

“Does Your Department Implement Good SAFETY PRACTICES?”

Pennsylvania (5/9/08)- York-Alexis Ness, a county probation officer, was leaving Banana Max with a friend. About 10 minutes earlier, she said, a man had been kicked out of the bar for starting a fight. When Ness, 26, walked out, the man and about nine others were in the parking lot. As she and her friend walked to their car, the man shouted, "Hey, I know who you are. I know what you do for a living. You're a PO," Ness said. "I said, 'Yeah, yeah. What's your point?' and kept walking to my car," Ness said. The man walked up to Ness and hit her in the face, causing her to fall and break her right wrist. As the group fled, someone stole Ness' friend's purse.

Pennsylvania (8/10/11)- Juvenile PO shot in leg in drive by shooting in Uniontown PA State police in Uniontown said Mark David King, 37, of Fairchance, was shot in the left calf shortly before 3 p.m. Monday along Main Street. Trooper Thomas Broadwater said investigators have no suspects and are "at a loss" as far as determining a motive for the shooting. They said King was trying to check on a juvenile he was supervising, but that does not appear to be related to the shooting because the individual had moved from the residence. Broadwater said a red or maroon Saturn was seen driving away, but officials don't know whether the shot came from that vehicle. "We have no idea what the motive could be at this point," said Broadwater. "He was not wearing a uniform, something that would identify himself, so we are not sure what happened here." Anyone with information is asked to contact police.

Probation Officer Assaults and Shootings in PA

39 Officers Assaulted

59 Shooting Incidents

GETTING BACK TO BASICS

Remember the population of people that we deal with on a daily basis



EVIDENCE BASED PRACTICES



PEACE OFFICER
VS
LAW ENFORCEMENT



Council of Chief Juvenile Probation Officers Safety Committee

MISSION

To provide the Pennsylvania Council of Chief Juvenile Probation Officers best practices for the implementation of an effective safety program, as well as to address all safety related concerns and issues for juvenile probation officers throughout the Commonwealth.

Who are the Committee Members?

Adams County - Drew Bucher

Allegheny County - Dave Mink and Greg Willig

Berks County - Travis Johnson and Eric Burkholder

Blair County - Mike Wieland

Chester County - Gary Purfield

Dauphin County - Chad Libby and Rebecca Arnold

Erie County - Chris Whitman

JCJC - Keith Graybill

Lancaster County - Scott Gardner

Washington County - Randy Butka

Goals and Objectives of this Workshop

Importance of Policies and Procedures

Officer Safety

Officer Safety

Safety Equipment

Officer Safety

Officer Safety

Resources to improve officer safety

Officer Safety

Officer Safety

Illegal Drugs and Contraband

Officer Safety

Officer Safety

Reality of Our Profession

Officer Safety

Officer Safety

Best Practices to Address Officer Safety

USE OF FORCE

CONSISTS OF TWO DIFFERENT AREAS

Force Response Continuums

Policy and Procedures

FORCE RESPONSE CONTINUUM

PSS – Protective Safety System

PPCT – Pressure Point Control Tactics

Hybrid Models

DEPARTMENT POLICIES AND PROCEDURES



SAFETY EQUIPMENT

What is Safety Equipment ?



Why is Safety Equipment So Important?



WHAT ARE THE VARIOUS TOOLS UTILIZED FOR OFFICER SAFETY ?



SOME COMMON TOOLS

OC Spray

Expandable Baton

Bullet Resistant Vest

Taser or CEW

Communication Device

Handcuffs

Gloves

Firearm

Flashlight

Officer Mindset



SOME ADDITIONAL ITEMS

Clothing

Medical Gloves

First Aid Kit

Biohazard Bags



Badge

Hand Sanitizer

Spit Barrier

Individual Trauma Kits



PA Firearms Education and Training Commission

Provide quality firearms education and training to county probation and parole departments

Improve the officers knowledge and competence with firearms

Enhancing the safety and security of the citizens in the commonwealth

COUNTIES AUTHORIZED TO CARRY

ADULT PROBATION DEPARTMENTS

55

JUVENILE PROBATION DEPARTMENTS

37



COMMISSION MEMBERS

Adult Probation and Parole

County Commissioners Association of PA

JCJC

Judiciary

Juvenile Probation

Law Enforcement

Pa Board of Probation and Parole



CERTIFICATION REQUIREMENTS

BASIC ACADEMY

PSYCHOLOGICAL SCREENING

CRIMINAL HISTORY CLEARANCES

CONTINUE EDUCATION TRAINING

ANNUAL RE-CERTIFICATION

POINTS OF CONSIDERATION

Safety and Security

Training

Policies and Procedures

Inconvenience

Mindset

www.fetc.pa.gov



www.fetc.state.pa.us

County Probation and Parole Officers'
ON TARGET
Firearm Education & Training Commission



The New High





Amphetamine and methamphetamine were the first synthetic drugs. LSD, PCP and Ecstasy (MDMA) followed after that. