EXHIBIT U

Cleveland Division of Police

Lesson Plan

Title of Lesson: Trauma, Trauma-Informed Care and Law Enforcement

Assigned Course Number: TBD

Author: Jane Granzier LISW-S

Approving Authority: Pending

Overview:

Trauma, Trauma-Informed Care and Law Enforcement is a 1.5 hour long presentation. The training will cover the following major elements:

1. To learn about Trauma as it manifests in the citizens the police serve as well as in police officers themselves.
2. To learn about the neurobiological and behavioral outcomes associated with early trauma exposure.
3. To learn about Compassion Fatigue and ways to mitigate its' occurrence and severity.
4. To learn the fundamentals of Trauma-Informed Care and review its' application and benefits when integrated into police work.

Course Goal:

Participants will review the prevalence and developmental impact of Trauma. They will gain understanding of the mechanism by which their own worldview can be altered as a result of Primary or Secondary Traumatic exposure. The principles of Trauma-Informed Care will be presented and the benefits of incorporating this approach, as well as specific examples of Trauma-Informed policing interventions, will be discussed.

Course Objectives:

Upon completion of the training, participants will be able to:

1. Define Trauma; be able to comment on its' prevalence and ways in which it disrupts development and coping.
2. Define Compassion Fatigue; recognize its' symptoms as well as relevant practices that can mitigate its' onset and reduce its' impact.
3. Integrate the core principles of Trauma-Informed Care and appreciate how adopting this approach can benefit both Law Enforcement *and* the public.
4. Articulate specific examples of how Law Enforcement practices can be revised to reflect a more Trauma-Informed approach.

Methodology:

A power point presentation will serve as an instructional aid and will include two brief videos illustrating (1) the commonality of trauma exposure in policing and (2) the fundamentals of applying a Trauma-Informed approach in Law Enforcement. Participants will complete the Adverse Childhood Event (ACE) Questionnaire to raise their awareness of their own trauma exposure as well as the Professional Quality of Life Scale (ProQOL) to illuminate their own Compassion Satisfaction, Burnout and Secondary Traumatic Stress (Compassion Fatigue) associated with their work. The instructor will facilitate class discussion to increase participant interest and involvement.

Target Audience:

All members of the Cleveland Division of Police.

Class Size:

TBD

Evaluation Process:

Participants will complete a post-test which will examine acquisition of key points. Participants will be required to answer at least 70% correct.

Logistical Information:

Site: TBD

Training Equipment:

Computer, projector, screen and speakers

Power point presentation (electronic)

Power point presentation (handout)

Adverse Childhood Experiences (ACE) Questionnaire (handout)

Professional Quality of Life Scale (ProQOL) (handout)

Staffing Requirements:

Instructors: One Law Enforcement

Training Summary:

2:00-2:30	Instructor on site
2:30-2:35	Introduction and Overview of training. Slides 1-4.
2:35-2:40	Definition of Trauma and subtypes. Slides 5-6.
2:40-2:45	Participants complete ACE Questionnaire. Slide 7. Group discussion.

2:45-2:50	Prevalence and relationship between complexity and global impact of Trauma. Slides 8-10.
2:50-3:05	Neurobiological and Behavioral outcomes related to trauma; Long-term consequences associated with unaddressed trauma. Slides 11-13. Group discussion.
3:05-3:15	Participants complete ProQOL Scale. Review video clip describing police exposure to trauma. Slides 14-15.
3:15-3:20	Definition Burnout and Compassion Fatigue. Slides 16-17.
3:20-3:30	Signs and symptoms of Compassion Fatigue; methods to mitigate its' occurrence and severity. Slides 18-20.
3:30-3:40	Define Trauma-Informed Care; review foundational principles that comprise a trauma-informed approach. Review video clip of police captain summating TIC application in police work. Slides 21-23.
3:40-3:45	Applications of TIC in police work; benefits of adopting a trauma-informed approach for citizens and police officers. Slides 24-26.

Cleveland Division of Policing

Trauma, Trauma-Informed Care and Law Enforcement

Instructor's Manual

Slide 1 – Title Page

- Introduce topic and presenter.

