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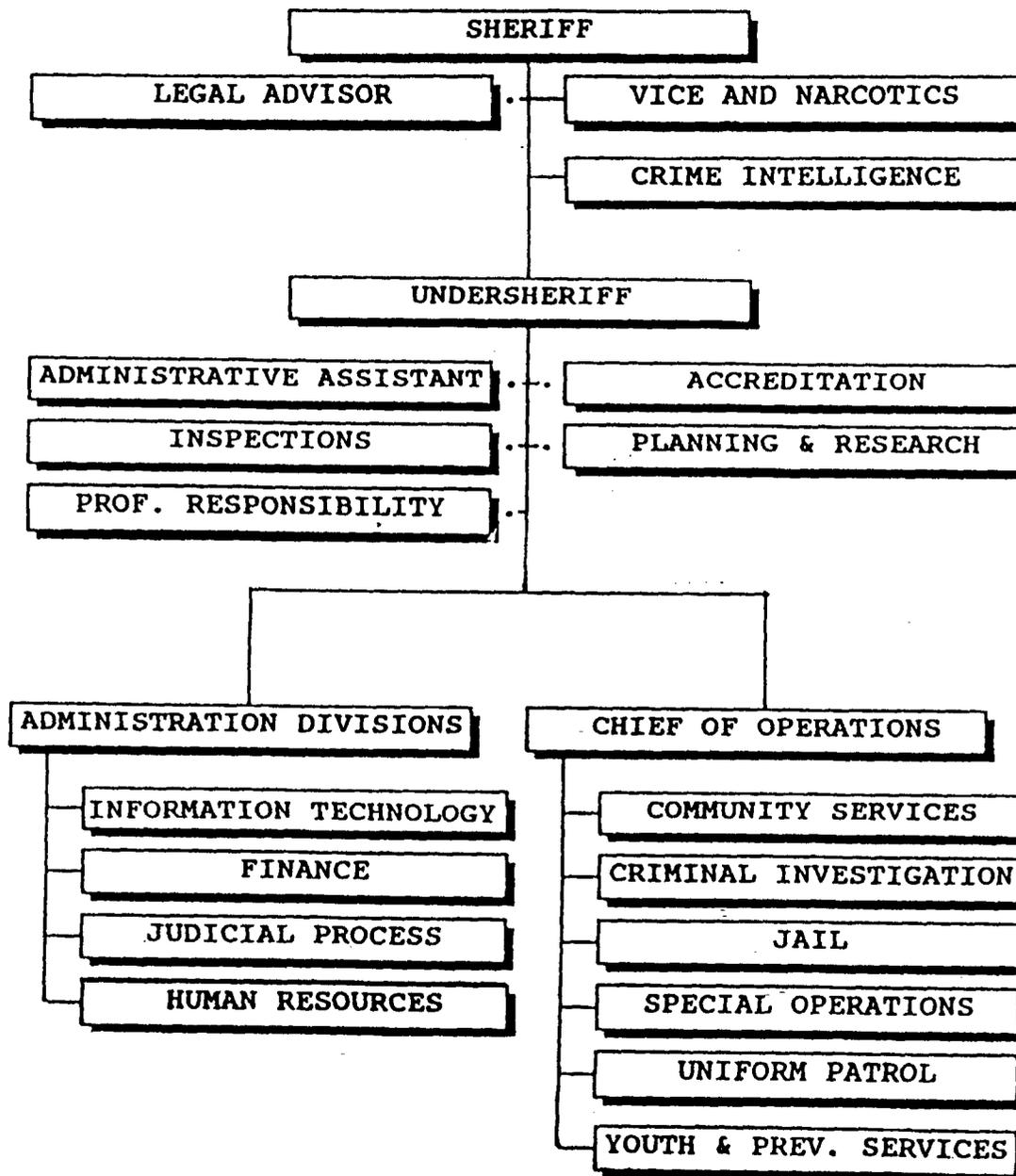
Collier County Sheriff's Association



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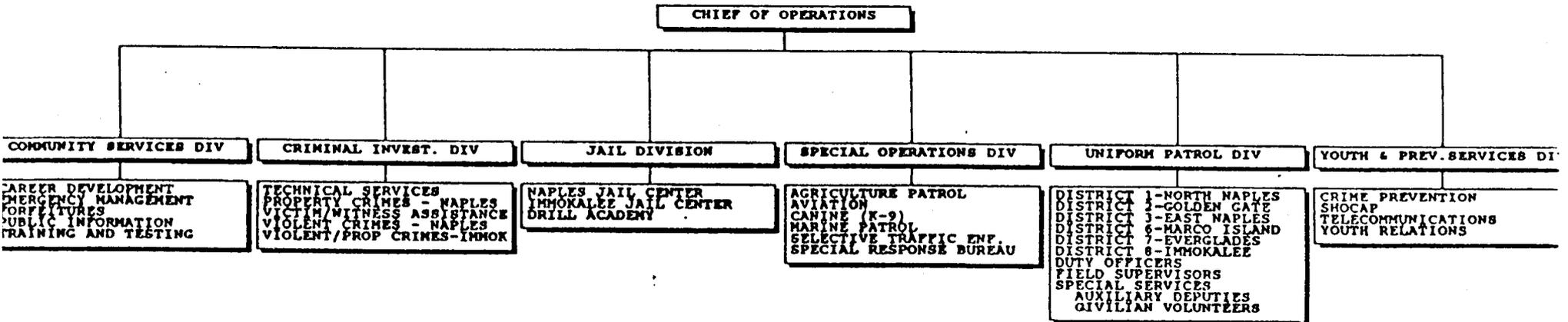
"It is the duty, honor and tradition of the Collier County Sheriff's Office to preserve and protect the lives, property and constitutional guarantees of all persons through an unrelenting commitment to professional excellence."

**COLLIER COUNTY SHERIFF'S OFFICE
ORGANIZATIONAL CHART I**



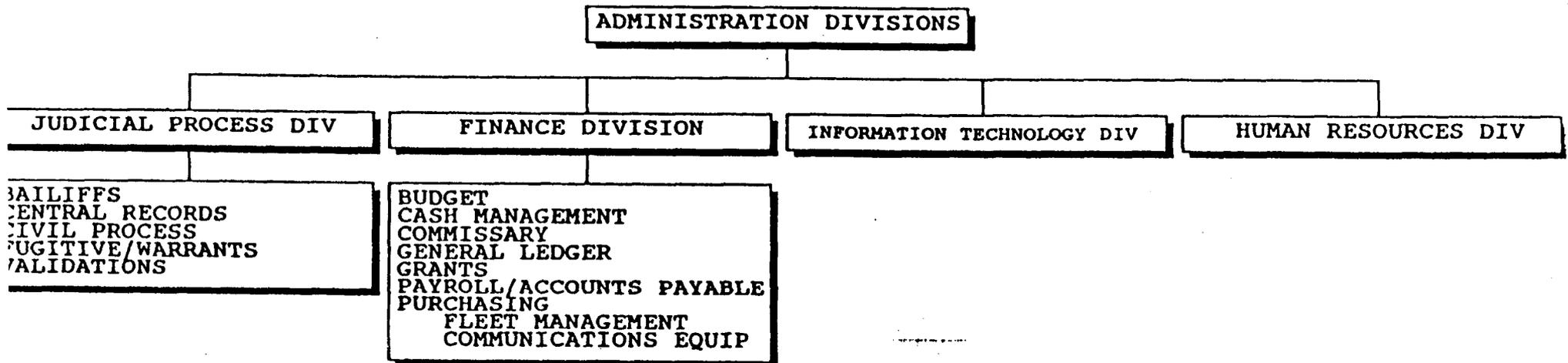
JULY 1998

**COLLIER COUNTY SHERIFF'S OFFICE
OPERATIONS DIVISIONS
ORGANIZATIONAL CHART II**



DECEMBER 1997

COLLIER COUNTY SHERIFF'S OFFICE
ADMINISTRATION DIVISIONS
ORGANIZATIONAL CHART III



JULY 1998

Collier County Critical Incident Stress Management Team

To The One I Love,

I became involved in emergency service work because there is a need for people to help others who are in trouble. Sometimes there are calls I respond to, however, that are difficult to talk about – even with the persons you love and trust most in the world.

Please accept that.

There are at times experiences I suffer which hurt me very deeply, and I might bring my suffering home. Sometimes my feelings bother me so much that I can't even talk about them. Maybe it's because I don't want you to even imagine what I've suffered, or maybe it's because I'm afraid that you won't fully understand the depth of my feelings. During these times I'll become irritable or moody, and I may not seem to care much about your feelings or problems.

Please accept that.

You love me for who and what I am. I choose to do what I do because it's so important to me and to those I help. And although it's sometimes very difficult and maybe dangerous, I love doing what I do. And I do it well. In short, I'm proud of what I am, and hope you are proud of me.

There are scenes, though, when I feel that I didn't do enough. So many people out there depend upon me. There are even times when I get frustrated and even angry at my co-workers, myself, or even the victims of tragedy. There are times that the horrors I have to deal with just overwhelm me. That's when I have to sort things out by myself, or with others who were there with me.

Please accept that.

So, please if I have a really bad call and just can't talk, it isn't because I don't love and care for you. It's not because I doubt your love and concern for me. I'm just not ready to open up. When this happens, don't try to understand – just accept the fact that I am hurting – and that I'll talk to you when I can.

THIS I PROMISE !

FIVE KEYS TO REDUCED STRESS

- Faith and religious beliefs – feeling that we are not alone.
- Loving relationship – It's a fact, people in loving relationships live longer.
- Sound financial practices – stay out of debt, do not live beyond your means.
- Eat well, rest, and exercise – get enough sleep, exercise 20 mins. 3 times a week.
- Time out, treat yourself – take time for yourself with no distractions.

WAYS TO LIVE LONGER

- Grab fruit in the morning – great for snacks anytime.
- Eat creatively – try new things.
- Be fishy – 6oz. Of tuna or 3oz. of salmon weekly can help reduce fatty acids in your blood.
- Make tea time – freshly brewed tea or coffee also can help to reduce fatty acids in your blood – good for “time outs” in moderation.
- Nuke your veggies – better than steaming.
- Take a walk – easy exercise, good for thinking. Remember that exercise remains the single most potent anti-aging medication known to mankind.
- Breathe deeply, laugh often – good belly breathing and laughing.
- Use sunscreen and wear good sunglasses.
- Drink lots of water – as we age we do not drink enough water.

DISEASES OF ADAPTATION

2/3 of office visits to family Doctors are prompted by stress related symptoms. (American Academy of Family Physicians)

REMEMBER

Success is getting what you want.
Happiness is wanting what you have.
Contentment is having what you need.

POSTTRAUMATIC STRESS DISORDER (PTSD)

Psychic trauma is a process initiated by an event that confronts an individual with an acute, overwhelming threat (Freud).

When a traumatic event occurs that represents *nothing* like the security of past events, and the individual's mind is unable to effectively answer basic questions of how and why it occurred and what it means, a crisis ensues. The event propels the individual into a traumatic state that lasts as long as the mind needs to reorganize, classify, and make sense of the traumatic event. Then and only then does psychic equilibrium return (Furst, 1978).

PTSD involves five common patterns:

Death Imprint - One receives a *clear vision* of one's own death. The sense of being invulnerable is lost - particularly in younger people - and is replaced by anger at realizing that you are mortal. This can cause the normal division between living and dying to become suspended - the "I am already dead" analogy. This can cause *sensation-seeking behavior*.

Survivor's Guilt - One has guilt over surviving when others did not, over not being able to prevent a death, not having been braver, or one is partly responsible for the trauma caused to others (second guessing).

Desensitization - Desensitizing oneself to abnormal occurrences by trying to normalize them and then act normal. One may feel pleasure to physical violence of others and then feel guilty for having these feelings. The outer appearance may appear calm, but inside the person is exploding with anger - bipolar emotional state that can lead to depression and hostile moods.

Estrangement - One feels that any relationship - future or past - will not be sincere and will have little meaning. *Normal people* do not understand what they have experienced and in truth, they do not understand. Therefore, PTSD victims do become estranged from their peers and social relationships. They can become isolationist.

