



“Transforming Adversity into Strength and Resilience”

July 23-25, 2021

**Beaver Hollow Conference Center
1083 Pit Road
Java, N.Y. 14082**

Vision: All law enforcement and emergency response personnel are empowered with courage and resource availability to avail themselves and their families of professional services, without stigma, in their efforts to reduce stress, personal crisis, and emotional turmoil resulting in more resilient and productive public safety officers.



www.Beaverhollowconferencecenter.com

Introduction

Critical incidents are situations that can potentially overwhelm a person's sense of vulnerability and control. Such situations can get "frozen" in the brain. Reminders can bring up negative images and accompanying unpleasant emotions. Such reactions are normal reactions to intense situations, but can remain "stuck". This workshop utilizing peer support and research-based methods aims to transform these memories so they become something that is over, in the past, and no longer haunting you in the present. Moreover, the goal of this workshop is to transform these critical incidents into strength and resilience. Moments of fear trigger our survival response, enabling mental and physical mobilization that enables a person to respond with strength. These moments of strength, the "Survival Resource", can be harnessed and utilized to enhance a one's capability to respond to present and future stressful incidents. Hence, fear and moments of adversity can transform into strength and resilience.

Retreat Description:

The Overall Goal of this retreat: Transforming the trauma of a critical incident into strength and resilience. This is accomplished through learning about trauma, utilizing and offering peer support, and state-of-the-art strategies to process distressing events. Despite the best support immediately following a critical incident, there can be long lasting effects. Going through a critical incident is like crossing a fence, with no opportunity to jump back. A critical incident can rupture an officer's basic worldview. You are vulnerable and have to emotionally come to grips with a reality that the uninitiated cannot understand. The job, the street, and one's weapon are perceived differently. The PCIS will provide education on trauma, patterns of resolution, and field-tested coping strategies to promote recovery and resilience.

This is an experiential workshop for officers who have "been there" to understand and deal with the personal impact of their event, learn how to provide support to officers who will experience critical incident trauma in the future.

The objectives of the PCIS are to:

- (1) provide a safe atmosphere to explore the impact of a critical incident on one's personal and professional life,
- (2) provide normalization for reactions experienced during and after a critical incident,
- (3) learn about trauma and coping,
- (4) build a support network of fellow officers involved in a critical incident,
- (5) facilitate the processing of traumatic memories, and
- (6) provide initial assessment, follow-up assessment, and referral for follow-up care

PEER SUPPORT is an important element of the PCIS. Discussion of incidents with fellow officers who have "been there" promotes normalization and recovery, and provides experience to better support fellow officers involved in critical incidents. This format has been in use by the FBI since 1985.

What is a critical incident? A Critical Incident is any event that results in an overwhelming sense of vulnerability and/or loss of control. These include line of duty shootings, getting shot or seriously hurt on the job, high speed pursuits that end in tragedy, events that bring prolonged and critical media attention, personal tragedies and the like.

What will I get out of this? An opportunity to share one's experience with one's peers, give and receive support, sessions with law enforcement related mental health professionals utilizing proven trauma recovery methods, and learn coping strategies that will enable recovery from past critical incidents and strengthen one's ability to deal with future incidents.

Who is this for? Law enforcement Officers, Correctional Officers, Fire Personnel, Paramedics EMS/EMT, Probation/Parole, Dispatchers, Military Personnel, Healthcare professionals, (nurses, doctors, PA, LPN, Healthcare aides), Airline Personnel.

Family Matters: We first and foremost believe that the health and well-being of the first responder is as important as the health and well-being of their family. Therefore, each participant is encouraged to bring their loved one to participate in the Family Component of this program.

What are officers saying:

"Common themes overall expressed were that participants gained knowledge and understanding of their feelings and reactions, they felt supported, the PCIS met or exceeded their expectations, and that they would recommend it to a colleague.

Other officers comments were:

"One officer expressed a Sense of relief in hearing others sharing similar anxieties and learning their "cures" for their troubles."