Key Points to make:

- Traumatic experience changes how an individual sees the world. It impacts the way people think and behave.
- The experience of trauma impacts people differently. All trauma is not the same.
- Enhancing officer ability to identify trauma-related behavior and providing information re: the most effective ways to manage individuals whose behavior suggests a history of trauma facilitates good outcomes for community members *and* law enforcement.
- Officers also experience trauma. Providing information and resources to help them understand and address trauma at a personal level maximizes their occupational performance *and* quality of life outside of the job.

Slide 2 – Quote re: inherent challenge of LE: Balancing safety and respectful treatment of frequently challenging citizens.

- Will be displayed as participants assemble and quiet for presentation.

Slide 3 – Course Goal

- Will ask a participant to read.

Slide 4 – Course Objectives

- Review the four main learning objectives: Define Trauma, Compassion Fatigue, Trauma-Informed Care and specific interventions LE can utilize to reflect a trauma-informed approach.

Slide 5 – What is Trauma?

- Define Trauma.

Key Points to make:

- The way an individual adjusts (or copes) in the face of immediate trauma may benefit them in the short-term but often leads to the development of dysfunctional coping skills.

Slide 6 – Types of Trauma

- Define Primary and Secondary Trauma

Key Points to make:

- Similar to the individuals they serve and protect, officers may also have a history of personal trauma (primary). Based on the well-documented occupational hazards of police work, officers are often also directly-exposed to work-related trauma (primary).
- Complicating these exposures for officers is the reality that they repeatedly hear, read and watch clients, co-workers, media sources etc. recount the trauma they've experienced (secondary). Often referred to as Compassion Fatigue.

Slide 7 – Adverse Childhood Events Exercise

- Officers complete the ACE Questionnaire to determine their personal ACE score. This is done privately and officers are informed they will not be expected to discuss their score.

Slide 8 – Adverse Childhood Experiences Study (ACEs)

- Discuss impetus for the study, the fact that it's still ongoing and how the population studied differs from the profile of many Cleveland residents.

Key Points to make:

- Traumatic experience is greatly underestimated in this country. Far more individuals have experienced physical, sexual and/or verbal abuse, neglect, exposure to domestic violence, have been raised in homes where the primary caregiver is substance-dependent or mentally ill etc. than most of us want to believe.
- The more trauma an individual has experienced (i.e.: duration, amount etc.), the greater their risk is for significant physical and mental health problems.

Slide 9 – Prevalence of Adverse Childhood Experiences

- 25% of women in the study said they'd been sexually abused, 30% of the male respondents reported a history of physical abuse; 13% of study participants reported having endured 4 or more types of trauma

Slide 10 – Dose-Response Relationship Explained

- Emphasize that the more ACEs an individual sustains, the greater their maladaptive coping (i.e.: substance use), potential for making a suicide attempt and general health outcomes.

Slide 11 – How Does Early and Repetitive Trauma Change a Person? Neurobiological Outcomes

- Note that traumatized clients in active distress frequently lack the higher-executive functioning skills necessary to present well (e.g.: poor recall and info retrieval; poor problem-solving…)

Slide 12 - How Does Early and Repetitive Trauma Change a Person? Behavioral Outcomes

- Note correlation between a traumatized individuals behaviors and the propensity for these behaviors to result in police intervention

Slide 13 – Long-term Consequences of Unaddressed Trauma

- Have one of the officers read the consequences.
- Re-emphasize that traumatic exposure(s) in the absence of advocacy and/or therapeutic intervention often results in impaired thinking and behavior that increases an individual encountering the police (either as victim or perp).

Slide 14 – Secondary Traumatic Stress Scale

- Acknowledge shift in focus from how trauma changes the thoughts and behaviors of the individuals officers serve and protect to the impact of trauma on the officers themselves.
- Distribute the Professional Quality of Life Scale (PROQOL, Version 5, 2009) that measures Compassion Satisfaction and Compassion Fatigue (or Secondary Trauma) to officers. Ask them to respond to the statements based upon how they've honestly felt in the last 30 days and provide directives for scoring. Remind officers that their responses are private.

Slide 15 –Video: How are Law Enforcement Impacted by Repeat Exposure to Trauma?

- Watch Kansas City Officer Darren Ivy discuss work-related stress and Beth Sarver, Truman Trauma Team therapist discuss KCPD's efforts to reduce compassion fatigue.