Emotional Enmeshment - One struggles to move ahead but cannot find the significance in life. When exposed to prolonged trauma - hyper-vigilance - that average people will never experience, they do not have the spirit to interact with family and friends to nurture relationships. And family and friends do not understand them.

(Reference: Crisis Intervention Strategies, by Gilliland & James, 3rd Edition)

MYTHS ABOUT SUICIDE

1. *Discussing suicide will make the person do it.* Actually, the opposite is more likely. Discussion will more likely provide relief and the desire to regain control.
2. *People who threaten suicide don't do it.* A large number of people who have previously threatened suicide do in fact kill themselves.
3. *Suicide is an irrational act.* Nearly all suicides and suicide attempts make sense when viewed from the perspective of the person doing them.
4. *Persons who commit suicide are insane.* This is true for only a small percentage of people. Most all others are in severe depression and emotional pain.
5. *Suicide runs in families or is an inherited tendency.* Suicidal tendency is not inherited; it is either learned or situational.
6. *Once suicidal, always suicidal.* Many people will consider suicide sometime during their lives. However, most all will overcome this desire and live productive and long lives.
7. *When a person attempts suicide and recovers, the danger is over.* This is actually the most dangerous time. The suicidal person becomes energized following this period of depression, which can lead to another attempt.
8. *A suicidal person who starts giving away or sharing personal possessions is showing signs or recovery.* Giving away prized possessions is sometimes tantamount to acting out the last will and testament.
9. *Suicide is an impulsive act.* Some suicides do involve impulsive acts. However, some suicides are very deliberately planned and carried out.
10. *Children under the age of 6 do not commit suicide.* Children from the age of 5 to 14 frequently attempt and complete suicide.
11. *True depression is not possible in children.* This is an outmoded myth, which has been proved untrue by recent findings in developmental psychology.

Source: Crisis Intervention Strategies, Gilliland & James 1997

RISK FACTORS

1. Person has a family history of suicide.
2. Person has a history of previous attempts.
3. Person has formulated a plan.
4. Person has experienced recent loss of a loved one through death, divorce, or separation.
5. Person's family is destabilized as a result of loss, personal abuse, violence, and/or because he/she has been sexually abused.
6. Person is preoccupied with the anniversary of a particularly traumatic loss.
7. Person is psychotic.
8. Person has a history of drug and/or alcohol abuse.
9. Person has had recent physical and/or psychological trauma.
10. Person has a history of unsuccessful medical treatment.
11. Person is living alone and is cut off from contact with others.
12. Person is depressed, is recovering from depression, or has recently been hospitalized for depression.
13. Person is giving away prized possessions or putting personal affairs in order.
14. Person displays radical shifts in characteristic behaviors or moods, such as apathy, withdrawal, isolation, irritability, panic, or anxiety or changed social, sleeping, eating, school, or work habits.
15. Person is experiencing a pervasive feeling of hopelessness/helplessness.
16. Person is preoccupied and troubled by earlier episodes of experienced physical, emotional, or sexual abuse.
17. Person exhibits profound degree of one or more emotions – such as anger, aggression, loneliness, guilt, hostility, grief, or disappointment – that are uncharacteristic of the individual's normal emotional behavior.

Whenever a person manifests four or five of these risk factors, that should be an immediate signal to treat the person as a high risk in terms of suicide potential.

Gilliland, James (1997)

SHIFT WORK AND STRESS

CIRCADIAN RHYTHM – refers to the body's biological clock that resets every 24.4 + or – hours. Humans are diurnal animals whose primary activity occurs during the daylight hours and the nocturnal phase is associated with rest. Physical and social life is calibrated around this cycle.

SLEEP STAGES:

Stage 1: Twilight state, you can be easily awakened, last about 5 minutes and you may experience images like hallucinations. You may have a feeling of falling or your body may jerk.

Stage 2: You become more relaxed, though you can be awakened without much difficulty, you are asleep.

Stage 3: This is a short transition phase to the deep sleep of stage 4.

Stage 4: This is a deep sleep phase, which last for about 30 minutes. This is the stage where we may sleep walk, talk in our sleep, or wet the bed. Even though our bodies seem relaxed, there is considerable brain activity. After about 1 hour from falling asleep, we return to and go through stages 3 and then 2. Finally we go to stage 5.

Stage 5: REM sleep, the body is so relaxed that it appears paralyzed. As the sleep process continues, the cycle repeats itself about every 90 minutes, with stage 4 sleep decreasing and stage 5 sleep increasing. By morning about 20 to 25 percent of sleep should have been REM sleep.

ARE YOU SLEEP DEPRIVED?

If you fall asleep immediately when you go to bed, you're not getting enough sleep. It should take you 15 to 20 minutes to fall asleep, doctors say.

If a warm room, alcoholic beverage or boring lecture makes you drowsy, you are sleep-deprived.

It's possible that you need more sleep if:

- I need an alarm clock in order to wake up at the appropriate time.
- It's a struggle for me to get out of bed in the morning.
- I feel tired, irritable and stressed out during the week.
- I have trouble concentrating.
- I have trouble remembering.
- I feel slow with critical thinking, problem solving, being creative.
- I often fall asleep watching television.
- I find it hard to stay awake in boring meetings or lectures, or in warm rooms.
- I often nod off after heavy meals or after a low dose of alcohol.
- I often feel drowsy while driving.
- I often sleep extra hours on weekend mornings.
- I often need a nap to get through the day.
- I have dark circles under my eyes.

Gannett News Service

OVER 40?

- Men and women react differently to aging. Women feel pangs and men feel dread.
- Women reach out and nurture existing and new friendships.
- Men rarely make new friends and may become emotionally dependent on their wives.
- Men rarely read books about their health.
- "Exit events" begin to pile up in men's second half of life – loss of social status, departure of grown children, sudden death of friends.
- Men are generally unaware when they are under high stress and do not recognize the impact on their life.
- Some men have to literally break down, have a physical blowout or plunge into depression before they can change.

Ask yourself these questions:

- Are you preparing to meet the crossroads of life?
- Are you ready to search for a new direction leading to more meaning?
- How do you plan to prolong your physical health?
- Do you know how to maintain your sexual potency?
- What things can you do to nourish your spirit?
- Are you willing to risk deeper intimacy that will offer you a buffer against the inevitable losses of middle and later life?

Staying young and alive:

- Keeping your edge. Do not become too comfortable, stay active, be engaged and stay useful – pursue your passions.
- Use your brain. Aging has a minimal effect on the brain if you continue to stimulate it daily. Learn something new every day - go back to school!
- Nurture love. The strongest link with male survival is being married.
- Listen to your body. Don't tune it out.
- Don't hide signs and symptoms of health problems from your family or doctor.
- Don't press pedal to the metal until you drop, figuring you will change your lifestyle after your first heart attack. Men only have a 50-50 chance of getting up from their first heart attack.

Parade Magazine
April 26, 1998
Adapted from the book
"Understanding Men's Passages:
Discovering the Map of Men's Lives,"
By Gail Sheehy



CRITICAL INCIDENT STRESS MANAGEMENT TEAM OF FLORIDA

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WHAT IS A CRITICAL INCIDENT ?

A Critical Incident is any event with significant emotional power, strong enough to produce unusual or distressing reactions in emergency service professionals. A critical incident is so unusual that it overwhelms the normal coping abilities of emergency personnel. Emergency response personnel operate under a variety of stressors:

- the human tragedies of some calls
- the uncertainty of the next call
- the hazards associated with a rescue

Under most situations responders can cope with these stressors and consider them "part of the job." Some events, however, cause lasting impressions and can challenge a responder's ability to function on the job or at home.

Critical Incidents include:

- Line of duty death
- Serious line of duty injury
- Emergency worker suicide
- Multi-casualty incident
- Police use of force resulting in injury or death
- Significant events involving children
- Victims known by the rescuer
- Failed mission after extensive effort
- Excessive media interest
- Any powerful event

WHAT IS CRITICAL INCIDENT STRESS ?

Stress is an expected part of the emergency service professions and is routinely managed on a day to day basis. However, critical incident stress can produce reactions which may overwhelm or cause them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function or cope either at the scene or later.

CRITICAL INCIDENT STRESS SYMPTOMS

Critical Incident Stress symptoms may begin showing up during an incident; may surface after operations have concluded; or may appear a few days later. They may manifest as physical complaints or ills; various emotional states; changes in normal behavior patterns such as withdrawal, talking obsessively about the incident, changes in sleeping and eating patterns, moodiness, etc. Cognitive symptoms may include difficulty in maintaining focus; forgetting or misplacing things; difficulty in problem solving and decision making. The symptoms may also appear as a reevaluation of held beliefs, ideals, or characteristics.



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COLLIER COUNTY CRITICAL INCIDENT STRESS MANAGEMENT TEAM

The Collier County CISM Team is made up of trained volunteers from the mental health and the emergency service professions. Peers from Law Enforcement, Fire Service, Emergency Medical Services and Hospital ER Staff are all represented on the Collier County CISM Team. The unique collaboration between skilled peers and mental health professionals is the foundation of the organization and produces a high level of integrity and acceptance within the emergency services community.

OUR MISSION

The mission of the Collier County CISM Team is the advancement of educational and direct support programs focused on CISM for emergency services personnel.

A goal of the Collier County CISM team is to accelerate normal recovery, for normal people, having normal and necessary reactions to abnormal events and to provide information and educational presentations about critical incident stress.

One of the highest priorities for the team is to maintain confidentiality and to respect the feelings of the individuals involved. It is the function of the team to provide immediate crisis intervention.

If you need to contact the Collier County CISM team you can contact: Lt. Acey Edgemon, Region 8 Coordinator, Collier County Sheriff's Office at 941-793-9135 or Dianne Flanagan, Collier County Team Coordinator, Collier County Sheriff's Office at 941-793-9300.



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BENEFITS OF CRITICAL INCIDENT STRESS DEBRIEFINGS

- reduces the impact of the stressful call
- reduces the impact of work related stress on the family
- reduces isolation
- acknowledgement that emergency services workers experience normal feelings and reactions to abnormal and traumatic events in the course of their duties
- promotes psychological well being and a positive way to cope with the effects of critical incidents
- helps prevent delayed psychological reactions and burnout
- promotes healthy living and successful work stress coping through education and information

In general, a critical incident stress debriefing promotes a more rapid recovery from the incident and facilitates normal integration back into home and work routines.

Things you should know about Critical Incident Stress Services

- All services are delivered in a confidential manner.
- Services are provided at no charge. Peer and mental health support team members of the Collier County CISM Team volunteer and donate their training and skills as a civic contribution to the emergency services community.
- Debriefings are not psychotherapy.
- The CISM Model is based on prevention of serious long-term reactions.
- Education is the primary component of prevention.
- The Collier County CISM Team is not formally associated with or wholly dependent upon any governmental or private affiliation.

STRESS

The nonspecific response of the body to any demand placed upon it. The normal wear and tear on the body caused by living. (Hans Selye)

CRITICAL INCIDENT STRESS

A normal reaction to an abnormal event.

CRITICAL INCIDENT STRESS REACTIONS

From the moment the "Critical Incident" has been cleared up to a period of about 14-30 days after the incident, it is normal to experience various reactions. They may include:

Physical Reactions

Fatigue	Nightmares
Insomnia	Hypersomnia
Underactivity	Hyperactivity
Exhaustion	Startle Reactions

Loss of appetite, headaches, digestive problems

Cognitive Reactions

- Difficulty with concentration
- Difficulty making decisions
- Difficulty problem solving
- Inability to attach importance to anything other than the Incident
- Memory disturbances
- Isolation
- Flashbacks

Emotional Reactions

Fear	Anxiety
Emotional numbing	Guilt
Anger	Depression
Helplessness	Amnesia (partial)

THE SEVEN STAGES OF CRITICAL INCIDENT STRESS DEBRIEFING

1. Introduction – ground rules are explained and group members are encouraged to participate.
2. Fact – group members briefly describe, from their own point of view, what they experienced during the incident.
3. Thought – helps group members focus on their own thoughts during the incident.
4. Reaction – this is the most important part of the process; members discuss the parts of the incident that they found to be the hardest to cope with.
5. Symptoms – group members describe their own cognitive, physical, and behavioral signs and symptoms of stress.
6. Teaching – CISM team members teach the group helpful stress reduction strategies along with common sense information on how to deal with stress.
7. Re-entry – group members are offered the opportunity to ask any questions or make any final comments. CISM team members then close the debriefing with final statements and the group is released.

