABUSE

21% of respondents received a score representing potential problems with alcohol abuse based on results from the Substance Abuse Screening Tool (CAGE), compared to 19% on average.

12% of respondents selected "*drink to numb the pain/stress*" as a way to counteract the effects of work stress.

SECONDARY TRAUMATIC STRESS

The most commonly endorsed items from the Secondary Traumatic Stress Scale (STSS) include thinking about work when not intending to (**73%**), being easily annoyed (**62%**), and feeling discouraged about the future (**51%**). Respondents were asked to only endorse items they experienced within the past two weeks.

SUICIDAL IDEATION

Respondents completed select items from the Columbia-Suicide Severity Rating Scale (C-SSRS) to identify potential risk for suicide by assessing passive and active suicidal ideation, as well as suicidal behavior.

- **8%** of individuals reported experiencing thoughts of **passive suicidal ideation**, which represents thoughts of suicide or self-harm but no plan to carry it out (7% average).
- When passive suicidal ideation was broken out by profession, 7% of sworn law enforcement, 10% of fire & rescue, and 13% of dispatchers endorsed the item.
- **4%** reported experiencing thoughts of **active suicidal ideation**, which represents thoughts of suicide or self-harm and a plan to carry it out (4% average).
- When active suicidal ideation was broken out by profession, 3% of sworn law enforcement, 6% of fire & rescue, and 6% of dispatchers endorsed the item.



National Wellness Survey for Public Safety Personnel

Data Summary for the Commonwealth of Virginia

MENTAL HEALTH DIAGNOSES

Of respondents who received scores representing clinical significance for depression, anxiety, and PTSD, how many have been formally diagnosed by a professional?

SWORN LAW ENFORCEMENT

- For depression, **69%** have not been formally diagnosed with a depressive disorder
- For anxiety, **74%** have not been formally diagnosed with an anxiety disorder
- For those who may benefit from PTSD treatment, **73%** have not been formally diagnosed with PTSD

FIRE & RESCUE

- For depression, **44%** have not been formally diagnosed with a depressive disorder
- For anxiety, **57%** have not been formally diagnosed with an anxiety disorder
- For those who may benefit from PTSD treatment, **52%** have not been formally diagnosed with PTSD

DISPATCH

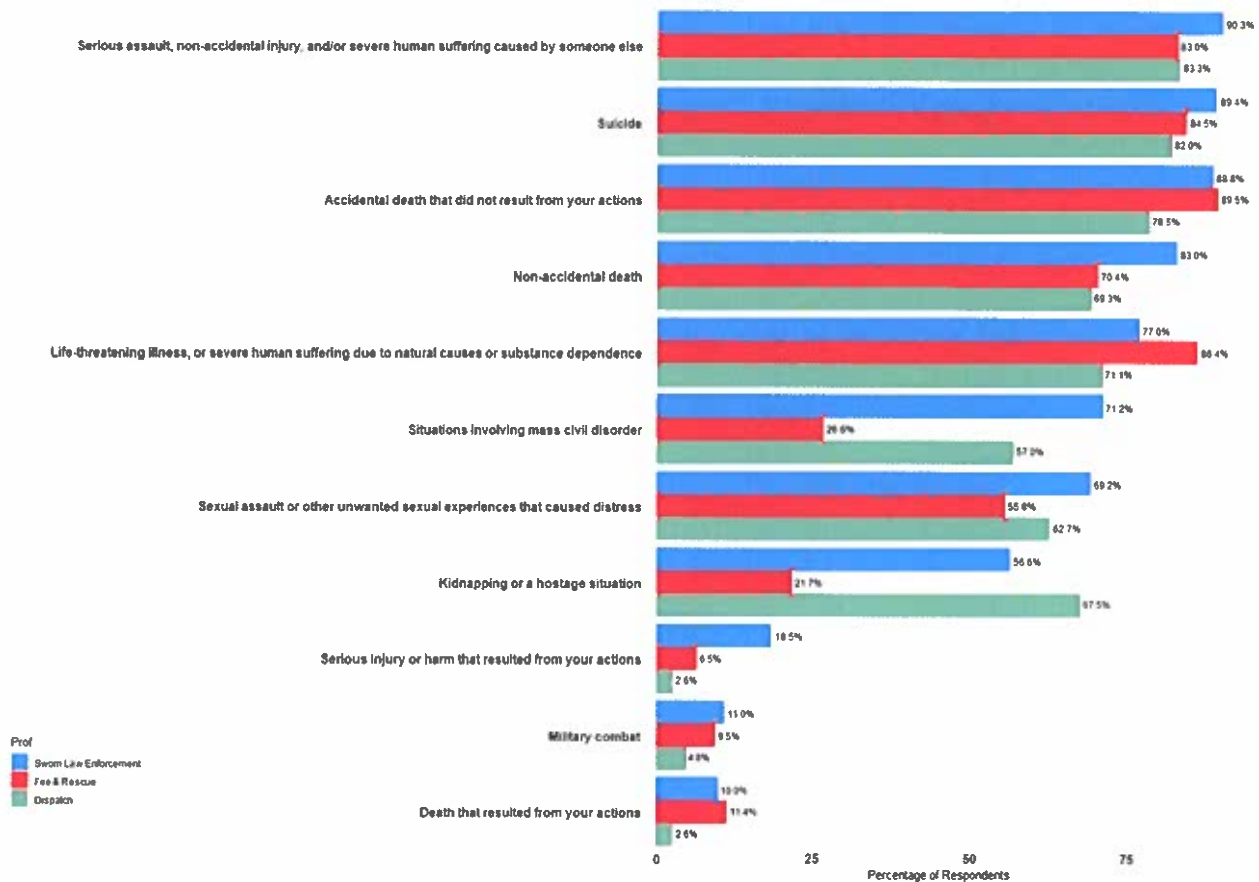
- For depression, **51%** have not been formally diagnosed with a depressive disorder
- For anxiety, **48%** have not been formally diagnosed with an anxiety disorder
- For those who may benefit from PTSD treatment, **61%** have not been formally diagnosed with PTSD



EXPOSURE TO TRAUMA

EXPOSURE TO TRAUMATIC EXPERIENCES ACROSS PROFESSIONS

The chart below summarizes the percentage of respondents from each profession with some form of exposure to each of the trauma categories.