Slide 16 – Impact of Frequent Contact with Traumatized Individuals

- Define cause and symptoms related to Burnout and ways to reduce the occurrence.

Slide 17 – Impact of Frequent Contact with Traumatized Individuals

- Define cause of Compassion Fatigue and identify its unique distinction from Burnout

Slide 18 – Quote on the Etiology and Impact of Compassion Fatigue by Dr. Kevin Gilmartin

- Have an officer read the quote for the group.

Slide 19 – Common Signs and Symptoms of Compassion Fatigue

- Review cognitive, physical, relational and emotional impact of Compassion Fatigue
- Note the impact these symptoms could potentially have on an officer's work performance as well as his personal life.

Slide 20 – Mitigating Compassion Fatigue

- Review and discuss ways officers can incorporate self-care into their routines.
- Ask officers to share additional habits they find helpful in reducing work-related stress.

Slide 21 – Trauma-Informed Care

- Identify the fundamental difference in how a Trauma-Informed professional approaches, engages and facilitates intervening with individuals as opposed to one who is not Trauma-informed.
- Integrating a Trauma-Informed approach *shifts the focus* from "Why are you such a screw-up (loser, waste of resources/time, pain in my ---, stupid, crazy…)" to "How can I work with this

individual to create safety and help them communicate their concerns *while also* fulfilling my job responsibilities?"

Slide 22 - How are Trauma-Informed Interventions Different?

- Trauma-Informed work acknowledges that often the most difficult individuals to work with are often the most traumatized.

Slide 23 – What Does Trauma-Informed Policing Look Like?

- Trauma-Informed intervention acknowledges the individual's anxiety by approaching in a respectful manner, expressing your goal of ensuring safety, informing them of the process and what comes next and providing follow-up resources as applicable.

Slide 24 – Principles of Trauma-Informed Care

- Reiterate the fundamentals of aTrauma-Informed Care approach.

Slide 25 – Benefits of a Trauma-Informed Approach to Law Enforcement

- Increases officer and citizen safety, facilitates investigations by creating an environment in which the individual can provide the most fulsome information, builds community trust in officers and avoids re-traumatization of individuals.

Slide 26 – Trauma-Informed Policing

- Graphic emphasizing the benefits of integrating a Trauma-Informed approach and practicing Self-Care
- Time permitting, inquire if participants have any questions.

Trauma, Trauma-Informed Care and Law Enforcement

Jane Granzier LISW-S
Assoc. Director, Crisis Services

The expectation that we can be immersed in suffering and loss daily, and <u>not</u> be touched by it, is as unrealistic as expecting to be able to walk through water without getting wet.

-Rachel Naomi Remen, Kitchen Table Wisdom, 1996

Course Goal

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Course Objectives

- Define **Trauma**; be able to comment on its' prevalence and ways in which it disrupts development and coping.
- Define **Compassion Fatigue**; recognize its' symptoms as well as relevant practices that can mitigate its' onset and reduce its' impact.
- Integrate the core principles of **Trauma-Informed Care** and appreciate how adopting this approach can benefit both Law Enforcement *and* the public.
- Articulate specific examples of how **Law Enforcement practices can be revised to reflect a more Trauma-Informed approach.**

What Is Trauma?

- **Trauma occurs when an external threat overwhelms an individual's coping skills** (Bloom and Fallot, 2009).
- Trauma often leads to altered coping that, while adaptive in the short-term, becomes maladaptive in the long run.
- Trauma exposure can be described as simple (acute) or complex (polytrauma).

Types of Trauma

Primary Trauma: refers to a traumatic event that happened directly to you or that you were directly exposed to; two subtypes for helping professionals:

1) PT From your ***Personal Life***
2) PT Caused by ***Work-Related Exposure***

Secondary Trauma: refers to trauma exposure experienced by hearing, reading or watching clients, co-workers or others *recount* their trauma

Adverse Childhood Events Exercise

Adverse Childhood Experiences Study (ACEs)

- Dr. Vince Felitti MD (with CDC and Kaiser Permanente) studied relationship between **adverse childhood** (<18 years) **experiences** and **adult** physical, mental and social **health outcomes**
- The study is longitudinal; it began in 1995 and is ongoing today (https://www.cdc.gov/violenceprevention/acestudy/index.html)