101 WAYS TO COPE WITH STRESS

● SET UP EARLIER • PREPARE AHEAD • AVOID TIGHT CLOTHES • AVOID CHEMICAL AIDS • SET APPOINTMENTS • WRITE IT DOWN • PRACTICE PREVENTIVE MAINTENANCE • MAKE DUPLICATE KEYS • SAY NO MORE OFTEN • SET PRIORITIES • AVOID NEGATIVE PEOPLE • USE TIME WISELY • SIMPLIFY MEALS • COPY IMPORTANT PAPERS • ANTICIPATE NEEDS • MAKE REPAIRS • GET HELP WITH JOBS YOU DISLIKE • BREAK DOWN LARGE TASKS • LOOK AT PROBLEMS AS CHALLENGES • LOOK AT CHALLENGES DIFFERENTLY • UNCLUTTER YOUR LIFE • SMILE • PREPARE FOR RAIN • TICKLE A BABY • PET A DOG/CAT • DON'T KNOW ALL THE ANSWERS • LOOK FOR THE SILVER LINING • SAY SOMETHING NICE • TEACH A KID TO FLY A KITE • WALK IN THE RAIN • SCHEDULE PLAY TIME • TAKE A BUBBLE BATH • BE AWARE OF YOUR DECISIONS • BELIEVE IN YOURSELF • STOP TALKING NEGATIVELY • VISUALIZE WINNING • DEVELOP A SENSE OF HUMOR • STOP THINKING TOMORROW WILL BE BETTER • HAVE GOALS • DANCE A JIG • SAY HELLO TO A STRANGER • ASK A FRIEND FOR A HUG • LOOK AT THE STARS • BREATHE SLOWLY • WHISTLE A TUNE • READ A POEM • LISTEN TO A SYMPHONY • WATCH A BALLET • READ A STORY • DO SOMETHING NEW • STOP A BAD HABIT • BUY A FLOWER • SMELL THE FLOWER • FIND SUPPORT • FIND A "VENT-PARTNER" • DO IT TODAY • BE OPTIMISTIC • PUT SAFETY FIRST • DO THINGS IN MODERATION • NOTE YOUR APPEARANCE • STRIVE FOR EXCELLENCE, NOT PERFECTION • STRETCH YOUR LIMITS • ENJOY ART • HUM A JINGLE • MAINTAIN YOUR WEIGHT • PLANT A TREE • FEED THE BIRDS • PRACTICE GRACE • STRETCH • HAVE A PLAN "B" • DOODLE • LEARN A JOKE • KNOW YOUR FEELINGS • MEET YOUR NEEDS • KNOW YOUR LIMITS • SAY HAVE A GOOD DAY IN PIG LATIN • THROW A PAPER AIRPLANE • EXERCISE • LEARN A NEW SONG • GET TO WORK EARLIER • CLEAN A CLOSET • PLAY WITH A CHILD • GO ON A PICNIC • DRIVE A DIFFERENT ROUTE TO WORK • LEAVE WORK EARLY • PUT AIR FRESHENER IN YOUR CAR • WATCH A MOVIE AND EAT POPCORN • WRITE A FAR AWAY FRIEND • SCREAM AT A BALL GAME • EAT A MEAL BY CANDLELIGHT • RECOGNIZE THE IMPORTANCE OF UNCONDITIONAL LOVE • REMEMBER STRESS IS AN ATTITUDE • KEEP A JOURNAL • SHARE A MONSTER SMILE • REMEMBER YOUR OPTIONS • BUILD A SUPPORT NETWORK • QUIT TRYING TO FIX OTHERS • GET ENOUGH SLEEP • TALK LESS AND LISTEN MORE • PRAISE OTHERS

PS. RELAX, TAKE EACH DAY AT A TIME... YOU HAVE THE REST OF YOUR LIFE TO LIVE.

CRITICAL INCIDENT STRESS INFORMATION SHEET

You have experienced a traumatic event or a critical incident (any incident that causes emergency service personnel to experience unusually strong emotional reactions which have the potential to interface with their ability to function either at the scene or later). Even though the event may be over, you may now be experiencing or may experience later, some strong emotional or physical reactions. It is very common, in fact quite normal, for people to experience emotional aftershocks when they have passed through a horrible event.

Sometimes the emotional aftershocks (or stress reactions) appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. And, in some cases, weeks or months may pass before the stress reactions appear.

The signs and symptoms of a stress reaction may last a few days, a few weeks or a few months and occasionally longer depending on the severity of the traumatic event. With understanding and the support of loved ones the stress reactions usually pass more quickly. Occasionally the traumatic event is so painful that professional assistance from a counselor may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was just too powerful for the person to manage by themselves.

Here are some very common signs and signals of a stress reaction.

Physical	Cognitive	Emotional	Behavioral
fatigue nausea muscle tremors rashes chest pain * difficulty breathing * elevated BP rapid heart rate thirst headaches visual difficulties vomiting grinding of teeth weakness dizziness profuse sweating chills shock symptoms * fainting etc.	blaming someone - confusion poor attention poor decisions heightened or lowered alertness poor concentration memory problems hypervigilance difficulty identifying familiar objects or people increased or decreased awareness of surroundings poor problem solving poor abstract thinking loss of time, place or person orientation disturbed thinking nightmares intrusive images etc.	anxiety guilt grief denial severe panic (rare) emotional shock fear uncertainty loss of emotion control depression inappropriate emotional response apprehension feeling overwhelmed intense anger irritability agitation etc.	change in activity change in speech patterns withdrawal emotional outbursts suspiciousness change in usual communications loss or increase of appetite alcohol consumption inability to rest antisocial acts nonspecific bodily complaints hyperalert to environment startle reflex intensified pacing erratic movements change in sexual functioning etc.

* definite indication of the need for medical evaluation

- WITHIN THE FIRST 24-48 HOURS periods of strenuous physical exercise, alternated with relaxation will alleviate some of the physical reactions.
- Structure your time - keep busy.
- You're normal and having normal reactions - don't label yourself crazy.
- Talk to people - talk is the most healing medicine.
- Be aware of numbing the pain with overuse of drugs or alcohol, you don't need to complicate this with a substance abuse problem.
- Reach out - people do care.
- Maintain as normal a schedule as possible.
- Spend time with others.
- Help your co-workers as much as possible by sharing feelings and checking out how they're doing.
- Give yourself permission to feel rotten and share your feeling with others.
- Keep a journal, write your way through those sleepless hours.
- Do things that feel good to you.
- Realize those around you are under stress.
- Don't make any big life changes.
- Do make as many daily decisions as possible which will give you a feeling of control over your life, i.e., if someone asks you what you want to eat - answer them even if you're not sure.
- Get plenty of rest.
- Reoccurring thoughts, dreams or flashbacks are normal - don't try to fight them - they'll decrease over time and become less painful.
- Eat well-balanced and regular meals (even if you don't feel like it).

For Family Members & Friends

- Listen carefully.
- Spend time with the traumatized person.
- Offer your assistance and a listening ear even if they have not asked for help.
- Reassure them that they are safe.
- Help them with everyday tasks like cleaning, cooking, caring for the family, minding children.
- Give them some private time.
- Don't take their anger or other feelings personally.
- Don't tell them that they are "lucky it wasn't worse" - traumatized people are not consoled by those statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them.

Critical Incident Stress Information Sheet for Significant Others

Your loved one has been involved in an emotion-charged event, often known as a critical incident. He/she may be experiencing normal stress responses to such an event (critical incident stress). Critical incident stress affects up to 87% of all emergency personnel exposed to a critical incident. No one in emergency services is immune to critical incident stress, regardless of past experiences or years of service. Your loved one may experience critical incident stress at any time during his/her career.

Important things to remember about critical incident stress:

- The signs of critical incident stress are physical cognitive, emotional and behavioral. Your loved one has received a handout outlining these signs. Please ask him/her to share it with you.
- Critical incident stress response can occur right at the scene, within hours, within days, or even within weeks.
- Your loved one may experience a variety of signs/symptoms of a stress response or he/she may not feel any of the signs at this time.
- Suffering from the effects of critical incident stress is completely normal. Your loved one is not the only one suffering; other emergency personnel shared the event and are probably sharing the reaction.
- The symptoms will normally subside and disappear in time if you and your loved one do not dwell upon them.
- All phases of our lives overlap and influence each other: personal, professional, family, etc. The impact of critical incident stress can be intensified, influenced or mitigated by our own personal, family, and current developmental issues.
- Encourage, but do NOT pressure, your loved one to talk about the incident and his/her reaction to it. Talk is the best medicine. Your primary "job" is to listen and reassure. Remember that if an event is upsetting to you and your loved one, your children may be affected, also. They may need to talk, too.
- You may not understand what your loved one is going through at this time, but offer your love and support. Don't be afraid to ask what you can do that he/she would consider helpful.

- Accept the fact that life will go on: his/hers, yours, and your children, etc. Maintain or return to a normal routine as soon as possible.
- If the signs of stress your loved ones is experiencing do not begin to subside within a few weeks, or if they intensify, consider seeking further assistance. The Critical Incident Stress Debriefing team can help you and your loved one find a professional who understands critical incident stress and how it can affect you.

Introduction

Everyday public safety workers face the challenge of providing the best service possible under what at times can be the worst conditions. While we know and accept the risks, we sometimes fail to help prepare our families to deal with a crisis such as line of duty injury or death. This type of crisis is overwhelming, that is why it is so important to be prepared.

The Collier County Sheriff's Office has compiled this booklet to ease the burden your family members may have to face during a crisis. As you know, our families usually turn to us to be the stabilizing pillar during a crisis, organizing and providing for their needs. By expressing your wishes and putting all pertinent information into this booklet **NOW**, you can provide the information and contacts needed to save your loved ones undue hardship later.

The information you enter into the booklet is totally confidential! We urge you to place this booklet in a secure location, such as your freezer (this is a good location because it is fireproof and easy to remember), a safe deposit box or home safe.

Remember that this booklet is only as good as the information in it. Therefore, it is extremely important that the information is updated yearly.

For information on obtaining additional copies, please contact:

Lt. Acey Edgemon
Collier County Sheriff's Office
3301 Tamiami Trail E. Bldg. J.
Naples, FL 34112
(941) 793-9135

PEOPLE WHO CAN HELP

Doctor: _____
_____ Phone: _____

Employer: _____
_____ Phone: _____

Spouse's Employer: _____
_____ Phone: _____

Accountant: _____
_____ Phone: _____

Banker: _____
_____ Phone: _____

Clergyman: _____
_____ Phone: _____

Service/Veteran's Organizations: _____

_____ Phone: _____

Other: _____
_____ Phone: _____

PEOPLE TO NOTIFY

Name: _____

Address: _____

Phone: _____ Relation: _____

FAMILY RECORD

Children, Birthdate, Residence:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Children's birth certificates/adoption papers are located at:

Husband's living relatives and addresses:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Wife's living relatives and addresses:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

YOUR WILL

One of the most important things you can do for your family is have a will drawn. If you do not have a will, your family may have to endure a court settlement of your estate, which could be long and costly. Having a will provides you peace of mind and protects your family.