"Another Officer described The ability to begin the healing process and overcome my incident".

"It was Encouraging for an officer that knowing that there are others in similar situations with similar feelings".

"It demonstrated for me that Learning that talking it out with someone is better than bottling whatever is wrong with you and keeping it to yourself".

"I got to share my story with officers in similar situations, which in turn normalized my situation".

"I gained a sense of normalcy. I have been thinking that there's something wrong with me because I can't deal with my issues".

"I had no expectations coming in, but everyone at some point and time needs this".

Overall Description and History

Post Critical Incident Seminar (PCIS)

"In order to better meet the needs of LEOs, a modified version of CISD was developed. Originally used with the Federal Bureau of Investigation, the PCIS model has been adapted and customized into a three-day peer support program. It is intended for LEOs who are farther along in the recovery process after a traumatic event than CISD; LEO participants in the PCIS are on average six months to two years post incident (Lamphear, 2012). Although there are exceptions, LEOs who participate in the PCIS are primarily those who are experiencing distress during the aforementioned timeline, and not necessarily all LEOs who have endured a traumatic incident, as is the case with debriefing and CISD. The three-day format of the PCIS was developed to allow for more in-depth processing of the traumatic event and the meaning it holds for the LEO. After a lot of time has passed, more time is then needed to reflect on the incident, understand its significance, and integrate the experience (Solomon et al., 2008).

This three-day peer support PCIS was first used by the South Carolina Law Enforcement Assistance Program (SCLEAP) with LEOs from across the state of South Carolina. After several years in South Carolina, law enforcement assistance programs from the surrounding states learned of the work being done in the PCIS and requested one of their own".

"Currently, the law enforcement assistance programs in South Carolina, North Carolina, Georgia, Texas and Virginia all offer their LEOs a PCIS at least once a year.

The objectives of the PCIS are to: (1) provide a safe atmosphere to explore the impact of a critical incident on one's personal and professional life, (2) provide normalization for reactions experienced during and after a critical incident, (3) learn about trauma and coping, (4) build a support network of fellow officers involved in a critical incident, (5) facilitate the processing of traumatic memories, and (6) provide initial assessment, follow-up assessment, and referral for follow-up care (Solomon et al., 2008). This sixth objective is another major difference between CISD and PCIS. CISD does not provide assessment and referrals, which, as stated by van Emmerik (2002) and Seely (2007) may be important

components that help lead to better results for LEOs. To achieve these objectives, the PCIS begins with peer LEOs who have previously participated in a PCIS and have come back to support the current LEO participants. These peer LEOs stand in front of the large group and tell their “story,” their description of the traumatic event they experienced, how it affected them at the time, how it affects them now, and how coming to the PCIS helped them. This is implemented into the program to help ease the anxiety of the participants, 33 some of who may have been compelled to attend by their superiors (Solomon et al., 2008)”.

“The LEO participants are then given the opportunity to describe the experience of their traumatic incident, to the extent that they are comfortable sharing. Discussing one’s experience of a traumatic or critical incident with others who have been in similar positions serves to validate and normalize reactions and support healing (Lamphear, 2012; Solomon et al., 2008). The first day of the seminar is devoted solely to this sharing of experiences and is aimed at ensuring normalization, safety, and stabilization as participants get to share their personal experience and listen to others’. Over the next two days, the participants are broken down into smaller groups to allow for more intimate sharing, processing, discussion, and support. The PCIS staff divides the participants into smaller groups based on the type of incident experienced (i.e. officer involved shooting, line of duty death, fatal car accident, etc.). Psychoeducation about trauma, trauma responses, coping, grief, the widespread effects of trauma, and EMDR therapy is also provided in a group format. One-on-one sessions with psychologists are also available, as is individual EMDR therapy. LEOs’ spouses are invited to attend the PCIS, to serve as a support, and also learn more 34 about their respective LEO’s experiences, struggle, and healing process”.

