As I write this article on trauma, I hear your sighs and can picture your eye rolls. But, this concept called trauma-informed care is important because it works. My guess is that you are already utilizing trauma-informed principles because you, too, know they work. Maybe you just don’t recognize the techniques as trauma-informed.

Many of you have heard of the Adverse Childhood Experiences Study (ACEs). While it’s fascinating, I’m not going to try to convince you of that in 500 words or less.

What I want you to understand is this: 224 million Americans are impacted by trauma. That’s a lot of us. SAMHSA (Substance Abuse Mental Health Services Administration) has determined that there will never be enough mental health professionals to effectively treat all those individuals impacted by trauma. And when I say “all those individuals,” I’m talking about me, you, your families and the people who live in the communities you serve.

If we can say anything good has come out of the epidemic of trauma, it is this: So much of the research suggests that trauma, while devastating, damaging, and as the word implies, traumatic, is also something we can cope with and recover from.

An individual who experiences a trauma also experiences a change in his or her worldview. The world goes from being safe to threatening, dangerous and unsafe. The principles of trauma-informed care are relevant not just to mental health professionals treating individuals with trauma, but to all of us who live, work or interact with people.
The principles of trauma-informed care work by creating safety and empowerment, allowing choice and collaboration, recognizing the need for peer support, building trustworthiness and transparency, and by acknowledging historical, cultural and gender issues. These principles work together to create trust.

Safety You ensure your safety by ensuring the safety of others. I recently attended an IACP Course for police officers about Alzheimer’s and this very statement was documented and reinforced by the Lieutenant teaching the course. What are you already doing to ensure your safety and the safety of others?

Empowerment and Choice It is so important for us to feel we have control over the things that happen to us. Don’t we experience the most trouble accepting the things we can’t control? Allowing choice where safety and protocol permit, gives some control back to the individual. This is empowering and forges trust, which is huge for someone who has experienced a trauma and doesn’t trust any person in any position of authority. The person’s trauma taught him/her that authority cannot be trusted to keep protocol permit, gives some control back to the individual. This is empowering and forges trust, which is huge for someone who has experienced a trauma and doesn’t trust any person in any position of authority. The person’s trauma taught him/her that authority cannot be trusted to keep them safe.

Peer Support How do we feel about talking about the horrible things that have happened to us? Is it easier to talk with someone who’s been there, experienced the same situation at a different time, in his or her own way? I think so. It helps to know that someone “gets it” without having to use too many words. Peer support is really about connecting with people and supporting each other through things that have happened to many of us, but we often don’t want to talk about.

Trustworthiness and Transparency Using these various techniques promotes trustworthiness. If you make an individual feel safe, if you take the time to talk, collaborate, and then allow the person to make his/her own choice, you’ve suggested to that individual that perhaps some people in positions of authority can be trusted. Transparency is also important in creating trustworthiness. Transparency proves we aren’t saying one thing but doing another.

Cultural, Historical and Gender Issues We know that cultural, historical and gender issues are pervasive in the disparities of racial equality, financial equity and gender equality. We need to make sure we are taking the time to understand that we all have a story; some of us have a lifetime of stories! We are the product of our environment, of our experiences, and we bring to the table all those experiences when we interact with people. It is important to recognize the significance of this.
I hope this helps you to understand the purpose of trauma-informed care, and I hope it helps to underscore the importance of using trauma-informed principles. We don’t just need to feel safe, empowered, supported and allowed choice when we are working. We need to use these techniques when interacting with people - no matter whom, no matter where. That includes you and me.

Holly Nemec, MA, joined BHR in 2008 as a Crisis Intervention Clinician. She now serves as the Community Engagement Liaison for the St. Louis City Youth Connection Helpline. Holly is a certified Youth Mental Health First Aid Trainer and has trained community members and police officers. She is a member of the Street Talk Advisory Committee.

CIT CORNER: BIG CHANGES

By Officer Chris Koester

When it comes to CIT in the metropolitan area, there’s been a big change in the crucial “behind the scenes” staffing at NAMI (National Alliance on Mental Illness – St. Louis).