I have a will: _____

I do not have a will: _____

My Will is located at: _____

My Will is dated: _____

My Executor is: _____

The Attorney who drew up the Will is: _____

SERVICE DETAILS

Church Preference: _____

Clergyman: _____

Service To Be Held At:

Funeral Home: _____ Church: _____

I prefer: Interment _____ Entombment: _____

Cremation: _____

Lot is to be purchased: _____

My choice of cemetery is: _____

Lot is owned in the name of: _____

Section: _____ Lot: _____ Block: _____

Location of deed: _____

Pallbearers: _____

I am entitled to: Veteran's Benefits: _____

Military Honors: _____

Preference of flowers: _____

Disposal of flowers: _____

Memorial to: _____

Obituary: Yes _____ No _____

Flag: _____

Music: _____

In interment is elsewhere, complete shipping instructions:

Ship to: _____

City: _____ State: _____

Receiving Funeral Director: _____

BANK ACCOUNTS

Acct Type _____ # _____

Bank: _____

The Signatories are: _____

My bank books are located at: _____

Certificates of deposit are located at: _____

Signatories: _____

C.D. list and account numbers are located at: _____

CREDIT CARDS

Type: _____ # _____

DISABILITY INSURANCE

I carry disability insurance through:

Company: _____

Agent: _____

Phone: _____

Company: _____

Agent: _____

Phone: _____

Policies located at: _____

Life Insurance

Life Insurance Companies: _____

Policies are located at: _____

I have made loans against some of the policies:

Yes _____ No _____

Borrowed on: _____

Other Information:

Premium Receipts are located: _____

Settlement Agreements: _____

I own Annuity contracts: Yes _____ No _____

Location of contracts: _____

Principal Life Insurance Agent: _____

Company: _____

Phone: _____

Other Agent: _____

Company: _____

Phone: _____

MEDICAL INSURANCE

Health insurance provided through:

Company: _____

Address: _____

Phone: _____

Policy #: _____

Group Name and #: _____

Policy Holder: _____

Other insurance:

Policy locations:

Agents or Brokers: _____

AUTOMOBILES AND INSURANCE

License #	Registered to:	Payment Date/Amt
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Auto Insurance Info:

Company: _____

Agent: _____

Address: _____

Phone: _____

Policy #: _____

Policy Holder: _____

Policy Located at: _____

REAL ESTATE INFORMATION

My residence address is: _____

My landlord is: _____

I own my residence: _____

Title held in the name(s) of: _____

Mortgage Held by: _____

Papers located at: _____

My insurance broker is: _____

I own other property: _____

Address(es): _____

Title is held in the name(s) of: _____

Mortgage Held by: _____

Papers located at: _____

PERSONAL DOCUMENTS

My birth certificate is located at: _____

My citizenship papers are located at: _____

I was born in: _____

On: _____

I was married in: _____

On: _____

License located at: _____

Previous Marriages:

I was married in: _____

On: _____

Divorced on: _____

Certificate located at: _____

I was married in: _____

On: _____

Divorced on: _____

Certificate located at: _____

I was married in: _____

On: _____

Divorced on: _____

Certificate located at: _____

Served in Armed Forces: _____ Branch: _____

Enlisted on: _____ At: _____

Discharge papers located at: _____

Social Security #: _____

Safe Deposit box located at: _____

Box Number: _____ Key Number; _____

Accessible by: _____

SECONDARY EMPLOYMENT

My secondary employer is: _____

Hire date: _____

I have the following benefits: _____

TAX RETURNS

Income Tax Return copies located at: _____

Work sheets and evidence in support of returns located at _____

Current tax info located at: _____

PERSONAL BUSNIESS

Business Name: _____

Address: _____

Partner(s): _____

My share is: _____

Contract location: _____

Papers drawn by: _____

DEBTORS AND CREDITORS

The following people owe me: _____

I owe to the following: _____

I have borrower's insurance on: _____

I am involved in the following lawsuits: _____

TRUST FUNDS

Living trust established for: _____

Established on: _____

Agreement located at: _____

Trustees are: _____

My lawyer is: _____

I am a beneficiary under a trust established by: _____

My heirs are beneficiaries of trust funds established by: _____

Papers located at: _____

SECURITIES

A list of stocks and bonds is located at: _____

Records of purchase and sale are located at: _____

Some were acquired as gifts or by inheritance and papers are located at : _____

Some are pledged for loans with: _____

I own government bonds under the following:

Myself: _____

Co-owner: _____ With: _____

I am beneficiary on death of: _____

At my death, beneficiary is: _____

The bonds are located at: _____

A list of governmental bonds and serial numbers is located at: _____

PERSONAL SITUATION

What would you like done with insurance money? _____

Would you care if home/property sold? _____

What type of continued relationship with your family would you like to see other members of your family keep? _____

Do you have special personal effects that you would like to see go to specific people? _____

What would you like done with personal effects? _____

What type of feelings do you have about the use or nonuse of life support systems if necessary ?

PERSONAL SITUATION

Do you wish to be an organ donor? _____

What kind of provisions should be made with your estate in the event your spouse remarries?

Do you have special wishes for your children? _____

College: _____

Gifts: _____

Promises: _____

Weddings: _____

Other: _____

Books, medals, pictures: _____

Do you have any other personal requests or information you wish to state? _____

NOTIFICATION FORM

Name: _____

In case of serious injury or death, I would like the people listed below contacted by a department representative:

Name	Relationship	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I would like this person to accompany the department representative when notifications made:

Is there any information the department representative should be aware of related to the notification, eg: special health hazards of person to be notified; remove the person to be notified from others at the location, etc.?

Is there anyone you would like contacted to assist your family or to assist in funeral arrangements, or related matters, other than listed before ?

Are there any special requests or directions you would like followed upon you death ? (Donation of body parts, contact other people, etc.)

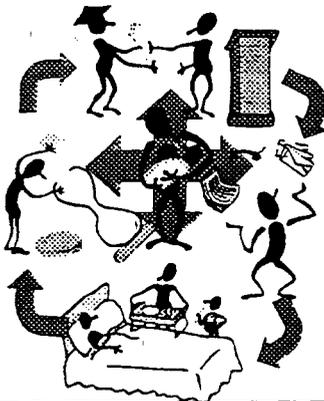
NOTES

This space is provided to list any additional information that may be applicable.

NOTES

We All Do:

Baby Boomer
Generation Born
1946 to 1964
AKA the "Sandwich
Generation"
Caregivers for
children and
aging parents



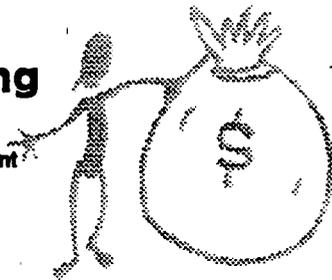
Today's Issues:

School Learning Problems
Cultural Diversity
Intended Families
Teen Problems
Bereavement
Coping with Cancer



Financial Counseling

Call for appointment
274-7852
Consumer Credit
Counseling
No Cost - Free
Service



Or, contact your local
financial institution

The CCSO Plan

- Deputy receives three free visits per year
- With family group health insurance coverage: three (3) free visits for each family member per year
- Member may use any PPO listed under "Psychologist" or "Psychiatrist"
- Claim is handled through group health without regard to deductible



Troubled Employee

Treat symptoms of:

stress or anxiety
depression
phobias
marital or family-related
problems
substance abuse
catastrophic medical
problems



ESSENTIAL:

- Individual's privacy must be respected.
- The worker must be assured of confidentiality for the program to be utilized.



Suspected Substance Abuse...

lower productivity

Tires quicklY

May be about performance?

severe Slumps

UnEVEN Work pACE

Decreased Quality of Work

Confusion

- CoReles\$

- Serious judgment errors

Suspected Substance Abuse... Signs at Work & Home

- ★ Reliability
 - neglects or puts off assignments
 - repeatedly asks co-workers for loans
 - blames others for short-comings
 - makes frequent requests for changes in assignments/supervisors
- ★ Attitudes and habits
 - over-reacts to remarks about alcohol
 - suspicious of peers and supervisors
 - intolerant of others

More Possible Signs of Substance Abuse...

- frequent injuries
- lost time due to accidents on and off the job
- careless handling of equipment
- pushing equipment to catch up after low productivity
- failure to follow safety procedures

Changes in Physical Appearance or Demeanor

- Irritable
- Red eyes
- Flushed or swollen face
- Hand tremors
- Increased nervousness

Reasons for referrals by the Supervisor

Signs of "mystery illnesses"

- loss of concentration
- personality changes
- personal appearance changes
- long meal or coffee breaks
- belligerence
- tardiness
- absenteeism

Patterns of Absenteeism...

- may have unexplained absences from duty during regular shift
- more days or half days off
- may leave work early
- may be late more frequently
- often takes time off day before or after regular days off

Member Assistance Programs



AKA:

E.A.P.'s or Employee Assistance Programs

Definition



Job-based program operating within a work organization for purposes of identifying "troubled employees," motivating them to resolve their trouble, and providing access to counseling or treatment for those employees who need these services.

Broad brush plans... Expanded to family



- Legal concerns
- Pre-retirement needs
- Sexual harassment
- Violence in the workplace
- Career-related difficulties
- Financial counseling
- Career development

Who Needs an EAP?

Information provided by The University of Texas EAP

Employers Do:

Nearly 25% of American workers are substance abusers

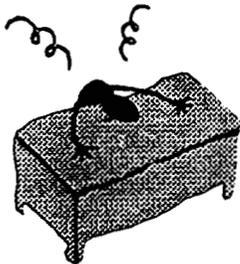
80% of all medical problems have a stress, anxiety or psychological origin.



Alcohol & drug abuse cost businesses over \$98 billion per year

Who Needs an EAP?

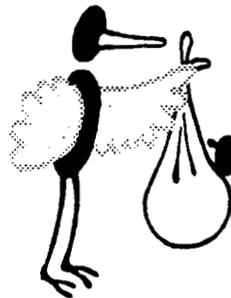
Information provided by The University of Texas EAP



- **Employees do**
- Every employee is a valuable asset
- To restore a state of mental and emotional well-being
- Every employee represents a life with hopes, ambitions, dreams, and loved ones to care for.

Who Needs an EAP?

Information provided by The University of Texas EAP



- **Families do**
- Employee problems may originate at home
- Family problems may originate at work
- Family problems often affect the spirit and health of the employee.



Suspected Alcohol Abuse - managers must act when:
interferes with work performance, or...

Is on duty, or

Illegal activity off duty – such as DUI

Fitness for Duty

May provide a professional opinion that the member is fit for duty

Could limit liability for both the member and the agency in any civil suit or claim posed by a complainant

The member may be protected by American Disabilities Act and the Family and Medical Leave Act

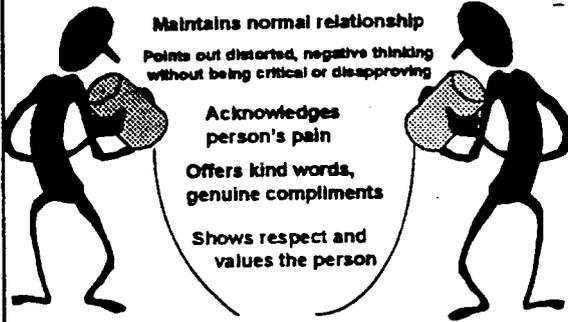
A manager with good communication skills:

Maintains normal relationship
Points out distorted, negative thinking without being critical or disapproving

Acknowledges person's pain

Offers kind words, genuine compliments

Shows respect and values the person



Questions from third parties

We can tell you:

Procedure versus personal information
Public information

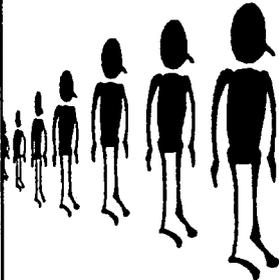
We cannot tell you:

Medical information



Who Needs an EAP?

Information provided by The University of Texas EAP



- ⊕ Employers
- ⊕ Employees
- ⊕ Families

For Additional Information

Health Insurance

Barb Miller

793-9331

EAP Questions

Human Resources

Diane Standish

Gail Addison

793-9264



**GIVE
BLOOD!
SAVE A
LIFE...**

COLLIER COUNTY SHERIFF'S OFFICE
STRESS AWARENESS AND RESOLUTION
FOR IN-SERVICE

COURSE DESCRIPTION:

This course will give a brief description of stress, types of stress, and solutions to deal with stress in the law enforcement environment.