Eye Movement Desensitization and Reprocessing (EMDR)

“EMDR is included in the PCIS model and is a valued facet. EMDR is a psychotherapeutic approach that is intended to integrate the trauma memory network alongside more positive memories. According to EMDR’s Adaptive Information Processing model, thoroughly processing a disturbing memory changes the way that the experience is stored in memory, so that distress is no longer triggered by similar events (Shapiro, 2001). After integration, the individual can then recall the traumatic event from a more objective and broad stance, resulting in adaptive resolution of the trauma memory and its corresponding symptoms (Shapiro, 2001). Supporters point to evidence of improvements in emotional distress, physiological arousal, and cognitive reframing of memories associated with the trauma as evidence for the effectiveness of the approach and for their theoretical understanding of its process (Shapiro, 2001).

As with Critical Incident debriefing, there is controversy surrounding EMDR, not concerning its effectiveness, but rather, the theoretical explanation of how it works has yet to be empirically proven (Lamphear, 35 2012). Becker et al. (2009) reviewed research stating that the mechanism of change action utilized in EMDR, the eye movements, is questionable and the focus of substantial controversy. Critics describe the eye movements as a form of mesmerism (McNally, 1999) and pseudoscience (Herbert et” “al., 2000) and argue that it is the cognitive behavioral components of

EMDR that are responsible for positive treatment effects (McNally, 1999) instead of the eye movements. On the other hand, instead of questioning the eye movements, other critics question the necessity of the cognitive component of EMDR, stating that at its core, EMDR consists of an imaginal exposure treatment (Rubin, 2003). Moreover, there is research to support that EMDR differs fundamentally from exposure therapies (Lee & Drummond, 2008; Lee, 2008; Rogers & Silver, 2002) and that it is more accurate to classify EMDR as an information processing therapy rather than an exposure therapy, which is based on emotional processing (Lee & Drummond, 2008; Lee, 2008; Rogers & Silver, 2002)".

"It is clear that there is debate over what makes EMDR effective, but there is ample evidence to support its effectiveness in the treatment of PTSD symptoms (Capezzani et al., 2013; Carlson, Chemtob, Rusnak, Hedlund, & Muraoka, 36 1998; Hogberg et al., 2007; Lee, Gavriel, Drummond, Richards, & Greenwald, 2002; Marcus, Marquis, & Sakai, 1997; Power et al., 2002; Rothbaum, Astin, Marsteller, 2005). For example, Jarero, Artigas, and Luber (2011) investigated the effects of a crisis management debriefing program and the EMDR Protocol for Recent Critical Incidents (EMDR-PRECI) on the posttraumatic stress symptoms of individuals involved in a massive earthquake. Their results showed significant improvement on posttraumatic stress symptoms as measured by the IES-R for both an immediate and waitlisted/control group. Especially relevant to the present study, Jarero and Uribe (2011) examined the effect of EMDR Protocol for Recent Critical Incidents (EMDR-PRECI) on the posttraumatic stress symptoms of individuals involved in a human massacre situation. Results demonstrated that posttraumatic stress symptoms as measured by the IES-R and the Short PTSD Rating Interview (SPRINT) decreased over time".

"Furthermore, Solomon and Kaufman (2002) examined 60 railroad employees involved in traumatic incidents on the job and who participated in a PCIS. Participants were given the Impact of Events Scale (IES) at the beginning of the PCIS, then those 60 participants who scored over 40 on the IES were asked to take the IES again 2 and 10 months post³⁷ seminar (Solomon & Kaufman, 2002). The researchers examined two groups within these 60 participants, seminar with EMDR, and seminar without EMDR. The researchers stated that the average EMDR session lasted 10-15 minutes within the PCIS structure, as opposed to the 60-90 minutes recommended in the standard EMDR protocol. Through post-hoc comparisons, the results showed that there were no significant differences between mean IES scores between these two groups, but IES scores were significantly lower for the seminar with EMDR group than the seminar without EMDR group, and that scores for both groups were significantly lower at the 2-month follow-up".