I’m pleased to introduce Kyle Dooley as the Director of CIT Community Policing Programs, and at the same time say goodbye to Richard Stevenson, who is retiring from that position.

Kyle brings 18 years of experience in law enforcement. In 2004, he joined the Lake St. Louis department, and for the last ten years, served as night shift patrol Sergeant. In 2010, Kyle became the department’s CIT Liaison to the Coordinating Council for the Great Rivers Region CIT Program, which serves communities in St. Charles, Lincoln, Warren and Pike Counties. In 2012, the council elected him as its Training Coordinator, chairing the Training Committee. In that capacity, he assisted with planning, implementing, facilitating and participating in nine 40-hour CIT Training Courses and other CIT Officer Advanced In-service training programs.

Kyle has had various direct first-hand experiences with NAMI’s mission. He looks forward to pursuing his passion for CIT and is excited to work with so many others in and out of law enforcement in the St. Louis area who feel that same appreciation for the CIT program. I have known Kyle for a couple of years now, and I look forward to the opportunity to work together directly.

At the same time we regretfully say “goodbye” to Richard Stevenson. With a 23-year career, Richard retired from the staff of NAMI St. Louis. During that time, Richard served seven years as its Executive Director, was hired by the NAMI national office as a multi-state regional director, and since 2004 has managed the NAMI St. Louis participation in our seven-county St. Louis area CIT Program. In that latter capacity, Richard helped grow CIT from a program that served a single agency – St. Louis County Police Department – in 2004, to one that has delivered 116 40-hour training courses to more than 4,500 police officers and others participating in our St. Louis area CIT programs.

With his pending retirement known, Richard received awards of recognition by the Missouri CIT Council and each of our four St. Louis area CIT Coordinating Councils. At the recent annual NAMI Gala, he was awarded the NAMI St. Louis “CIT Lifetime Achievement Award.” Richard is a friend and has taught me many things as I continue to wade through mountains of work within St. Louis County’s CIT Unit. I wish him a long and enjoyable “retirement” from his full-time staff position with NAMI. I was very glad and thankful to hear of Richard’s intentions to continue on for a while serving the NAMI mission in a part-time consulting capacity and through various other volunteer activities.

Officer Chris Koester joined the St. Louis County Police Department in 2010. While assigned to the Patrol Division, he worked out of the Central County Precinct. In 2015, he was reassigned to the Division of Special Operations as the Assistant CIT Coordinator and Crisis Negotiator for the department.
A lot of attention has been given to personal well-being across occupations. However, maintaining personal well-being in law enforcement and public safety is generally more critical and challenging than in any other occupation. Law enforcement officers are held to very high standards that we must live and work by, and we must meet physical and mental benchmarks to be hired and to keep our jobs.

Personal well-being encompasses so much more than just physical and mental wellness. Well-being impacts many aspects of life, and these aspects, or dimensions of well-being, require our attention. They won’t be tended to on their own. It is not uncommon for those in law enforcement to ignore, minimize or deny our own well-being and place the needs of others ahead of our own.

According to the Substance Abuse Mental Health Services Administration (SAMHSA), wellness is really about overall well-being, not just physical health. According to SAMHSA, there are eight dimensions of wellness:

1. **Emotional** - Coping effectively with life and creating satisfying relationships
2. **Environmental** - Good health by occupying pleasant, stimulating environments that support well-being
3. **Financial** - Satisfaction with current and future financial situations
4. **Intellectual** - Recognizing creative abilities and finding ways to expand knowledge and skills
5. **Occupational** - Personal satisfaction and enrichment from one’s work
6. **Physical** - Recognizing the need for physical activity, healthy foods, and sleep
7. **Social** - Developing a sense of connection, belonging, and a well-developed support system
8. **Spiritual** - Expanding a sense of purpose and meaning in life

More importantly, well-being is not the absence of illness, but the ability to *thrive* in life, regardless of the circumstances and environment, regardless of our current status. It’s an attitude that calls for us to find ways to make ourselves stronger, more resilient, more satisfied with our lives, and more focused on our responsibilities and futures.