I. Definition of Stress

- A. Components of stress
 - 1. Stressor
 - 2. Stress response
 - 3. Distress
- B. Types of stress
 - 1. Eustress
 - 2. Distress
- C. "Fight or Flight" response
- D. Maslow's hierarchy of needs
 - 1. Physiological
 - 2. Safety
 - 3. Belongingness
 - 4. Esteem
 - 5. Self-actualization

II. Results of Stress

- A. Physical
- B. Emotional
- C. Behavioral
- D. Burn-out

III. Physiological

- A. Diet - Nutrition
- B. Exercise
 - 1. Aerobic
 - 2. Anaerobic

IV. Psychological Methods of Controlling Stress

- A. Techniques
- B. Communication

HANS SELYE

Canadian scientist who did 40 years of research to make stress a major concept both in the world of psychology and medicine. Developed the General Adaptation Syndrome. The three stages of the (GAS) : 1. alarm reaction; 2. stage of resistance; 3. stage of exhaustion.

STRESS

The nonspecific response of the body to any demand placed upon it. (Hans Selye)

The normal wear and tear on the body caused by living.

Stress is the reaction, not the event.

Eustress - performance increases

Distress - performance declines

STRESSOR

Any environmental event which causes an autonomic nervous system response. This also includes social and psychological events.

STIMULI

Stimuli include those events, sights, sounds, odors, tastes, smells and all other forms of stimulation that occur in our environment. You are not responsible for all of the events that occur in your environment. You are responsible for your reaction to the events.

PERCEPTION

Nothing has meaning until you give it meaning.

REACTION

The stimuli do not cause the psychological and physiological reaction in us. Rather, it is our perception of the stimuli.

BEHAVIOR

The way we behave is based largely upon a combination of the stimuli and the message we send ourselves about the stimuli.

LONGEVITY IS DETERMINED BY

Genetics, environment, and stress. Even if the first two are optional, we can be damaged by a failure to properly handle our stress. (CHOICE)

PERSONALITY TYPES

TYPE A

1. Very competitive
2. Always on the go, in a hurry
3. Hard-driving
4. Demands perfection
5. Ambitious, wants quick promotion
6. Is a "workaholic" - even at play

TYPE B

1. Noncompetitive
2. Relaxed, in control
3. Easygoing
4. Understanding, forgiving
5. Confident and happy in job
6. Enjoys leisure and weekends

CHEMICAL WARFARE

Dopamine - a catecholamine synthesized by the adrenal gland. Increases blood pressure.

Epinephrine (Adrenaline) - produced by the adrenal gland, is a vasoconstrictor and cardiac stimulant.

Norepinephrine (Noradrenaline) - produced by the adrenal gland, is a vasoconstrictor but has little effect on cardiac output.

Endorphins - proteins with potent analgesic properties that occur naturally in the brain.

Serotonin - vasoconstrictor, important for sleep.

Caffeine - is a central nervous system stimulant and a diuretic - present in coffee and tea. Chronic use can cause flushing of the face, palpitation of the heart, trembling, general depression, anxiety, insomnia, and nervousness.

Nicotine - a poisonous alkaloid found in all parts of the tobacco plant. 60mg. = fatal dose for an adult - is as powerful as cyanide.

Alcohol - acts as a depressant to the nervous system.

Cortisol - gluco-corticoid secreted in the adrenal cortex. This chemical is involved with the stress response requiring long-term vigilance type arousal. Interferes with sleep and accelerates aging. Eliminated by time or exercise.

FIVE KEYS TO REDUCED STRESS

- Faith and religious beliefs – feeling that we are not alone.
- Loving relationship – It's a fact, people in loving relationships live longer.
- Sound financial practices – stay out of debt, do not live beyond your means.
- Eat well, rest, and exercise – get enough sleep, exercise 20 mins. 3 times a week.
- Time out, treat yourself – take time for yourself with no distractions.

WAYS TO LIVE LONGER

- Grab fruit in the morning – great for snacks anytime.
- Eat creatively – try new things.
- Be fishy – 6oz. Of tuna or 3oz. of salmon weekly can help reduce fatty acids in your blood.
- Make tea time – freshly brewed tea or coffee also can help to reduce fatty acids in your blood – good for “time outs” in moderation.
- Nuke your veggies – better than steaming.
- Take a walk – easy exercise, good for thinking. Remember that exercise remains the single most potent anti-aging medication known to mankind.
- Breathe deeply, laugh often – good belly breathing and laughing.
- Use sunscreen and wear good sunglasses.
- Drink lots of water – as we age we do not drink enough water.

DISEASES OF ADAPTATION

2/3 of office visits to family Doctors are prompted by stress related symptoms. (American Academy of Family Physicians)

REMEMBER

Success is getting what you want.
Happiness is wanting what you have.
Contentment is having what you need.

OVER 40?

- Men and women react differently to aging. Women feel pangs and men feel dread.
- Women reach out and nurture existing and new friendships.
- Men rarely make new friends and may become emotionally dependent on their wives.
- Men rarely read books about their health.
- "Exit events" begin to pile up in men's second half of life – loss of social status, departure of grown children, sudden death of friends.
- Men are generally unaware when they are under high stress and do not recognize the impact on their life.
- Some men have to literally break down, have a physical blowout or plunge into depression before they can change.

Ask yourself these questions:

- Are you preparing to meet the crossroads of life?
- Are you ready to search for a new direction leading to more meaning?
- How do you plan to prolong your physical health?
- Do you know how to maintain your sexual potency?
- What things can you do to nourish your spirit?
- Are you willing to risk deeper intimacy that will offer you a buffer against the inevitable losses of middle and later life?

Staying young and alive:

- Keeping your edge. Do not become too comfortable, stay active, be engaged and stay useful – pursue your passions.
- Use your brain. Aging has a minimal effect on the brain if you continue to stimulate it daily. Learn something new every day - go back to school!
- Nurture love. The strongest link with male survival is being married.
- Listen to your body. Don't tune it out.
- Don't hide signs and symptoms of health problems from your family or doctor.
- Don't press pedal to the metal until you drop, figuring you will change your lifestyle after your first heart attack. Men only have a 50-50 chance of getting up from their first heart attack.

Parade Magazine
April 26, 1998
Adapted from the book
"Understanding Men's Passages:
Discovering the Map of Men's Lives,"
By Gail Sheehy

ARE YOU SLEEP DEPRIVED?

If you fall asleep immediately when you go to bed, you're not getting enough sleep. It should take you 15 to 20 minutes to fall asleep, doctors say.

If a warm room, alcoholic beverage or boring lecture makes you drowsy, you are sleep-deprived.

It's possible that you need more sleep if:

- I need an alarm clock in order to wake up at the appropriate time.
- It's a struggle for me to get out of bed in the morning.
- I feel tired, irritable and stressed out during the week.
- I have trouble concentrating.
- I have trouble remembering.
- I feel slow with critical thinking, problem solving, being creative.
- I often fall asleep watching television.
- I find it hard to stay awake in boring meetings or lectures, or in warm rooms.
- I often nod off after heavy meals or after a low dose of alcohol.
- I often feel drowsy while driving.
- I often sleep extra hours on weekend mornings.
- I often need a nap to get through the day.
- I have dark circles under my eyes.

Gannett News Service

SHIFT WORK AND STRESS

CIRCADIAN RHYTHM – refers to the body's biological clock that resets every 24.4 + or – hours. Humans are diurnal animals whose primary activity occurs during the daylight hours and the nocturnal phase is associated with rest. Physical and social life is calibrated around this cycle.

SLEEP STAGES:

Stage 1: Twilight state, you can be easily awakened, last about 5 minutes and you may experience images like hallucinations. You may have a feeling of falling or your body may jerk.

Stage 2: You become more relaxed, though you can be awakened without much difficulty, you are asleep.

Stage 3: This is a short transition phase to the deep sleep of stage 4.

Stage 4: This is a deep sleep phase, which last for about 30 minutes. This is the stage where we may sleep walk, talk in our sleep, or wet the bed. Even though our bodies seem relaxed, there is considerable brain activity. After about 1 hour from falling asleep, we return to and go through stages 3 and then 2. Finally we go to stage 5.

Stage 5: REM sleep, the body is so relaxed that it appears paralyzed. As the sleep process continues, the cycle repeats itself about every 90 minutes, with stage 4 sleep decreasing and stage 5 sleep increasing. By morning about 20 to 25 percent of sleep should have been REM sleep.

SUICIDE IN LAW ENFORCEMENT

*Suicide is neither a disease nor a force but simply a solution to a problem.
Scott W. Allen, Ph.d.*

Suicide - is the eighth leading reported cause of death in the United States annually. However, the general population incident rates are surpassed by those reported for law enforcement.

Highest Rates - law enforcement has the highest rate of suicide of any profession; twice as high as physicians, which is the next highest occupation.

Reasons Cited for Law Enforcement Suicide - 1. occupational stress; 2. vigilant mental activity; 3. role conflicts; 4. lack of career development; 5. shift work; 6. marital/family problems; 7. alcohol and drugs; 8. burnout; 9. depression.

(Complaints of marital problems to administration staff increases an officers probability of committing suicide by 4.8 times and 6.7 times if they have been suspended; they were 21.7 times more likely to commit suicide if both complaints were present).

Danger Signs - 1. Becomes overly aggressive; 2. Stays after work to drink with co-workers and uses alcohol to help with sleeping problems and to relax (it is estimated that 25% of all law enforcement personnel are dependent to some degree on alcohol as a stress reliever); 3. Puts his/her family into the background after his/her drinking and drug-using buddies; 4. Causes damage to citizens' property; 5. Stays by him/herself, watching violent movies. These movies may be military in nature and show the military or law enforcement winning battles. The stressed-out law enforcement officer tends to read novels that become increasingly violent and brutal, with graphic descriptions of violent acts; 6. Starts to give away important possessions; 7. Makes a will; 8. Makes negative statements regarding death or usefulness; 9. Becomes extremely positive after a long period of being down.

Solutions - 1. Offer unconditional help (EAP), mental health is not a dirty word; 2. Encourage family and friends to support the individual; 3. Remain positive.

Source: U.S. Department of Justice
F.B.I.

MYTHS ABOUT SUICIDE

1. *Discussing suicide will make the person do it.* Actually, the opposite is more likely. Discussion will more likely provide relief and the desire to regain control.
2. *People who threaten suicide don't do it.* A large number of people who have previously threatened suicide do in fact kill themselves.
3. *Suicide is an irrational act.* Nearly all suicides and suicide attempts make sense when viewed from the perspective of the person doing them.
4. *Persons who commit suicide are insane.* This is true for only a small percentage of people. Most all others are in severe depression and emotional pain.
5. *Suicide runs in families or is an inherited tendency.* Suicidal tendency is not inherited; it is either learned or situational.
6. *Once suicidal, always suicidal.* Many people will consider suicide sometime during their lives. However, most all will overcome this desire and live productive and long lives.
7. *When a person attempts suicide and recovers, the danger is over.* This is actually the most dangerous time. The suicidal person becomes energized following this period of depression, which can lead to another attempt.
8. *A suicidal person who starts giving away or sharing personal possessions is showing signs of recovery.* Giving away prized possessions is sometimes tantamount to acting out the last will and testament.
9. *Suicide is an impulsive act.* Some suicides do involve impulsive acts. However, some suicides are very deliberately planned and carried out.
10. *Children under the age of 6 do not commit suicide.* Children from the age of 5 to 14 frequently attempt and complete suicide.
11. *True depression is not possible in children.* This is an outmoded myth, which has been proved untrue by recent findings in developmental psychology.