"The seminar with EMDR group was again lower than the seminar without EMDR group at the 10-month follow-up, indicating that the results were sustained from 2 months to 10 months and that EMDR's effects remained stable over time (Solomon & Kaufmann, 2002). Later research by Solomon et al. (2008) hypothesized that in this 2002 study, utilizing EMDR within the PCIS structure led to more rapid results because the components of the PCIS encouraged positive processing of participants' traumatic experiences, helping to prepare them for a deeper level of processing in their EMDR session. This preparation before entering EMDR led to the stimulation of memory". (Sparn, Rachel Marie; A PROGRAM EVALUATION OF THE POST CRITICAL INCIDENT SEMINARA DISSERTATION SUBMITTED TO THE FACULTY OF

About Our Speakers



Dr. Roger Solomon

Roger Solomon, formerly police psychologist with the Colorado Springs Police Department and Washington State Patrol, currently is Clinical Director of the South Carolina PCIS and Police Psychologist with South Carolina Department of Public Safety. He is also consultant with the trauma programs of the US Senate and NASA. Post Critical Incident Stress Seminar – PCIS PCIS is a three day program which originated with the FBI in 1985. This multiday program is for officers who have been involved in critical incidents. Quite often an officer is provided support in the initial days or weeks following a critical incident. However, in the weeks and months following the critical incident, an officer may still be experiencing the emotional impact of the incident. The street, the gun, and indeed one's life may feel different. There has been a lack of follow-up programs for officers involved in critical incidents. This program meets that need, and provides a safe, confidential atmosphere where officers can talk with fellow officers who have "been there." The first day, the program is introduced and an agreement is made that what is said in the seminar stays in the seminar. Most of the day is spent with participants explaining the incident(s) they were involved in. However, it is certainly okay if someone prefers to just listen and not talk. The second day education on critical incident trauma is presented and participants break into smaller groups for further discussion. Eye Movement Desensitization and Reprocessing (EMDR), a therapeutic method for resolving traumatic memories and reducing distressing images, is offered on a voluntary basis. The third day, education on coping is presented as well as further group discussions. A Family oriented Program is also incorporated in this 3-day training to assist officer family members with education and coping strategies as well. Follow-up studies on this seminar have shown that it is very helpful in reducing traumatic reactions, and appreciated by officers. It is important to note that any officer who still has an active case regarding their incident, will be instructed not to disclose details regarding their case but can participate in the educational component of the program. Solomon is now providing PCIS for Military Personnel returning from deployment for both officer and civilians alike. For more information you may contact Dr. Solomon at: Roger Solomon Phone: (716) 565-1857 EMAIL: ROGERSOLOMON@aol.com



Dr. John Violanti

Dr. Violanti is a Research Professor in the Department of Epidemiology and Environmental Health, School of Public Health and Health Professions, University at Buffalo and a member of the University at Buffalo graduate faculty. He was formerly a full professor at the Rochester Institute of Technology Department of Criminal Justice. He is a police veteran, serving with the New York State Police for 23 years as a trooper, criminal investigator, and later as a coordinator of the Psychological Assistance Program (EAP) for the State Police. Dr. Violanti has been involved in the design, implementation, and analysis of police stress and health studies during his entire career. Recent projects include a longitudinal study on psychological stress and cardiovascular disease in police officers and the impact of shift work on police health outcomes funded by the National Institute of Occupational Safety and Health. Dr. Violanti has authored over 50 peer-reviewed articles on police stress and PTSD, police mortality, suicide, and cardiovascular health. He has also written and edited seventeen books on topics of police stress, psychological trauma, and suicide. He has lectured nationally and internationally at academic institutions and police agencies on matters of suicide, stress and trauma at work. Violanti routinely teaches and certifies first-responders on the QPR Technique for assessing first-responders level of lethality.