EXPOSURE TO TRAUMATIC EXPERIENCES ACROSS PROFESSIONS (CONT.)

The table below breaks down the exposure to trauma by profession by displaying the **form of exposure** within each trauma category, providing a more detailed picture of which profession is most exposed.

Form of Exposure	Sworn Law Enforcement	Fire & Rescue (Professional)	Public Safety Communications
Accidental death that did not result from your actions			
Happened to someone close to you	62%	62%	51%
Witnessed as it was taking place	57%	62%	62%
Exposed after it happened	87%	87%	72%
Suicide			
Happened to someone close to you	65%	65%	59%
Witnessed as it was taking place	67%	54%	72%
Exposed after it happened	87%	83%	74%
Non-Accidental Death			
Happened to someone close to you	49%	36%	34%
Witnessed as it was taking place	41%	27%	40%
Exposed after it happened	81%	70%	63%
Serious assault, non-accidental injury, severe human suffering caused by someone else			
Happened to you	46%	33%	28%
Happened to someone close to you	63%	44%	49%
Witnessed as it was taking place	67%	49%	70%
Exposed after it happened	89%	83%	77%
Death that resulted from your actions			
Happened to you	8%	7%	3%
Serious injury or harm that resulted from your actions			
Happened to you	18%	5%	5%
Sexual assault or other unwanted sexual experiences			
Happened to you	11%	13%	14%
Happened to someone close to you	17%	19%	16%
Witnessed as it was taking place	14%	9%	24%
Exposed after it happened	68%	53%	62%
Life-threatening illness, severe human suffering; natural causes or substance dependence			
Happened to you	37%	48%	30%
Happened to someone close to you	53%	68%	50%
Otherwise exposed	74%	84%	70%
Kidnapping or a hostage situation			
Happened to you	6%	4%	6%
Happened to someone close to you	3%	3%	4%
Witnessed as it was taking place	38%	14%	51%
Exposed after it happened	54%	21%	58%
Situations involving mass civil disorder			
Happened to you	59%	16%	28%
Happened to someone close to you	62%	20%	47%
Witnessed as it was taking place	61%	23%	51%
Exposed after it happened	59%	23%	50%
Military combat			
Direct engagement	7%	5%	2%
Direct engagement possible	10%	7%	3%
Saw or heard combat	9%	8%	3%
Exposed after it happened	9%	7%	5%



ASSOCIATION BETWEEN EXPOSURE TO TRAUMATIC EXPERIENCES & RISK FACTORS

The tables that follow show the statistical association between form of exposure to traumatic experiences for each profession and the following risk factors:

- Clinically significant scores for depression, anxiety, PTSD
- Disclosure of either passive or active suicidal ideation
- Agreement with the statement, "In the next few years, I intend to leave my public safety job prematurely due to work stressors"

The values in these tables and similar tables in this report can be interpreted as:

- Those with an absolute value below 0.100 can be considered to have a negligible association
- Those between 0.100 and 0.200 can be considered to have a weak association
- Those between 0.200 and 0.400 can be considered to have a moderate association
- Those between 0.400 and 0.600 can be considered to have a relatively strong association
- Gray cells indicate the association was not statistically significant

Darker red cells represent a stronger association, while lighter ones show a weaker association. A stronger association indicates that respondents selecting the stressor are more likely to have a clinically significant score or are more likely to disclose suicidal ideation, etc. The darkest green cells represent a stronger association with risk factors in a positive way (e.g., associated with respondents with scores below clinical significance). Cells in gray indicate a lack of statistical significance, which can partly result from limited data availability.

Tests of statistical significance show, with some degree of confidence, whether a relationship exists between variables; however, they do not reflect the strength of that relationship. Measures of association (in this case, Cramér's V) are useful as a descriptive tool to indicate the strength of a relationship between two or more variables and as qualifying devices for determining if certain findings merit reporting. The possible values for these measures of association range from 0 to 1, where 0 represents no association and 1 represents a perfect association.¹

¹ Rea, L. M., & Parker, R. A. (2005). *Designing and conducting survey research: A comprehensive guide*. San Francisco: Jossey-Bass Publishers.



ASSOCIATION BETWEEN EXPOSURE TO TRAUMATIC EXPERIENCES & RISK FACTORS (CONT.)