Source: Crisis Intervention Strategies, Gilliland & James 1997

RISK FACTORS

1. Person has a family history of suicide.
2. Person has a history of previous attempts.
3. Person has formulated a plan.
4. Person has experienced recent loss of a loved one through death, divorce, or separation.
5. Person's family is destabilized as a result of loss, personal abuse, violence, and/or because he/she has been sexually abused.
6. Person is preoccupied with the anniversary of a particularly traumatic loss.
7. Person is psychotic.
8. Person has a history of drug and/or alcohol abuse.
9. Person has had recent physical and/or psychological trauma.
10. Person has a history of unsuccessful medical treatment.
11. Person is living alone and is cut off from contact with others.
12. Person is depressed, is recovering from depression, or has recently been hospitalized for depression.
13. Person is giving away prized possessions or putting personal affairs in order.
14. Person displays radical shifts in characteristic behaviors or moods, such as apathy, withdrawal, isolation, irritability, panic, or anxiety or changed social, sleeping, eating, school, or work habits.
15. Person is experiencing a pervasive feeling of hopelessness/helplessness.
16. Person is preoccupied and troubled by earlier episodes of experienced physical, emotional, or sexual abuse.
17. Person exhibits profound degree of one or more emotions – such as anger, aggression, loneliness, guilt, hostility, grief, or disappointment – that are uncharacteristic of the individual's normal emotional behavior.

Whenever a person manifests four or five of these risk factors, that should be an immediate signal to treat the person as a high risk in terms of suicide potential.

Gilliland, James (1997)

Table 14-2

A Sample Balanced Fitness Program
(45 Minutes a Day)

Monday, Wednesday, Friday:

- 10 minutes of warm-up activity and stretching.
- 25 minutes of aerobic exercise.
- 10 minutes of cool-down activity.

Tuesday, Thursday:

- 10 minutes of warm-up activity and stretching.
- 25 minutes of weight training.
- 10 minutes of cool-down activity.

Saturday or Sunday:

- Softball, walking, hiking, biking, or swimming.

Table H14-1

Anabolic Steroids: Side Effects and Adverse Reactions

Mind

- Extreme aggression with hostility ("steroid rage"); mood swings; anxiety; irritability; drowsiness; unpremeditated insomnia; psychotic depression; personality changes; suicidal thoughts

Face and Hair

- Swollen appearance; greasy skin; severe, scarring acne; mouth and tongue soreness; yellowing of whites of eyes (jaundice)
- in females, male-pattern hair loss and increased growth of face and body hair

Voice

- in females, irreversible deepening of voice

Chest

- in males, breathing difficulty; breathing stoppage; breast development
- in females, breast atrophy

Heart

- Heart disease; elevated or reduced heart rate; heart attack; stroke; hypertension; increased LDL; drastic reduction in HDL

Abdominal Organs

- Nausea; vomiting; bloody diarrhea; pain; edema; liver tumors (possibly cancerous); liver damage, disease, or rupture leading to fatal liver failure (peiosis hepatitis^a); kidney stones and damage; gallstones; frequent urination; possible rupture of aneurysm or hemorrhage

Blood

- Blood clots; high risk of blood poisoning; those who share needles risk contracting HIV (the AIDS virus) or other disease-causing organisms; septic shock (from injections)

Reproductive System

- in males, permanent shrinkage of testes; prostate enlargement with increased risk of cancer; sexual dysfunction; loss of fertility; excessive and painful erections
- in females, loss of menstruation and fertility; permanent enlargement of external genitalia; fetal damage, if pregnant

Muscles, Bones, and Connective Tissues

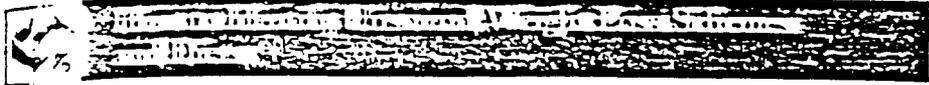
- increased susceptibility to injury with delayed recovery; rimes; cramps; tremors; seizurelike movements; injury at injection site
- in adolescents, failure to grow to normal height

Other

- Fatigue; increased risk of cancer

^aIn peiosis hepatitis, excess buildup of bile causes destruction of liver cells. Blood pools form, and liver failure causes death.

Sources: K. L. Ropp, No-win situation for athletes, *FDA Consumer*, December 1992, pp. 8-12; National Academy of Sports Medicine policy statement and position paper, Anabolic androgenic steroids, growth hormones, stimulants, ergogenics, and drug use in sports, in E. Goldman and R. Katz, *Death in the Locker Room II: Drugs and Sports* (Chicago: Elite Sports Medicine Publications, 1992), pp. 328-373.



1. They promise dramatic, rapid weight loss (i.e., substantially more than 1 percent of total body weight per week).
2. They promote diets that are nutritionally unbalanced or extremely low in calories. Diets should provide:
 - A reasonable number of calories (not fewer than 1200 calories per day).
 - Enough, but not too much, protein (between the RDA and twice the RDA).
 - Enough, but not too much fat (between 20 and 30 percent of daily energy intake from fat).
 - Enough carbohydrate to spare protein and prevent ketosis (about 100 grams).
 - A balanced assortment of vitamins and minerals from a variety of foods from each of the food groups.
3. They use liquid formulas rather than foods and provide too little energy.
4. They attempt to make clients dependent upon special foods or devices rather than teaching them how to make good choices from the conventional food supply.
5. They fail to encourage permanent, realistic lifestyle changes, including regular exercise and behavior modification.
6. They misrepresent salespeople as "counselors" supposedly qualified to give guidance in nutrition and/or general health. Even if adequately trained, such "counselors" would still be objectionable because of the obvious conflict of interest that exists when providers profit directly from products they recommend and sell.
7. They collect large sums of money at the start or require that clients sign contracts for expensive, long-term programs. Programs should be reasonably priced and on a pay-as-you-go basis.
8. They fail to inform clients of the risks associated with weight loss in general or the specific program being promoted. They provide no information about drop-out rates or long-term success of their clients.
9. They promote unproven or spurious weight-loss aids such as human chorionic gonadotrophin hormone (HCG), starch blockers, diuretics, sauna belts, body wraps, passive exercise, ear stapling, acupuncture, electric muscle-stimulating (EMS) devices, spirulina, amino acid supplements (e.g., arginine, ornithine), glucomannan, methylcellulose (a "bulking agent"), "unique" ingredients, and so forth.
10. They fail to provide for weight maintenance after the program ends.

Source: Adapted from *National Council Against Health Fraud Newsletter*, March/April 1987.
National Council Against Health Fraud, Inc.

Table H1-2

Ineffective Ergogenic Aids

- **Amino acids:** the building blocks of proteins found in many foods; packaged and promoted for athletes as ergogenic aids (see gymns).
- **Bee pollen:** a product consisting of bee saliva, plant nectar, and pollen that supposedly aids in weight loss and boosts athletic performance; it does neither and may cause an allergic reaction in individuals sensitive to it.
- **Boron:** a nonessential mineral that is promoted as a "natural" steroid replacement.
- **Brewer's yeast:** a preparation of yeast cells, containing a concentrated amount of B vitamins and some minerals; falsely promoted as an energy booster.
- **Carnitine:** a nonprotein amino acid made in the body from glutamine and methionine that helps transport fatty acids across the mitochondrial membrane. Carnitine supposedly "burns" fat and spares glycogen during endurance events, but in reality it does neither.
- **Cell salts:** a preparation of minerals supposedly harvested from living cells, sold as a health-promoting supplement.
- **Chaparral:** an herb that is promoted as an antioxidant and free-radical scavenger that supposedly slows aging, "cleanses" the blood, and treats skin problems; has been associated with acute, toxic hepatitis.
- **Chromium picolinate:** a trace element supplement; falsely promoted to increase lean body mass.
- **Coenzyme Q10:** a lipid found in cells (mitochondria) shown to improve exercise performance in heart disease patients, but not effective in improving performance of healthy athletes.
- **Comfrey:** a leafy plant that supposedly soothes nerves; has been associated with liver disease and at least one death.
- **Desiccated liver:** dehydrated liver powder that supposedly contains all the nutrients found in liver in concentrated form; possibly not dangerous, but it has no particular nutritional merit and is considerably more expensive than fresh liver.
- **DNA (deoxyribonucleic acid):** the genetic material of cells necessary in protein synthesis; falsely promoted as an energy booster.
- **Gelatin:** a soluble form of the protein collagen, used to thicken foods; sometimes falsely promoted as a strength enhancer.
- **Germanium:** a nonessential mineral that supposedly promotes health and neutralizes heavy metal toxicity; has been associated with irreversible kidney damage and death.
- **Ginseng:** a plant whose extract supposedly boosts energy; side effects of chronic use include nervousness, confusion, and depression.
- **Glucine:** a nonessential amino acid, promoted as an ergogenic aid because it is a precursor of the high-energy compound phosphocreatine. Other amino acids commonly packaged for athletes that are equally useless include tryptophan, ornithine, arginine, lysine, and the branched-chain amino acids leucine, isoleucine, and valine, which are present in large amounts in skeletal muscle tissue.
- **Growth hormone releasers:** herbs or pills that supposedly regulate hormones; falsely promoted for enhancing athletic performance.
- **Guarana:** a reddish berry found in Brazil's Amazon valley that is used as an ingredient in carbonated sodas and taken in powder or tablet form. Guarana is marketed as an ergogenic aid to enhance speed and endurance, an aphrodisiac, a "cardiac tonic," an "intestinal disinfectant," and a smart drug that supposedly improves memory and concentration and wards off senility. Because guarana contains seven times as much caffeine as its relative the coffee bean, there are con-

- cerns that high doses can stress the heart and cause panic attacks.
- Herbal steroids: curious mixtures of herbs, "adaptogens," and "aphrodisiacs" that supposedly enhance hormone activity. Products marketed as herbal steroids include astragalus, damiana, dong quai, fo ti, ginseng root, licorice root, palmetto berries, sarsaparilla, schizandra, unicorn root, yohimbe bark, and yucca.
 - Inosine: an organic chemical that is falsely said to "activate cells, produce energy, and facilitate exercise," but has been shown actually to reduce the endurance of runners.
 - Jin bu huan: a Chinese herbal product that supposedly relieves pain; has been associated with slowed heart rate, depressed central nervous system, and breathing difficulties.
 - Kelp: dehydrated seaweed used by the Japanese as a foodstuff.
 - Ma huang: an evergreen plant derivative that supposedly boosts energy and helps with weight control. Ma huang contains ephedrine, a cardiac stimulant, and has been associated with high blood pressure, rapid heart rate, nerve damage, muscle injury, psychosis, stroke, and memory loss.
 - Niacin: a B vitamin that when taken in excess rushes blood to the skin, producing vasculature and a red tint—physical attributes bodybuilders strive to attain prior to performance. These attributes do not enhance performance and excess niacin can cause headaches and nausea.
 - Octacosanol: an alcohol isolated from wheat germ; often falsely promoted to enhance athletic performance.
 - Oryzanol: a plant sterol that supposedly provides the same benefits as anabolic steroids without the adverse side effects; also known as *ferulic acid*, *ferulate*, or *FRAC*.
 - Pangamic acid: also called vitamin B₁₂ (but not a vitamin, nor even a specific compound—it can be anything with that label); falsely claimed to speed oxygen delivery.
 - Phosphate pills: a product demonstrated to increase the levels of a metabolically important phosphate compound (diphosphoglycerate) in red blood cells and the potential of the cells to deliver oxygen to the body's muscle cells; however, it does not extend endurance nor increase efficiency of aerobic metabolism and may cause calcium losses from the bones if taken in excess.
 - RNA (ribonucleic acid): the genetic material of cells necessary for protein synthesis; falsely promoted to enhance athletic performance.
 - Royal jelly: the substance produced by worker bees and fed to the queen bee; falsely promoted to increase strength and enhance performance.
 - Spirulina: a kind of alga ("blue-green manna") that supposedly contains large amounts of protein and vitamin B₁₂, suppresses appetite, and improves athletic performance; it does none of these things and is potentially toxic.
 - Succinate: a compound synthesized in the body and involved in the TCA cycle; falsely promoted as a metabolic enhancer.
 - Superoxide dismutase (SOD): an enzyme that protects cells from oxidation. When it is taken orally, the body digests and inactivates this protein; it is useless to athletes.
 - Wheat germ oil: the oil from the wheat kernel; often falsely promoted as an energy aid.
 - Yohimbe: tree bark that supposedly enhances "male performance"; has been associated with kidney failure, seizures, and death.