Two Primary Findings

(1) Trauma is much more prevalent than anyone previously anticipated, and

(2) Dose-Response relationship exists between trauma and negative health outcomes

Prevalence of Adverse Childhood Experiences

Total Number of Participants = 17,337

9,367 = ♀ ; 7,970 = ♂

- Physical abuse (**28%**; ♀ 27.0% / ♂ **29.9%**)
- Sexual abuse (**21%**; ♀ **24.7**/♂ 16.0)
- Emotional abuse (**11%**; ♀ **13.1%** / ♂ 7.6%)
- Mother treated violently (**13%**; ♀ **12.7%** / ♂ 11.5%)
- Emotional neglect (**15%**; ♀ **16.7** / ♂ 12.4%)

Prevalence of ***Multiple*** ACEs

- 0 ACEs (**36%**; ♀ 34.5% / ♂ 38.0%)
- 1 ACE (**26%**; ♀ 24.5% / ♂ 27.9%)
- 2 ACEs (**16%**; 15.5% / 16.4% ♂)
- 3 ACEs (**10%**; 10.3% ♀ / 8.6% ♂)
- **≥ 4 ACEs (13%; 15.2%** ♀ / 9.2% ♂)***

Dose-Response Relationship Explained

PROBABILITY OF SAMPLE OUTCOMES GIVEN 100 AMERICAN ADULTS

33 Report No ACEs	51 Report 1-3 ACES	16 Report 4-8 ACEs
WITH 0 ACEs	WITH 3 ACEs	WITH 7+ ACEs
1 in 16 smokes	1 in 9 smokes	1 in 6 smokes
1 in 69 are alcoholic	1 in 9 are alcoholic	1 in 6 are alcoholic
1 in 480 uses IV drugs	1 in 43 uses IV drugs	1 in 30 use IV drugs
1 in 14 has heart disease	1 in 7 has heart disease	1 in 6 has heart disease
1 in 96 attempts suicide	1 in 10 attempts suicide	1 in 5 attempts suicide

How Does Early and Repetitive Trauma Change a Person?

Neurobiological Outcomes:

- Impaired attention;
- Difficulty identifying and expressing emotions;
- Poor impulse control;
- Difficulty remembering/retrieving information;
- Impaired capacity to problem-solve;
- Limitations in doing more than one task at a time including planning for the future (change behavior)
- Poor sleep, increased depression, anxiety and dissociation

***How* Does Early and Repetitive Trauma Change a Person?**

Behavioral Outcomes:

- Increased likelihood to abuse alcohol and/or other substances;
- Increased risk-taking (e.g.: sexual acting out, demonstrating poor boundaries relative to their own safety);
- Repetition of original trauma;
- Increased interpersonal violence;
- Increased Self-injury
- Increased Suicide attempts

Long-term Consequences of Unaddressed Trauma

- Homelessness,
- Inability to sustain employment,
- Delinquency, violence, criminal behavior,
- **Re-victimization**: rape, DV, prostitution, compromised ability to parent,

- Chronic involvement with: health, mental health, law enforcement/corrections, social services
- ***All variables that increase the likelihood and frequency of the individual's engagement with Law Enforcement***

Secondary Traumatic Stress Scale

How are Law Enforcement Impacted by Repeat Exposure to Trauma?

Impact of Frequent Contact with Traumatized Individuals

Burnout: results from work-related stress; marked by low energy, feeling overwhelmed; perception of job as negative/frustrating; reduced work performance, decreased creativity, cynicism

- Symptoms directly related to frustrations with organization
- Can be mitigated by balancing workload vs. resources, control/influence in role vs. accountability; +reward system (pay, recognition, satisfaction), sense of perceived fairness and relationship between tasks and one's ethical/moral values
- **Does not fundamentally change your worldview or ability to express empathy/compassion to self/others**

Impact of Frequent Contact with Traumatized Individuals

Compassion Fatigue: profound emotional and physical exhaustion professionals develop over the course of their career; fundamentally related to repetitive exposure to traumatized individuals; alters one's view of the world and leads to a **reduced capacity for empathy** towards others (aka: Vicarious Trauma)