Practicing well-being is the equivalent of personal preparedness when life throws us a sudden “curve”. It helps to stabilize us and gives us the “bounce-back” we need to move through challenging events. As law enforcement officers, we prepare ourselves for our workday when we don our uniforms and protective gear. We put on our vest, our badge, our service weapon, duty belt and radio. These things protect us, keep us safe and help us do our jobs well. Preparing for a shift must be intentional, so we have everything necessary for duty.

Intentional emphasis on personal well-being achieves the same goal. Incorporating various aspects of the eight dimensions of wellness into everyday habits can help us live longer and improve our quality of life.

Here are a few ways to enhance overall well-being.

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We can’t predict when and how our lives will be affected by change. However, we do know that the greater personal well-being we achieve, the greater our ability to maintain our balance, be prepared for challenges and crises, and protect our families and ourselves. Every law enforcement officer deserves to have the best quality of life possible. But you, and only you, can be the change that is required to achieve that.

**Personal Assistance Services (PAS) is an Employee Assistance Program that specializes in serving law enforcement.**

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**DO YOU KNOW: EMDR AND POLICE**

By Craig Politte, LPC

Have you ever looked back to when you began your career and remembered why you became a Police Officer?

You might remember having answered, “Because I want to help people.” When asked why they want to be a Police Officer, most don’t reply with, “I want to see people dying” or “I want to see suicides” or “I want to see mangled accidents.” Officers don’t reply with “I want people to berate me” or “I want to worry about my and my family’s safety all the time” or “I want to see the worst in human behavior,” and to be even more specific, “to witness trauma.” Unfortunately, this is the nature of the job, and “helping others” seems the smallest part.

It’s difficult for Police Officers and other First Responders to discern trauma. You see it so often, it becomes ordinary. The most common response from First Responders when asked, “What’s it like to see (traumatic event)?” is, “It’s what I get paid to do” or “It’s my job.” It’s also common for First Responders to leave what they witness “behind” or simply try and forget the incident.

Often the memory itself is long forgotten, but the painful feelings such as anxiety, panic, anger or despair can be continually triggered in the present. This is sometimes the effect of trauma on our mental health. Trauma freezes thinking! Your ability to live in the present and learn from new experiences can therefore become inhibited.

Usually our body, emotions and thoughts are all connected. But when faced with trauma, they separate from one another. The left side of our brain (cognition) and the right side (emotion) disconnect. This can cause you to have vivid thoughts about what happened, but no emotion. Or you can experience intense emotions, but without the thoughts. No matter how healthy or mentally strong a person is, traumatic events can affect anyone!

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Having symptoms after a traumatic event is not a sign of personal weakness. It’s our body’s normal reaction to an abnormal circumstance. Some of the normal responses we can experience are:

- Upsetting thoughts about the trauma
- Bad dreams and nightmares
- Getting upset when reminded about the trauma
- Anxiety or fear, feeling in danger again
- Despair or hopelessness
- Anger or aggressive feelings and feeling the need to defend oneself
- Difficulty controlling emotions
- Trouble concentrating or thinking clearly
- Trouble falling or staying asleep
- Getting startled by loud noises or someone unexpectedly coming up on you from behind
- Feeling shaky and sweaty
- Having your heart pound or having trouble breathing
- Problems in relationships with others
- Feeling detached or disconnected from others
- Less interest or participation in things
- Social isolation
- Feeling permanently damaged

One of the most productive ways to manage trauma is to seek professional help with a mental health counselor. Mental health counseling can provide the tools and skills necessary to heal in a healthy way. Although there are many therapeutic approaches used in helping with trauma, there is one in particular which is very affective and very suitable for First Responders. The approach is EMDR, Eye Movement Desensitization and Reprocessing.

What is EMDR?

EMDR therapy is an integrative psychotherapy approach which has been extensively researched (more than 24 controlled studies) and is recognized around the world as an effective treatment for trauma. EMDR simulates what occurs naturally during REM (rapid eye movement) sleep. During REM sleep, our eyes are moving back and forth rapidly which, in part, processes our subconscious. It’s in the subconscious where our feelings live, in the automatic nervous system. EMDR uses the natural healing ability of your mind by mimicking this eye movement and is believed to have a direct effect on the way the brain processes information.