SWORN LAW ENFORCEMENT

Form of Exposure	Depression	Anxiety	PTSD	Suicide	Leave Job
Accidental death that did not result from your actions					
Happened to someone close to you	0.054	0.093	0.097	0.001	0.083
Witnessed as it was taking place	0.095	0.077	0.110	0.012	0.096
Exposed after it happened	0.065	0.060	0.058	0.019	0.047
Suicide					
Happened to someone close to you	0.105	0.093	0.103	0.092	0.067
Witnessed as it was taking place	0.080	0.106	0.071	0.048	0.052
Exposed after it happened	0.036	0.063	0.011	0.039	0.035
Non-Accidental Death					
Happened to someone close to you	0.036	0.050	0.022	0.002	0.082
Witnessed as it was taking place	0.051	0.065	0.062	0.029	0.075
Exposed after it happened	0.031	0.062	0.002	0.041	0.039
Serious assault, non-accidental injury, severe human suffering caused by someone else					
Happened to you	0.076	0.100	0.117	0.041	0.071
Happened to someone close to you	0.086	0.109	0.085	0.051	0.117
Witnessed as it was taking place	0.086	0.093	0.082	0.026	0.070
Exposed after it happened	0.015	0.062	0.024	0.041	0.018
Death that resulted from your actions					
Happened to you	0.024	0.046	0.053	0.025	0.049
Serious injury or harm that resulted from your actions					
Happened to you	0.029	0.090	0.100	0.044	0.087
Sexual assault or other unwanted sexual experiences					
Happened to you	0.033	0.062	0.107	0.054	0.110
Happened to someone close to you	0.032	0.047	0.005	0.034	0.071
Witnessed as it was taking place	0.035	0.022	0.078	0.024	0.070
Exposed after it happened	0.002	0.038	0.022	0.071	0.016
Life-threatening illness, severe human suffering; natural causes or substance dependence					
Happened to you	0.035	0.037	0.064	0.046	0.076
Happened to someone close to you	0.072	0.092	0.078	0.082	0.105
Otherwise exposed	0.022	0.089	0.029	0.050	0.068
Kidnapping or a hostage situation					
Happened to you	0.006	0.009	0.021	0.020	0.019
Happened to someone close to you	0.009	0.100	0.016	0.023	0.065
Witnessed as it was taking place	0.034	0.063	0.057	0.022	0.064
Exposed after it happened	0.036	0.082	0.050	0.037	0.051
Situations involving mass civil disorder					
Happened to you	0.080	0.071	0.103	0.022	0.071
Happened to someone close to you	0.048	0.083	0.084	0.017	0.084
Witnessed as it was taking place	0.061	0.090	0.103	0.005	0.067
Exposed after it happened	0.065	0.079	0.092	0.018	0.085
Military combat					
Direct engagement	0.011	0.003	0.038	0.002	0.019
Direct engagement possible	0.038	0.003	0.053	0.029	0.023
Saw or heard combat	0.039	0.013	0.062	0.022	0.013
Exposed after it happened	0.053	0.007	0.067	0.021	0.025



ASSOCIATION BETWEEN EXPOSURE TO TRAUMATIC EXPERIENCES & RISK FACTORS (CONT.)

FIRE & RESCUE

Form of Exposure	Depression	Anxiety	PTSD	Suicide	Leave Job
Accidental death that did not result from your actions					
Happened to someone close to you	0.015	0.102	0.088	0.064	0.086
Witnessed as it was taking place	0.029	0.092	0.076	0.042	0.076
Exposed after it happened	0.023	0.077	-0.005	0.013	0.050
Suicide					
Happened to someone close to you	0.077	0.087	0.078	0.079	0.153
Witnessed as it was taking place	0.072	0.119	0.009	0.074	0.098
Exposed after it happened	0.032	0.077	0.003	0.014	0.052
Non-Accidental Death					
Happened to someone close to you	0.062	0.117	0.031	0.040	0.073
Witnessed as it was taking place	-0.015	0.072	0.037	-0.022	0.078
Exposed after it happened	0.054	0.124	-0.017	0.066	0.062
Serious assault, non-accidental injury, severe human suffering caused by someone else					
Happened to you	0.096	0.145	0.077	0.137	0.152
Happened to someone close to you	0.076	0.092	0.048	0.096	0.143
Witnessed as it was taking place	-0.005	0.031	-0.013	0.027	0.027
Exposed after it happened	0.009	0.016	-0.057	0.045	0.024
Death that resulted from your actions					
Happened to you	0.012	0.019	0.033	0.110	0.010
Serious injury or harm that resulted from your actions					
Happened to you	0.061	0.095	0.011	0.069	0.107
Sexual assault or other unwanted sexual experiences					
Happened to you	0.099	0.083	0.082	0.073	0.152
Happened to someone close to you	0.028	0.064	0.116	0.056	0.079
Witnessed as it was taking place	0.122	0.081	0.163	0.116	0.129
Exposed after it happened	0.060	-0.002	0.024	-0.023	0.019
Life-threatening illness, severe human suffering; natural causes or substance dependence					
Happened to you	0.058	0.094	0.014	0.017	0.147
Happened to someone close to you	0.052	0.091	0.061	0.042	0.081
Otherwise exposed	0.020	0.049	0.019	-0.023	0.005
Kidnapping or a hostage situation					
Happened to you	0.023	0.023	0.003	-0.017	0.007
Happened to someone close to you	0.017	0.039	0.035	-0.023	0.022
Witnessed as it was taking place	-0.042	0.023	-0.021	-0.013	0.038
Exposed after it happened	-0.053	-0.015	-0.061	-0.034	0.027
Situations involving mass civil disorder					
Happened to you	-0.016	0.014	-0.053	-0.076	0.047
Happened to someone close to you	-0.026	-0.013	0.050	-0.073	0.070
Witnessed as it was taking place	-0.017	-0.007	0.013	-0.042	0.063
Exposed after it happened	-0.005	0.002	-0.061	-0.065	0.077
Military combat					
Direct engagement	-0.001	0.016	-0.003	-0.012	0.024
Direct engagement possible	-0.039	0.008	-0.069	-0.013	0.035
Saw or heard combat	-0.017	-0.005	-0.033	-0.011	0.038
Exposed after it happened	-0.015	-0.003	-0.033	-0.028	0.057