Chris Prochut

Chris Prochut (pro-hut) is a mental health awareness advocate and law enforcement suicide prevention trainer. Over the past six years, Chris has had the pleasure to present to over 6,000 law enforcement officers across the United States and Canada on the topics of suicide and depression warning signs, medication myths, department policy revision, and told of his personal experience with the stigma of mental health issues. In addition to training with the LEDR Team, Chris has also presented at numerous Crisis Intervention Team Trainings (CIT) where he addresses the subject of "Taking care of our own" and has been featured at various specialized law enforcement conferences advising departments on program development to assist officers at risk for suicide. Feedback from these trainings shows just how well received Chris's message is, how the topics of suicide and mental illness are rarely discussed within law enforcement, and how education and training are causing a paradigm shift within police departments. Chris is a member of the Wisconsin Law Enforcement Death Response (LEDR) Team, a former trainer in QPR (Question, Persuade, and Refer) suicide prevention program, a FBI National Academy (FBINA) Enrichment Speaker, a FBI National Academy Associates (FBINAA) Officer Safety and Wellness Committee Member, and an active volunteer with BringChange2Mind. Chris resides in Hartford, Wisconsin with his wife Jennifer and their children Chase (13) and Ashlyn (9).



Janice McCarthy

Janice McCarthy's husband, Paul, died from suicide in July of 2006. Paul had been a well respected Massachusetts State Police Captain. During his 21 year career he suffered three serious line of duty accidents, which proved to be the etiology of his PTSD.

Paul's death spurred Janice to commit herself to the cause of PTSD recognition and suicide prevention in law enforcement. Her passion is rooted in helping surviving families find the strength to reconcile the guilt so many suicide survivors experience. She draws upon her personal experience as a cop's wife and now as a cop's widow to connect with officers. She knows the law enforcement life and has been openly accepted by those to whom she has spoken.

In her training of officers, Janice uses Paul's story to illustrate the need for all officers to reach out for mental health assistance without fear of repercussion. She calls for an end to the age-old stigma of asking for help. She clearly articulates how the "good old boy - suck it up" mentality was instrumental in fueling her husband's deterioration.

She has spoken nationally before thousands, telling her family's personal story in an attempt to reach officers on an emotional level. She appeals to officers as a cop's wife now widow, hoping that they might understand and appreciate their spouses' sacrifices. She speaks candidly and emotionally of her children's pain, hoping the officers might see their own kids in the images of Paul, Shannon and Christopher McCarthy. And she recounts witnessing firsthand her husband's struggles, hoping the officers might associate themselves with Paul and realize the consequences of not reaching out for help when they need it.

Her experience as a lecturer has included weekly recruit and officer in-service trainings, Employee Assistance Conferences, Peer Support Conferences, Internal Affairs Investigators, FBI Agents, University Police Chiefs and Correctional Officers. She has also been a guest speaker at the In Harm's Way and American Association of Suicidology Conferences. Most recently she has worked with the Samaritans of Merrimack Valley constructing and facilitating suicide prevention training for Middle Age Men.

Janice is a board member of Badge of Life, a nonprofit organization which promotes psychological survival for first responders. She is a recipient of The Commendable Service Award from the City of New Haven Connecticut and the Departmental Award of Education from the New Haven Connecticut Police Department for her devotion to the cause of suicide prevention and PTSD awareness in law enforcement. She is the founder of C.O.P.S.S. (*Care Of Police Suicide Survivors*), which is a nonprofit foundation formed in her husband's memory and dedicated to their children Christopher, Paul and Shannon. The foundation provides Care and Support for law enforcement suicide survivors and suicide prevention training for law enforcement.

In addition to her training and nonprofit work, she has authored several short papers on "Policework, PTSD and its Aftermath". She is currently working with legislators in Massachusetts to mandate Suicide Prevention Training for First Responders in the state. She considers her greatest achievement to be her three children whose strength and love fuel her.