CRITICAL INCIDENT STRESS REACTIONS

From the moment the "Critical Incident" has been cleared up to a period of about 14-30 days after the incident, it is normal to experience various reactions. They may include:

PHYSICAL REACTIONS:

FATIGUE
INSOMNIA
UNDERACTIVITY
EXHAUSTION
HEALTH REACTIONS (i.e. Appetite loss, Headache, Digestive Problems)

NIGHTMARES
HYPERMOMNIA
HYPERACTIVITY
STARTLE REACTIONS

COGNITIVE REACTIONS:

DIFFICULTY WITH CONCENTRATION
DIFFICULTY MAKING DECISIONS
DIFFICULTY PROBLEM SOLVING
INABILITY TO ATTACH IMPORTANCE TO ANYTHING OTHER THAN THE

INCIDENT

MEMORY DISTURBANCES
ISOLATION
FLASHBACKS

EMOTIONAL REACTIONS:

FEAR
EMOTIONAL NUMBING
ANGER
HELPLESSNESS

ANXIETY
GUILT
DEPRESSION
AMNESIA (PARTIAL)

Remember, these are all NORMAL reactions, although painful, these feelings are part of the healing process.

THINGS YOU CAN DO:

1. Alternate strenuous exercise and relaxation for the first 24 to 48 hours.
2. Keep busy.
3. Normal reactions are normal, YOU ARE NOT GOING CRAZY.
4. Talk to people, this is the best medicine.
5. Avoid drugs and alcohol.
6. Ask for help and support from other people, especially those who've "been there".
7. Be with people, go out with family & friends.
8. Share your thoughts and feelings with someone you can trust.
9. Give yourself permission to feel rotten.
10. Keep a journal, write during periods of sleeplessness.
11. Realize that others have felt the same as you do now.
12. Eat well, well balanced meals & fruits and vegetables for snacks.
13. Don't make any big life changes or decisions.
14. Make a lot of decisions about daily activities. This returns some sense of control over your life to you.

THE SEVEN STAGES OF CRITICAL INCIDENT STRESS DEBRIEFING

1. Introduction - ground rules are explained and group members are encouraged to participate.
2. Fact - group members briefly describe, from their own point of view, what they experienced during the critical incident.
3. Thought - helps group members focus on their own thoughts during the incident.
4. Reaction - this is the most important part of the process; members discuss the parts of the incident that they found to be the hardest to cope with.
5. Symptoms - group members describe their own cognitive, physical, emotional, and behavioral signs and symptoms of stress.
6. Teaching - CISM team members teach the group helpful stress reduction strategies along with common sense information on how to deal with stress.
7. Re-entry - group members are offered the opportunity to ask any questions or make any final comments. CISM team members then close the debriefing with final statements and the group is released.



Sheriff Don Hunter

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File
196
10/24

POLICY STATEMENT

TO: All CDSO Members
FROM: Don Hunter, Sheriff
DATE: October 24, 1995
RE: CRITICAL INCIDENT STRESS DEBRIEFING POLICY

PURPOSE:

The purpose of this directive is to establish a policy which prescribes the conditions under which a critical incident stress debriefing is required for agency members, and to outline responsibilities and areas of concern after a critical incident has occurred.

A mandatory stress debriefing will be required when an agency member has been exposed to one or more of the following traumatic incidents:

- a. Death of a co-worker in the line of duty
- b. Co-worker suicide or death by natural causes
- c. Death of an agency member's spouse or child (for deputy(s) responding to the scene)
- d. Death of a child
- e. Shooting of a subject
- f. Suicide of subject in custody, e.g., hangings in the jail
- g. Potential life threatening experiences, e.g., bites from subjects or jail inmates
- h. Mass casualty, e.g., natural disease, such as hurricane or fire or escape of hazardous materials involving large numbers of persons
- i. Large media coverage events, e.g., labor dispute confrontations, riots or grisly horrific crimes

- j. Other traumatic incidents deemed by command to be a potentially high stressor for agency numbers.

As the effects of a critical incident on a sworn or civilian deputy cannot be predicted with great accuracy, and as stress can have a cumulative effect, it shall be mandatory for the agency member to report when directed for the debriefing process.

SUPERVISORS'S RESPONSIBILITY:

Upon notification of a critical incident, the deputy's supervisor shall notify the agency's Crisis Team Leader of the incident. All information regarding the incident will be provided to the team leader and any actions previously taken by the supervisor shall be revealed to the team leader.

It shall also be the responsibility of the highest ranking supervisor at an incident, or the deputy's immediate supervisor to notify the Sheriff or his designee of the incident and provide all known details of the incident.

COMMAND RESPONSIBILITY:

When Command is informed of an incident, notification shall be made to the Crisis Response Team Leader whenever a major traumatic event occurs to a deputy or close family member of the deputy i.e., serious injury, terminal illness, or death.

CRISIS TEAM LEADER:

Upon notification of a critical incident the agency's Crisis Team Leader shall assume the responsibility of assembling a team to debrief, and/or provide counseling to any agency member affected by the traumatic incident.

The Crisis Team Leader shall be a senior staff agency member who is trained and experienced in responding and managing rapidly and efficiently any traumatic incident.

When possible the team leader shall select members of the response team who have experienced similar traumatic incidents, if available, as well as newer team members who would profit from the experience of serving with more seasoned crisis intervenors.

CRISIS TEAM MEMBERS:

Specific members of the agency shall be designated on a duty roster as Crisis Team and shall respond to the scene for the benefit of any involved agency member. This service exists solely for the benefit of Collier County Sheriff's Office members and not for the public at large.

Crisis Team Members who respond to a scene shall be capable of providing debriefings to single victim incidents or debriefing involving large numbers of agency members.

All efforts to provide for the emotional well-being of the involved agency member shall be made without jeopardizing a crime scene or investigation.

The responsibility of balancing the urgency of the concerned member's immediate needs with investigative requirements rests jointly with the most senior command deputy at the scene and the Crisis Team Leader.

PUBLIC INFORMATION:

The agency's Public Information Officer shall work in unison with one member of the crisis management team who shall be designated by the team leader to provide all formal news media contacts. This team member should be able, with the assistance of the PIO, to provide accredited media representatives with the following kinds of information:

- a. facts consistent with the law, agency policy, and the best interest of any on-going investigation.
- b. facts consistent with the concerns about victims and survivors and how the media may assist.
- c. around-the-clock availability to answer questions and provide a single source liaison between the media and the crisis team leader.

INITIAL ASSIGNMENTS:

The agency's procedural manual and regulations shall provide specific information on assignments for the team leader, team members and the agency's psychologist for the various kinds of critical incidents likely to occur.

REASSIGNMENT OF AGENCY MEMBERS AFFECTED BY A TRAUMATIC INCIDENT:

The Sheriff or his designee may temporarily reassign a Deputy to administrative duties or other prescribed duties based upon an assessment of the given situation, at the request of the affected Deputy, at the request of the crisis team leader or upon advice of the agency's psychologist. The reassignment of a Deputy may be done both for job-related incidents of a severe nature or for tragedies of a personal nature. During this period, critical incident team members, and/or the agency's psychologist shall provide on-going assistance to the Deputy for stress-induced problems.

HOSPITALIZATION OF A DEPUTY:

If a Deputy requires hospitalization, the Crisis Team leader shall coordinate with hospital staff to provide an environment conducive to the Deputy's recovery.

INFORMATION UPDATING:

The Crisis Team leader shall be advised of significant changes in a case investigation prior to notification of the Deputy; i.e. death of an injured subject, or identification of the shooting Deputy when multiple shooters were involved.

FAMILY SUPPORT:

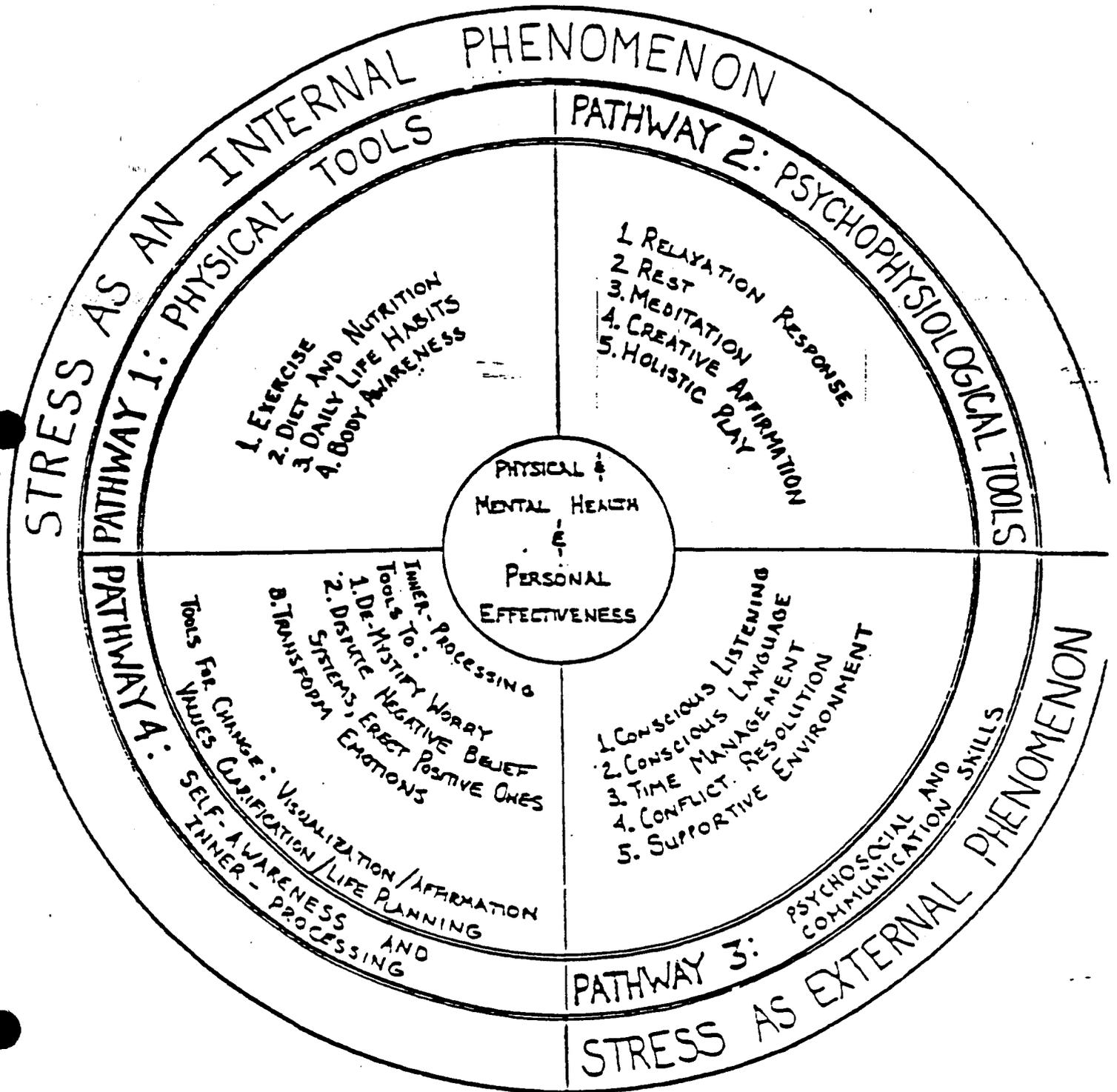
The crisis team psychologist and/or the team leader shall be available to the Deputy, or when needed to the Deputy's immediate family following a initial contact.

MEETINGS AND REPORTS:

The agency's procedural manual and regulations will specify when the crisis management team shall meet and train with respect to the different types of crises likely to be encountered. The kinds of formal and informal reports provided to Command shall also be specified in detail in the procedural manual. The Training Unit is to be advised of all team training and its location and will be responsible for placing certificates of training in each team members training file.

DR:jab
cc: File

THE FOUR PATHWAYS OF STRESS MANAGEMENT



YOUR PERSONAL STRESS REDUCTION PROGRAM

How Vulnerable Are You To Stress?