DISPATCH

Form of Exposure	Depression	Anxiety	PTSD	Suicide	Leave Job
Accidental death that did not result from your actions					
Happened to someone close to you	0.057	0.114	0.173	0.028	-0.093
Witnessed as it was taking place	0.134	0.139	0.087	0.075	0.017
Exposed after it happened	0.139	0.145	0.095	0.101	0.005
Suicide					
Happened to someone close to you	0.112	0.132	0.074	0.090	-0.087
Witnessed as it was taking place	0.126	0.208	0.015	0.155	0.059
Exposed after it happened	0.130	0.163	0.074	0.160	0.036
Non-Accidental Death					
Happened to someone close to you	0.018	0.061	0.012	-0.035	-0.127
Witnessed as it was taking place	0.183	0.140	0.142	0.094	-0.025
Exposed after it happened	0.191	0.271	0.113	0.090	0.031
Serious assault, non-accidental injury, severe human suffering caused by someone else					
Happened to you	0.224	0.236	0.188	0.017	0.026
Happened to someone close to you	0.152	0.197	0.181	0.064	0.040
Witnessed as it was taking place	0.151	0.189	0.091	0.015	0.028
Exposed after it happened	0.088	0.111	0.095	0.069	-0.040
Death that resulted from your actions					
Happened to you	0.077	0.082	-0.021	0.105	0.181
Serious injury or harm that resulted from your actions					
Happened to you	0.056	0.055	0.036	0.085	0.003
Sexual assault or other unwanted sexual experiences					
Happened to you	0.056	0.109	0.103	0.031	-0.017
Happened to someone close to you	0.001	0.087	-0.016	-0.022	0.002
Witnessed as it was taking place	0.124	0.219	0.180	-0.002	0.016
Exposed after it happened	0.161	0.256	0.056	-0.022	0.021
Life-threatening illness, severe human suffering; natural causes or substance dependence					
Happened to you	0.154	0.122	0.107	0.076	0.085
Happened to someone close to you	0.184	0.203	0.038	0.057	0.129
Otherwise exposed	0.136	0.171	-0.006	0.095	0.135
Kidnapping or a hostage situation					
Happened to you	-0.069	-0.089	-0.158	0.012	0.113
Happened to someone close to you	0.025	0.064	-0.030	-0.022	-0.089
Witnessed as it was taking place	0.190	0.240	0.148	0.101	0.096
Exposed after it happened	0.157	0.217	0.162	0.025	0.092
Situations involving mass civil disorder					
Happened to you	0.001	0.039	0.054	-0.030	-0.020
Happened to someone close to you	0.120	0.096	0.054	0.100	0.100
Witnessed as it was taking place	0.175	0.139	0.023	0.035	0.154
Exposed after it happened	0.184	0.164	0.069	0.112	0.182
Military combat					
Direct engagement	-0.058	-0.002	-0.054	0.060	-0.050
Direct engagement possible	-0.083	-0.052	-0.054	0.008	-0.072
Saw or heard combat	-0.083	-0.052	-0.054	0.008	-0.072
Exposed after it happened	0.042	-0.019	0.036	0.021	-0.042



PROFESSIONAL STRESSORS

PROFESSIONAL STRESSORS ACROSS PROFESSIONS

An examination of the differences among **professional stressors** selected by the three most abundant public safety roles in the survey showed the following observations of interest in order of significance:

SWORN LAW ENFORCEMENT

- Selected **significantly more** often than the other professions:
 - 1) Negative media about your profession
 - 2) Negative attitudes from the general public about your profession
 - 3) Threats made towards me or my coworkers because of our profession
 - 4) Lack of community support
 - 5) Government officials outside of the organization do not understand what you deal with
 - 6) Negative media about a specific incident you were involved in
 - 7) Higher-level leadership does not enable you to do your job effectively
 - 8) Inadequate equipment/resources
 - 9) Inadequate or an insufficient amount of training
 - 10) Responding to critical incidents
- Selected **significantly less** often than the other professions:
 - 1) Lack of closure regarding critical incidents in which I had a role
 - 2) Difficulty relating to your coworkers
 - 3) Critical incidents involving a child or children
 - 4) Sleep disruption while on call
 - 5) A coworker's difficult circumstances have worsened the stress of others in the workplace

FIRE & RESCUE

- Selected **significantly more** often than the other professions:
 - 1) Sleep disruption while on call
 - 2) Responding to critical incidents
- Selected **significantly less** often than the other professions:
 - 1) Negative media about your profession
 - 2) Negative attitudes from the general public about your profession
 - 3) Threats made towards me or my coworkers because of our profession
 - 4) Lack of community support
 - 5) Government officials outside of the organization do not understand what you deal with
 - 6) Inadequate equipment/resources
 - 7) Negative media about a specific incident you were involved in
 - 8) Inadequate or an insufficient amount of training

DISPATCH

- Selected **significantly more** often than the other professions:
 - 1) Lack of closure regarding critical incidents in which I had a role
 - 2) Lack of control or inability to protect someone during a critical incident
 - 3) A coworker's difficult circumstances have worsened the stress of others in the workplace
 - 4) Coworkers do not pull their own weight
 - 5) Lack of promotion potential
 - 6) Critical incidents involving a child or children