Cynthia L. Goss, MA

First Responder Specialist

As an award-winning, internationally-recognized Subject Matter Expert, Instructor, Interventionist, Case Manager, and Consultant, Cynthia Goss is a true pioneer in the field of emergency preparedness response. Wholly dedicated to addressing head-on the myriad mental health issues resulting from critical incident crisis response, Cynthia has spent 20 years of her life educating others. With an impressive background, her work has touched the lives of so many, from law enforcement groups to the families of major disaster victims. She shares her in-depth comprehension of pertinent global concerns, adapting her focus as needed to include emerging contemporary issues, including college and university campus preparedness plans and the ongoing societal reintegration of military personnel.

Since 1995, Cynthia has been President of the Catch a Falling Star Law Enforcement Assistance Program, where she compassionately assesses distress, managing and referring officers to necessary professionals, while managing complex cases from beginning to end. She is also a Course Developer and Subject Matter Expert (SME) with the New York State National Center for Security & Preparedness and the National Center for Biomedical Research & Training at Louisiana State University.

Instructed in excess of 10,000 police officers over the years, Cynthia is a dynamic, engaging public speaker who utilizes interactive modules in order to drive home the importance of her material. Working directly with police academies across the United States, Canada, and Australia, law enforcement is taught effective techniques to deal with a broad-based spectrum of issues, such as job burnout, fitness, resource referrals, and relaxation. Her passion for consulting on the development of specialized programs and creating targeted coursework is reinforced by thorough research, needs assessments, and pilot testing. As Dr. Grady Bray explains, "*Cindy helped define the standards for international law enforcement stress programs.*"

A prolific, tireless advocate, Cynthia's career is marked by numerous accomplishments and positive interactions across federal, state, and regional levels of government. She is frequently selected as a guest speaker at international conferences, including prestigious events with Center for Advanced Defense Studies (CADS) and Canadian National Mental Health Critical Incident Response Team. Multiple awards have publically recognized her outstanding service and dedication, presented by the FBI, New York State Fraternal Order of Police, New York State Division of Criminal Justice Services, Buffalo Police Benevolent Association, Niagara Regional Police Canada, and Erie County Law Enforcement Foundation. In addition, her work has been published in several magazines, such as *Law & Order*, *LEAA Advocate*, *On Patrol*, and the *National Institute of Justice*.

In 2006, Cynthia wrote, produced, and promoted "When Trauma Doesn't Bleed." It is most certainly one of her greatest achievements, bringing to light the often-overlooked emotional costs suffered by the first responder community. With powerful reenactments, role-playing exercises, and potential scenarios, the acclaimed video was narrated by *60 Minutes'* Mike Wallace. Currently being employed by the FBI's training program, it has won widespread recognition, garnering the Silver Shield Award (Training & Professional Policy) from the Law Enforcement Video Association and the International Law Enforcement Training Academies Association's Silver Award.

Cynthia is an Outreach Professional with Futures Recovery Healthcare dedicated to the specialized treatment services for all first responders and military personnel.

Cynthia completed her Master of Arts Degree from the State University of New York in Social Policy and Development. Cynthia resides in Lancaster, New York, where she enjoys spending quality time with her grown son, daughter, and their young families.



Post Critical Incident Seminar Application

Name: _____

Significant Other Name: _____ Relationship to you? _____

Address: _____

City, Zip Code: _____

Contact: Cell: _____ Email: _____

Department: _____

Date of your critical incident: _____

Did you receive any therapy/debriefing etc. for your incident? YES _____ NO _____

Did you find support services you received to be helpful? _____

In your own words, why are you interested in attending this event? _____

If approved, do you fully understand and respect the confidentiality of every participant in the program? YES _____ NO _____

This program is free to the applicants that are accepted

~ Confidentiality and Respect is key to the success of this program ~

For more information or any questions please contact Cindy Goss at 716-435-4895 or at laweap@aol.com. Fax to (716) 656-7245 or mail to 36 Woodgate Drive, Lancaster, NY 14086.