- **Unaddressed Primary Trauma is a risk factor for the development of CF and complicates its' treatment**
- Referred to as *"the cost of caring"*

“There is probably no more important challenge for a law enforcement professional than to be able to balance practicing officer safety with respect and appreciation of a citizen’s liberty. It is not an easy balancing act by any means. It’s been said that police deal with the “maddest, baddest, and saddest” issues in society. What becomes of the professional men and women who have to address those issues over the course of the decades of a police career? This balancing challenge takes a significant toll emotionally and physically on officers. The progression of change in many good officers is unfortunately too easy to see. A physically fit, mentally healthy, young idealistic professional entering the career unfortunately, can be transitioned into an angry isolated individual at risk for significant psychological injury, social isolation, incremental weight gain, heart disease and type 2 diabetes”

-Dr. Kevin Gilmartin

Emotional Survival in Law Enforcement: A Guide for Officers and Their Families

Common Signs and Symptoms of Compassion Fatigue

- **Reduction/loss of Empathy**
- Physical: GI issues, impaired sleep, headaches, weight loss/gain
- Chronic exhaustion (emotional, physical, or both)
- Intrusive negative thoughts (or images associated with others' pain/trauma)
- Feelings of irritability, anger, and/or anxiety
- Increased perception of demand/threat
- Impulsivity/reactivity
- Hypersensitivity/complete insensitivity to emotional material (Depersonalization)
- Impaired decision-making
- Problems in personal relationships
- Poor work-life balance
- Questioning one's contributions
- Loss of Hope

Mitigating Compassion Fatigue: "You can't give what you don't have."

- **Self-Care**: balanced diet, routine sleep schedule, be aware of substance use as coping tool
- **Cultivate a life <u>outside</u> of law enforcement**: schedule activities with family/friends if needed
- **Physical Exercise**: hiking, swimming, running, yoga
- **Workplace Strategies**: set boundaries with work schedule, strive to take lunch/breaks, use benefit time prn
- **Mindfulness**: meditation, prayer, attentive breathing; benefits of alone time, time in nature

Trauma-Informed Care

- Trauma-Informed Care is *both* a philosophy and a practice.
- TIC is *mutually beneficial* for the helping professional *and* the individuals they serve
- TIC *shifts* the helper's approach from:

What is *WRONG* with you!!!

→

What happened to you?

How are Trauma-Informed Interventions Different?

Trauma-specific intervention recognizes the following:

- The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery
- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers

What Does Trauma-Informed Policing Look Like?

- Officer addresses the victim's safety and security needs by ensuring his/her physical concerns are acknowledged and addressed;

- Officer allows the traumatized person to vent about his/her feelings and assumes a non-judgmental demeanor; seeks to provide validation of individual's feelings when possible;

- Approaches individual by asking, ***"What has happened to you and how can I help?"*** instead of "What is wrong with you?" (supportive stance vs. inducing defensiveness)

- Finally, Officer enables prediction and preparation by explaining to the individual what will happen next and his/her role in that process.

Principles of Trauma-Informed Care

- Understands that trauma is more prevalent and pervasive than we'd previously understood;

- Appreciates and recognizes the profound impact trauma has on an individual's coping skills;

- Requires a **Shift in our Perspective**: by changing the question from "What's wrong with you?!?" → ***"What has happened to you and how can I help?"***

- Helps us avoid re-traumatizing the individuals we work with.

Benefits of a Trauma-Informed Approach to Law Enforcement

- Increases safety for **all** as individuals approached in a respectful, genuine manner typically calm sooner and are less likely to further escalate;
- Recognizes the importance of gathering the individual's impressions, ensuring safety, providing information re: next steps and resources to address ongoing questions creates a sense of safety for individuals;
- Facilitates investigations by creating a greater awareness of an individual's needs;
- Reduces the potential recurrence of criminal behavior through early intervention and increased community trust in police;
- Supports the recovery of justice-involved women and men with serious mental illness.

Trauma-Informed Policing

Personal Trauma + Work-Related Trauma = ***Compassion Fatigue &/or Vicarious Trauma***

Personal Trauma + Work-Related Trauma + **Adopting a Trauma-Informed Approach**

+ **Self-Care Routine** = ***Reduction of Traumatization to Self & Others***