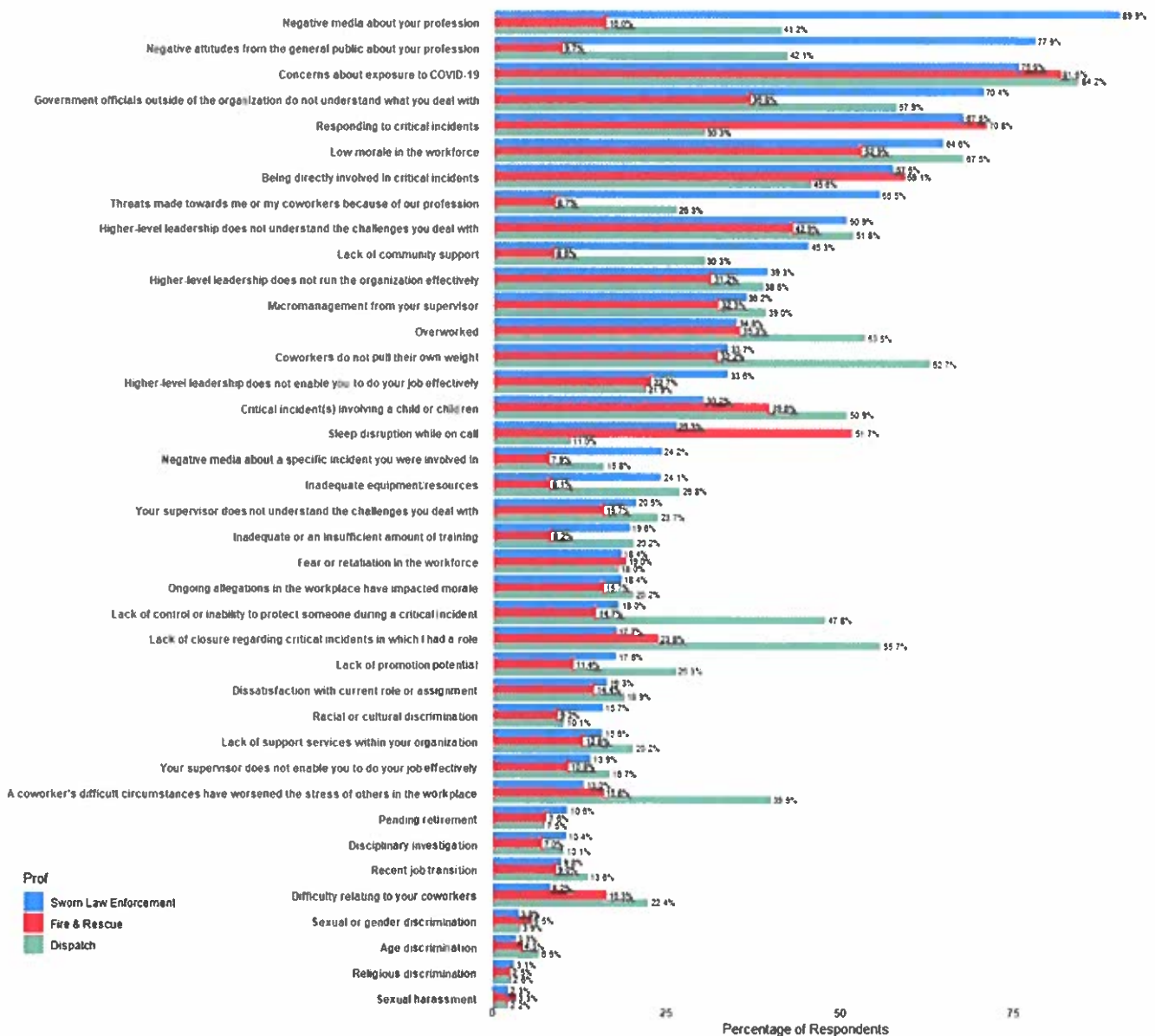


PROFESSIONAL STRESSORS ACROSS PROFESSIONS (CONT.)

- Selected significantly less often than the other professions:
 - 1) Responding to critical incidents
 - 2) Negative media about your profession
 - 3) Sleep disruption while on call
 - 4) Negative attitudes from the general public about your profession

PROFESSIONAL STRESSORS & RISK FACTORS

The chart below summarizes the percentage of respondents that endorsed each professional stressor as something they had to deal with in the past year.





PROFESSIONAL STRESSORS & RISK FACTORS (CONT.)

The tables below show the strength of association between each professional stressor and the risk factors for each profession.