The following test was developed by Psychologists Lyle H. Miller and Almeda Dell Smith at Boston University Medical Center. Score each item from 1 (almost always) to 5 (never), according to how much of the time each statement applies to you.

- ___ 1. I eat at least one hot, balanced meal per day.
- ___ 2. I get seven to eight hours sleep at least four nights per week.
- ___ 3. I give and receive affection regularly.
- ___ 4. I have at least one relative within 50 miles on whom I can rely.
- ___ 5. I exercise to the point of perspiration at least twice a week.
- ___ 6. I smoke less than half a pack of cigarettes a day.
- ___ 7. I take fewer than five alcoholic drinks a week.
- ___ 8. I am the appropriate weight for my height.
- ___ 9. I have an income adequate to meet basic expenses.
- ___ 10. I get strength from my religious beliefs.
- ___ 11. I regularly attend club or social activities.
- ___ 12. I have a network of friends and acquaintances.
- ___ 13. I have one or more friends to confide in about personal matters.
- ___ 14. I am in good health (including eyesight, hearing, teeth).
- ___ 15. I am able to speak openly about my feelings when angry or worried.
- ___ 16. I have regular conversations with the people I live with about domestic problems, e.g., chores, money and daily living issues.
- ___ 17. I do something for fun at least once a week.
- ___ 18. I am able to organize my time effectively.
- ___ 19. I drink fewer than three cups of coffee (or tea or cola) a day.
- ___ 20. I take quiet time for myself during the day.

___ TOTAL

Add the figures and subtract 20. A score over 30 indicates a vulnerability to stress, 50-75, seriously vulnerable, over 75, extremely vulnerable.

HOW TO LIVE WITH STRESS

Start with a healthy body.

Use time management principles.

Set priorities, know your goals.

Develop a hobby or leisure activity.

Build a support system.

Practice worry control

Ask: "What's the worst thing that can happen?"

Avoid stress-producing situations: minimize hassles.

Gain control over your life.

Lower your expectations of yourself.

Remember that not everyone has to like you.

Learn how to say, "No".

Exercise!

Learn to laugh.

Practice relaxation techniques.

If you can't change the situation, change your attitude.

TESTED WAYS TO RELAX

The following techniques have been culled from the advice of many experts. The methods have all been successful in reducing tension; however, since the causes of your tension are strictly personal, some of the methods will work for you and some won't. Test them and keep testing until you develop your own sure-fire system of coping with tension.

- Don't let things drift. If there are undercurrents of unhappiness or tension in your life, do something about it. Tension is a signal and requires action.

- Find out what you are afraid of. Sometimes fear itself is what is fearful. Have a talk with yourself. Confront your fears and admit them. Once you identify what's bothering you, you can do something about it.

- Don't blame others. Blaming others is almost a reflex when something goes wrong. You have to be able to identify the problem when it appears in order to control it more effectively. To get some perspective or objectivity is difficult; in fact, it is a lifetime project. But you must begin to take responsibility for yourself.

- Live your life to be comfortable. It is easy to achieve brief happiness by avoiding troubles and situations that might cause discomfort or by cutting off relationships which are difficult and perhaps, painful. But, trying to sidestep tension is never a long-term solution. You have to deal with it. You must be willing to risk discomfort and unhappiness to achieve your goal of emotional satisfaction, of which happiness is a natural by-product.

- Do something for others. The person who does not give is inevitably unfulfilled. If you are helping others and concentrating on their problems, it is hard to worry about your own.

- Arrange for privacy. Everyone should have some place where he or she can be alone. You need to be able to get away, relax, and think without interruption - without other people making demands upon your attention.

- Make a decision. It is better to make the wrong decision than to avoid making a decision at all. You have to decide NOW whether it will be A or B. You can likely think of good reasons on both sides. But if you wait for 100% assurance, you'll wait forever. So make up your mind. An error can be corrected, but indecision allows tension to linger until you are worn out.

- Even when you're right, give in. You may be right, but proving it may not be worth it. You can win the battle, but lose the war; and no one like someone who is right all the time.

- List your goals. Sit down for 30 minutes. Think about your goals, and then list your lifetime goals in order of priority. List your yearly goals, your weekly goals, and tomorrow's goals -- all in order of importance. This procedure should give you a good idea of what you are really seeking. Always go after the most important things first. If you never get to the less

portant goals, so what!

- Don't be afraid of failure. Try your best. Bypass obstacles when you can by taking an alternative. But tell yourself that everyone - everyone - fails sometime, and it is better to have tried and failed than not to have tried at all.
- Write down your gripes. Write down all the things that have made you angry at work in the past six months. Once you have completed the list, look for a pattern. If you find a pattern, think about how you can change it.
- Respect yourself. It is better to have a high opinion of yourself and be accused of being egotistical, than to have a low opinion of yourself and find that others accept your own evaluation. If you believe that you are really unworthy of success or acceptance, you are on the road to depression and tension.
- Don't wait for the sword to fall. If you are anxious about something and can't talk yourself out of the anxiety, try to advance the event that is making you tense, so that the anticipated occasion comes and goes. Note that you survived the event and remember that the next time you begin to worry about future occurrences.
- Change your environment. If you find tension building up without relief it may be time to change your environment for a while. Go out to a new site or travel, or just change the office or room in your own house. If you are to perceive things differently, in order to break the cycle, change your surroundings.
- Relax as soon as you are fatigued. If you wait until you are completely exhausted, you will be tense, and it will be more difficult for you to recuperate. For most people, the best times to take a relaxation break are just before lunch, in the evening before dinner, and when going to bed.
- Talk to a friend. Even if your friend can't give you expert advice talking to someone - the very act of getting the concerns off your chest can help you. If you do not want to reveal your problem to a friend, then talk into a tape recorder or write your problem down. This process will help you put things into focus.

Symptoms of Stress

Important to learn to recognize your own signs of stress. If you are experiencing some or any of the symptoms below, you should heed the warnings that your body may be giving you. Of course, stress is only one of the possible causes of these symptoms.

- _____ Nervous tic
- _____ Muscular aches (especially the neck, shoulders, back, or legs)
- _____ Increased appetite or loss of appetite (or overeating or not eating)
- _____ Increased smoking or chain-smoking
- _____ Inability to sleep or nightmares
- _____ Increased sweating
- _____ Stuttering
- _____ Nausea or stomach pain
- _____ Grinding teeth
- _____ Headache, dizziness
- _____ Low-grade infections
- _____ Rash or acne (especially on face or back)
- _____ Desire to cry or crying
- _____ Constipation or diarrhea
- _____ Frigidity or impotence
- _____ Loss of sex drive
- _____ High blood pressure
- _____ Dry mouth or throat
- _____ Irritability or bad temper
- _____ Lethargy or inability to work
- _____ Cold, clammy, or clenched hands
- _____ Sudden bursts of energy
- _____ Finger-tapping, foot-tapping, pencil tapping
- _____ Depression
- _____ Fear, panic, or anxiety
- _____ Hives
- _____ Coughing
- _____ Excessive snacking
- _____ Nagging
- _____ Fatigue
- _____ Pacing
- _____ Frowning, wrinkling forehead
- _____ Restlessness
- _____ Unnecessary hand-waving, making wild gestures

Other Symptoms:

SPOUSE/FAMILY ACADEMY
PROGRAM EVALUATION

Your feedback can ensure that future Spouse/Family Academies will meet the needs of all family members of the Collier County Sheriff's Office. Please complete this evaluation in full and leave it on your table. Additional comments related to your assessments are appreciated.

THE CONTENT OF THE ACADEMY:

	strongly agree			strongly disagree			
Provided information and concepts useful to me as a CCSO spouse/family member.....	1	2	3	4	5	6	7
Provided skills needed to reduce stress in my life and in the life of my family.....	1	2	3	4	5	6	7

THE SPEAKER (S):

Allowed opportunity for participant input....	1	2	3	4	5	6	7
Appeared knowledgeable and well-prepared....	1	2	3	4	5	6	7
Demonstrated good presentation skills.....	1	2	3	4	5	6	7

THE OVERALL PROGRAM:

Met the stated objectives.....	Yes___	No___
Provided sufficient time for questions.....	Yes___	No___
Had convenient physical arrangements.....	Yes___	No___
Had appropriate hand-outs to enhance learning	Yes___	No___

ADDITIONAL INFORMATION:

What in the academy did you find most helpful? _____

What did you find least helpful? _____

What topics presented during the academy could be expanded to better meet your needs, if any? _____

Suggestions for future academies, and names of possible presenters

**LAW ENFORCEMENT FAMILY SUPPORT
PROGRAM ASSESSMENT STRATEGY**

Name: _____

Hilson Spouse/Mate Inventory (HSMI™)

Instructions: This questionnaire is to be completed by the spouse/mates of public safety officers/personnel. Please answer the following questions by marking the answer sheet with the appropriate "true" or "false" response for each item. Do not spend a lot of time on any one question, but answer quickly with the response that fits you best.

1. My spouse/mate does not like to talk to me about his/her job.
2. Even though they are locked up, the idea of having weapons in our home really bothers me.
3. I am in as good physical shape as I have ever been.
4. My relationship with my spouse/mate has never been better than it is right now.
5. I have had disagreements with my spouse/mate about the use of force necessary for doing police work.
6. I am much more shaky or jumpy now than I was a few years ago.
7. I am at least 15 pounds overweight.
8. My spouse/mate is so busy that I often do not tell him/her about my own problems.
9. I have felt sad or "blue" much more this year than last year.
10. In the past year, I have been bothered by indigestion and/or stomachaches.
11. There are times when I cannot sleep because I am so worried about my spouse/mate's safety.
12. This year I have had trouble finding the energy to do my work.
13. My doctor has told me that I have high blood pressure.
14. I have had arguments with my spouse/mate about why he/she refuses to talk about what is going on at work.
15. My spouse/mate often lets his/her work affect our personal life.
16. I have had more colds or infections than usual in the past year.
17. My spouse/mate has been injured more than once on his/her job.
18. Bad dreams have been bothering me lately.
19. Within the past year, I have had frequent headaches.
20. I engage in strenuous exercise at least three times a week.
21. I do not like the idea of my spouse/mate having a partner at work who is of the opposite sex.
22. I have had thoughts about suicide within the past two years.
23. I think my relationship with my spouse/mate would be a lot better if he/she were not in the law enforcement field.

24. My spouse/mate is very comfortable talking to me about his/her problems at work.
25. If I had known how it would be, I would never have become involved with someone in the law enforcement field.
26. I smoke at least a half of a pack of cigarettes a day.
27. I have been hurt when my spouse/mate seems to ignore me and talks to other people about his/her problems.
28. I am often so worried about the dangers of law enforcement that I have bad dreams about something happening to my spouse/mate.
29. I have had diarrhea more than once every six weeks.
30. I worry about my spouse/mate finding someone who will be closer to him/her than I am.
31. I would advise my children not to become involved with someone in the law enforcement field.
32. I have taken Valium or other tranquilizers in the past two years.
33. It really bothers me that my spouse/mate avoids talking to me about his/her job.
34. I have argued against my spouse/mate taking a job in law enforcement.
35. I often feel tired for no reason lately.
36. At times, I have thought about separating from my spouse/mate.
37. My spouse/mate has a habit of taking out his/her job-related frustrations on family members.
38. I have a close friend to whom I can tell just about anything.
39. My spouse/mate is the best friend I have in the world.
40. I have had nightmares about incidents on my spouse/mate's job.
41. I suffer from back or neck pain.
42. My spouse/mate and I often do not make enough time to talk with each other about our problems.
43. My spouse/mate has needed medical attention because he/she was hurt on the job.
44. My children would be better off if my spouse/mate were not involved in law enforcement.
45. I have thought a lot about killing myself.
46. More than once, I have become upset when my spouse/mate refuses to tell me what is wrong.
47. I often feel dizzy, have a rapid heartbeat, or very shaky feelings.
48. I worry about my spouse/mate having an affair with someone at work.
49. During the past year, I have seriously considered separating from my spouse/mate.
50. My spouse/mate and I are as close now as we have ever been.

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