The eye movement is mimicked by following a small moving light on a light bar or watching the therapist's finger moving back and forth in front of your eyes (similar to the Gaze Nystagmus). The eye movements will last for a short while and then stop. This process helps “reconnect” our feelings and thoughts which become detached through trauma or long exposure to traumatic events. This method is believed to accelerate the therapeutic process by resolving the impact of your past traumas and allowing you to live more fully in the present.

EMDR therapy is not “talk therapy”! The most appealing component of the approach with First Responders is that they are in control. Control is very important to First Responders for a few reasons. First, they are used to being in control of situations. Second, being out of control feels very vulnerable and unsafe to most. Finally, control ensures the best possible outcome for them! EMDR gives them this needed control.

There is little conversation through the process. The client, not the therapist, shares what he or she believes is important to them.

Roger Soloman, PhD, a psychologist who specializes in trauma and grief, told PoliceOne magazine, “Talking helps, but does not seem to get to the part of the brain where the memory is ‘frozen.’ This is why distressing events continue to be experienced and relived, despite telling the story or talking about it. These experiences live in ‘trauma time’ and may be continually re-experienced. The EMDR process goes ‘beyond words to resolve the memories that get stuck.’”

There are eight stages in the EMDR process:

- **Stage One** is the History and Treatment Planning stage. This stage generally takes one or two sessions at the beginning of the therapy. A detailed history is taken, and the troubling areas are discussed. Also, a starting “target” will be discussed as to where to begin.

- **Stage Two** is Preparation. This stage typically takes one to four sessions. For those with a very traumatized background,
a longer time may be necessary. The therapist teaches techniques to help manage the feelings and thoughts experienced and for any emotional disturbances which may arise. Again, you are in control in the direction of the therapy.

- **Stage Three** is when the Assessment is taken. In this stage, the clinician identifies the characteristics of the “target” to be processed. The first step is for the person to select a specific picture or scene from the target event which best represents the memory.

- **Stage Four** is Desensitization, which focuses on the troubling emotions and feelings attached to the trauma.

- **Stage Five** is Installation, when the objective is to focus on the strength of the positive cognitions the client identified to replace the original negative beliefs. The healing begins!

- **Stage Six** is the process of body Scanning. After the positive cognition has been reinforced, the therapist will bring the original target to mind and see if the client notices any lingering tension in the body. If so, these physical sensations are targeted for reprocessing.

- **Stages Seven and Eight** are Closure and Re-evaluation. The therapist makes sure the positive cognition is installed and that the client’s emotions and cognition are connected. The client leaves feeling fully present and restored to a new self.

EMDR is not only used for trauma and Post-Traumatic Stress Disorder. It is effective for other complaints such as:

- Panic attacks
- Complicated grief
- Dissociative disorders
- Disturbing memories
- Phobias

- Pain disorders
- Performance anxiety
- Stress reduction
- Addictions
- Sexual and/or physical abuse
- Body dysmorphic disorders
- Personality Disorders

To find out more about EMDR and its efficacy, visit these references:

- [www.sandiegotraumatherapy.com/emdr-articles/kiessling-selftest.htm](http://www.sandiegotraumatherapy.com/emdr-articles/kiessling-selftest.htm)
- [www.emdr.com](http://www.emdr.com)
- [www.emdria.org](http://www.emdria.org)
- [www.emdrhap.org](http://www.emdrhap.org)
- [www.brainplace.com](http://www.brainplace.com)

Craig Politte, a former Police Officer with ten years of service, was also a Field Training Officer, Narcotics Detective, Evidence Technician, Detective and Corporal. Now, as a Licensed Professional Counselor, Craig provides therapy for children, adolescents, young adults and adults who experience Anxiety, Obsessive Compulsive Disorder, Depression, Grief and Loss, Trauma and Abuse, and Computer/Electronic Addiction. He continues his work with First Responders by assisting them with the difficulties they face on the job and in their relationships.