SWORN LAW ENFORCEMENT

Professional Stressor	Depression	Anxiety	PTSD	Suicide	Leave
Overworked	0.176	0.246	0.201	0.095	0.189
Lack of support services within your organization	0.205	0.213	0.200	0.116	0.178
Threats made towards me or my coworkers because of our profession	0.109	0.212	0.155	0.107	0.148
Fear or retaliation in the workforce	0.138	0.201	0.200	0.095	0.212
Your supervisor does not understand the challenges you deal with	0.135	0.187	0.202	0.151	0.208
Dissatisfaction with current role or assignment	0.181	0.179	0.205	0.092	0.178
Low morale in the workforce	0.139	0.188	0.142	0.112	0.204
Higher-level leadership does not run the organization effectively	0.155	0.139	0.151	0.120	0.199
A coworker's difficult circumstances have worsened the stress of others in the workplace	0.166	0.198	0.175	0.063	0.119
Difficulty relating to your coworkers	0.161	0.195	0.168	0.151	0.121
Lack of closure regarding critical incidents in which I had a role	0.157	0.193	0.182	0.095	0.097
Higher-level leadership does not enable you to do your job effectively	0.139	0.152	0.132	0.099	0.184
Higher-level leadership does not understand the challenges you deal with	0.131	0.161	0.129	0.086	0.179
Ongoing allegations in the workplace have impacted morale	0.099	0.148	0.124	0.083	0.172
Inadequate equipment/resources	0.131	0.172	0.158	0.122	0.142
Coworkers do not pull their own weight	0.096	0.169	0.113	0.094	0.103
Negative media about a specific incident you were involved in	0.144	0.167	0.119	0.035	0.111
Lack of community support	0.134	0.164	0.123	0.110	0.158
Disciplinary investigation	0.123	0.161	0.098	0.059	0.116
Your supervisor does not enable you to do your job effectively	0.117	0.134	0.148	0.061	0.159
Inadequate or an insufficient amount of training	0.135	0.141	0.159	0.083	0.125
Lack of control or inability to protect someone during a critical incident	0.136	0.157	0.086	0.019	0.095
Micromanagement from your supervisor	0.124	0.151	0.147	0.060	0.150
Government officials outside of the organization do not understand what you deal with	0.111	0.148	0.080	0.077	0.119
Being directly involved in critical incidents	0.088	0.135	0.088	0.027	0.071
Lack of promotion potential	0.131	0.128	0.085	0.078	0.106
Negative attitudes from the general public about your profession	0.065	0.125	0.126	0.069	0.105
Critical incident(s) involving a child or children	0.091	0.124	0.087	0.024	0.066
Sleep disruption while on call	0.120	0.123	0.119	0.051	0.120
Sexual harassment	0.043	0.119	0.092	0.000	0.069
Responding to critical incidents	0.045	0.117	0.081	0.018	0.082
Sexual or gender discrimination	0.068	0.110	0.056	0.070	0.089
Racial or cultural discrimination	0.055	0.071	0.078	0.068	0.108
Religious discrimination	0.100	0.054	0.074	0.076	0.073
Negative media about your profession	0.058	0.091	0.035	0.045	0.091
Age discrimination	0.068	0.021	0.088	0.009	0.027
Concerns about exposure to COVID-19	0.035	0.062	0.033	0.042	0.015
Recent job transition	0.020	0.006	0.005	0.051	0.016
Pending retirement	-0.009	-0.036	-0.050	0.000	0.034



PROFESSIONAL STRESSORS & RISK FACTORS (CONT.)

FIRE & RESCUE

Professional Stressor	Depression	Anxiety	PTSD	Suicide	Leave
Dissatisfaction with current role or assignment	0.279	0.265	0.135	0.179	0.281
Fear or retaliation in the workforce	0.199	0.255	0.274	0.207	0.166
Your supervisor does not understand the challenges you deal with	0.153	0.227	0.264	0.106	0.210
Lack of closure regarding critical incidents in which I had a role	0.228	0.240	0.190	0.092	0.259
Higher-level leadership does not understand the challenges you deal with	0.191	0.194	0.255	0.142	0.219
Lack of support services within your organization	0.229	0.233	0.228	0.101	0.091
Low morale in the workforce	0.200	0.227	0.222	0.129	0.199
Difficulty relating to your coworkers	0.218	0.201	0.168	0.179	0.137
Negative attitudes from the general public about your profession	0.126	0.206	0.109	0.091	0.077
Higher-level leadership does not run the organization effectively	0.147	0.109	0.202	0.092	0.110
Overworked	0.182	0.176	0.191	0.089	0.133
Higher-level leadership does not enable you to do your job effectively	0.164	0.178	0.190	0.091	0.075
Disciplinary investigation	0.116	0.188	0.186	0.156	0.118
Sexual or gender discrimination	0.084	0.151	0.186	0.087	0.107
Ongoing allegations in the workplace have impacted morale	0.056	0.186	0.116	0.051	0.159
Micromanagement from your supervisor	0.151	0.155	0.183	0.104	0.110
Lack of control or inability to protect someone during a critical incident	0.119	0.168	0.126	0.048	0.178
Inadequate equipment/resources	0.141	0.177	0.078	0.040	0.109
Negative media about your profession	0.132	0.123	0.175	0.074	0.083
Sexual harassment	0.115	0.173	0.167	0.100	0.136
Negative media about a specific incident you were involved in	0.058	0.130	0.172	0.024	0.112
A coworker's difficult circumstances have worsened the stress of others in the workplace	0.162	0.172	0.083	0.008	0.071
Your supervisor does not enable you to do your job effectively	0.073	0.156	0.099	0.020	0.074
Religious discrimination	0.149	0.086	0.110	0.037	0.095
Lack of community support	0.144	0.130	0.018	0.033	0.083
Government officials outside of the organization do not understand what you deal with	0.069	0.134	0.094	0.047	0.100
Being directly involved in critical incidents	0.093	0.077	0.000	-0.026	0.133
Threats made towards me or my coworkers because of our profession	0.087	0.052	0.128	0.048	0.111
Age discrimination	0.010	0.006	0.098	0.047	0.127
Pending retirement	0.046	0.047	0.033	0.123	0.123
Critical incident(s) involving a child or children	0.102	0.114	0.032	0.025	0.058
Inadequate or an insufficient amount of training	0.083	0.083	0.046	0.110	0.029
Coworkers do not pull their own weight	0.083	0.110	0.085	0.041	0.108
Responding to critical incidents	0.070	0.087	0.048	0.011	0.087
Sleep disruption while on call	0.074	0.084	0.050	0.008	0.001
Racial or cultural discrimination	0.065	0.019	0.047	0.007	0.074
Concerns about exposure to COVID-19	-0.028	0.009	-0.016	-0.048	0.023
Lack of promotion potential	0.069	0.038	0.055	-0.003	0.063
Recent job transition	0.075	0.019	0.027	0.043	0.058



PROFESSIONAL STRESSORS & RISK FACTORS (CONT.)

DISPATCH

Professional Stressor	Depression	Anxiety	PTSD	Suicide	Leave
Lack of closure regarding critical incidents in which I had a role	0.250	0.329	0.178	0.200	0.165
Overworked	0.280	0.297	0.158	0.143	0.184
Dissatisfaction with current role or assignment	0.221	0.185	0.017	0.081	0.282
Lack of control or inability to protect someone during a critical incident	0.156	0.280	0.187	0.117	0.043
Religious discrimination	0.265	0.114	0.230	0.008	0.072
Your supervisor does not understand the challenges you deal with	0.178	0.264	0.044	0.259	0.210
Negative media about a specific incident you were involved in	0.164	0.183	0.255	-0.012	0.075
Difficulty relating to your coworkers	0.252	0.066	0.063	0.041	0.170
Sleep disruption while on call	0.251	0.146	0.076	0.050	0.155
Negative attitudes from the general public about your profession	0.144	0.246	0.071	0.092	0.164
Low morale in the workforce	0.197	0.244	0.086	0.106	0.116
Higher-level leadership does not understand the challenges you deal with	0.184	0.234	0.054	0.158	0.150
Your supervisor does not enable you to do your job effectively	0.232	0.227	0.086	0.176	0.192
Being directly involved in critical incidents	0.079	0.230	0.135	0.062	0.132
Sexual harassment	0.229	0.210	0.116	0.106	0.099
Inadequate or an insufficient amount of training	0.226	0.179	0.097	0.035	0.110
Critical incident(s) involving a child or children	0.211	0.189	0.225	0.190	0.109
Micromanagement from your supervisor	0.224	0.211	0.178	0.220	0.144
Fear or retaliation in the workforce	0.141	0.219	0.110	0.093	0.140
Higher-level leadership does not enable you to do your job effectively	0.218	0.202	0.074	0.016	0.176
Government officials outside of the organization do not understand what you deal with	0.206	0.176	0.050	0.108	0.073
Lack of promotion potential	0.129	0.095	0.194	0.029	0.204
A coworker's difficult circumstances have worsened the stress of others in the workplace	0.099	0.204	-0.111	0.061	0.086
Higher-level leadership does not run the organization effectively	0.201	0.167	0.093	0.047	0.173
Lack of support services within your organization	0.163	0.179	0.062	0.188	0.050
Coworkers do not pull their own weight	0.106	0.172	-0.007	0.094	0.056
Sexual or gender discrimination	0.127	0.044	0.125	0.168	0.097
Racial or cultural discrimination	0.090	0.160	0.119	-0.018	0.077
Inadequate equipment/resources	0.160	0.146	-0.047	0.025	0.144
Negative media about your profession	0.154	0.113	0.176	0.025	0.025
Disciplinary investigation	0.148	0.097	0.063	0.023	-0.027
Ongoing allegations in the workplace have impacted morale	0.001	0.118	-0.105	0.035	0.140
Responding to critical incidents	0.090	0.138	0.118	-0.008	0.057
Concerns about exposure to COVID-19	0.018	0.078	-0.002	0.046	0.090
Lack of community support	0.085	0.050	-0.027	0.073	0.053
Threats made towards me or my coworkers because of our profession	0.037	0.046	0.016	-0.026	0.067
Age discrimination	0.046	0.033	0.143	0.038	0.127
Recent job transition	0.001	0.038	0.105	-0.058	0.002
Pending retirement	0.069	0.006	0.033	0.116	0.059



PROFESSIONAL STRESSORS & DEMOGRAPHICS

The tables below show the top 15 strengths of association between each professional stressor and demographics for each profession.

SWORN LAW ENFORCEMENT

Demographic	Professional Stressor	Strength of Association
Female	Sexual or gender discrimination	0.242
Female	Sexual harassment	0.233
Black or African American	Negative media about your profession	-0.163
Transgender	Sexual harassment	0.156
White	Negative media about your profession	0.152
Black or African American	Racial or cultural discrimination	0.134
White	Racial or cultural discrimination	-0.131
Transgender	Age discrimination	0.129
Supervisor	Pending retirement	0.126
Transgender	Sexual or gender discrimination	0.121
Black or African American	Government officials outside of the organization do not understand what you deal with	-0.12
White	Government officials outside of the organization do not understand what you deal with	0.118
Female	Ongoing allegations in the workplace have impacted morale	0.111
Black or African American	Negative attitudes from the general public about your profession	-0.111
Black or African American	Responding to critical incidents	-0.107

FIRE & RESCUE

Demographic	Professional Stressor	Strength of Association
Female	Sexual harassment	0.356
Female	Sexual or gender discrimination	0.246
Bisexual	Sexual or gender discrimination	0.209
Gay or Lesbian	Sexual or gender discrimination	0.204
Bisexual	Sexual harassment	0.16
Committed Relationship	Sexual harassment	-0.16
Supervisor	Pending retirement	0.157
Gay or Lesbian	Lack of closure regarding critical incidents in which I had a role	0.153
United States Military Veteran	Higher-level leadership does not run the organization effectively	-0.15
Female	Being directly involved in critical incidents	-0.147
Parent or Guardian	Sexual harassment	-0.146
White	Higher-level leadership does not enable you to do your job effectively	0.128
Black or African American	Racial or cultural discrimination	0.126
Parent or Guardian	Sexual or gender discrimination	-0.126
Hispanic, Latino, or Spanish Origin	Low morale in the workforce	-0.121

DISPATCH

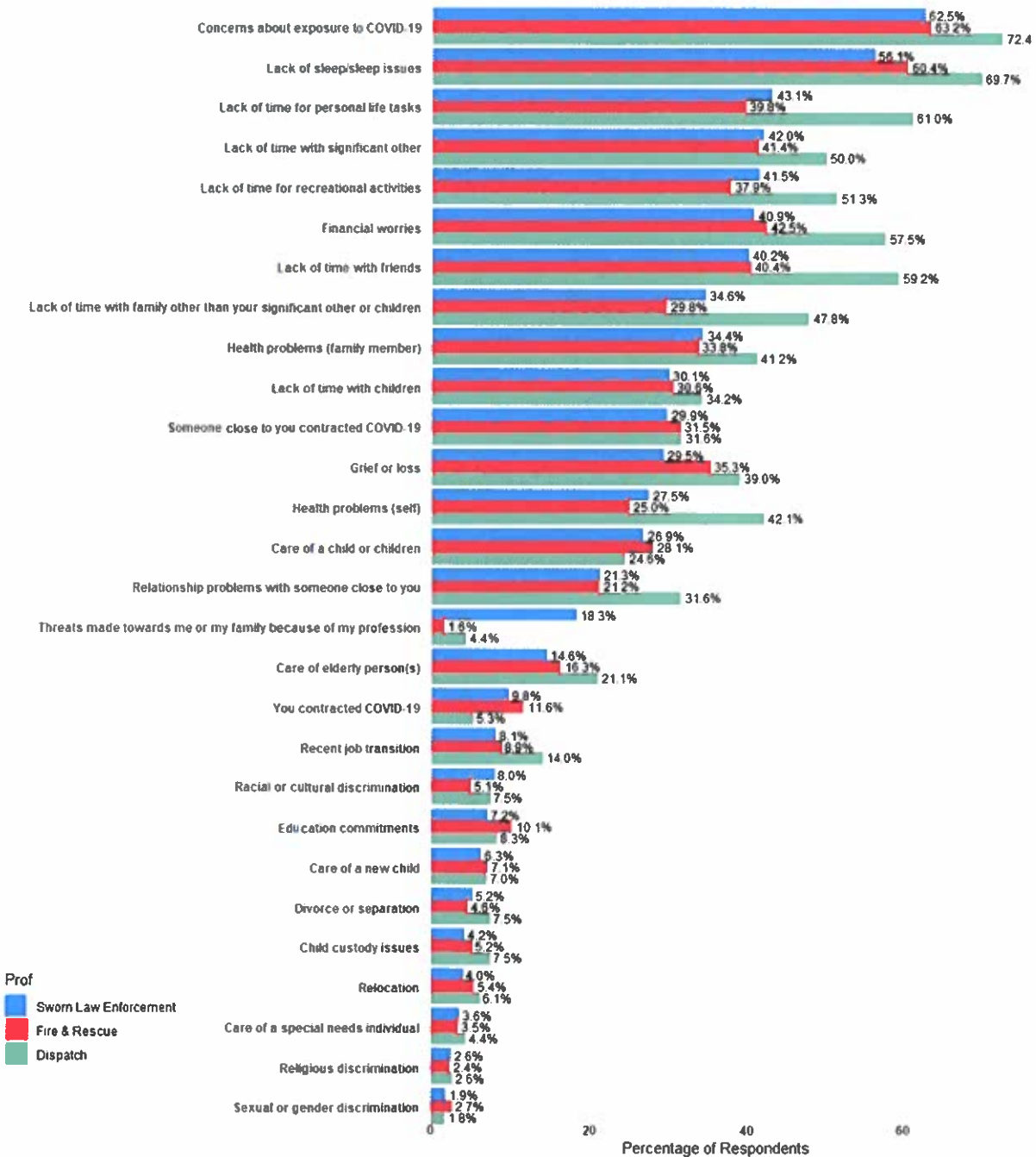
Demographic	Professional Stressor	Strength of Association
Supervisor	A coworker's difficult circumstances have worsened the stress of others in the workplace	0.337
Black or African American	Racial or cultural discrimination	0.296
Asian	Disciplinary investigation	0.281
Asian	Religious discrimination	0.278
White	Racial or cultural discrimination	-0.246
Asian	Recent job transition	0.237
Supervisor	Low morale in the workforce	0.223
Supervisor	Sleep disruption while on call	0.22
Supervisor	Ongoing allegations in the workplace have impacted morale	0.213
Supervisor	Overworked	0.209
Female	Higher-level leadership does not enable you to do your job effectively	-0.208
Gay or Lesbian	Sexual or gender discrimination	0.206
Asian	Fear or retaliation in the workforce	0.201
Supervisor	Dissatisfaction with current role or assignment	0.196
Supervisor	Coworkers do not pull their own weight	0.193



PERSONAL STRESSORS

PERSONAL STRESSORS ACROSS PROFESSIONS

The chart below summarizes the percentage of respondents that endorsed each personal stressor as something they had to deal with in the past year.





PERSONAL STRESSORS ACROSS PROFESSIONS (CONT.)

An examination of the differences among **personal stressors** selected by the three most abundant public safety roles in the survey showed the following observations of interest in order of significance:

SWORN LAW ENFORCEMENT

- Selected **significantly more** often than the other professions:
 - Threats made towards me or my coworkers because of our profession
- Selected **significantly less** often than the other professions:
 - None

FIRE & RESCUE

- Selected **significantly more** often than the other professions:
 - None
- Selected **significantly less** often than the other professions:
 - Threats made towards me or my coworkers because of our profession

DISPATCH

- Selected **significantly more** often than the other professions:
 - 1) Lack of time with friends
 - 2) Health problems (self)
 - 3) Lack of time for personal life tasks
- Selected **significantly less** often than the other professions:
 - None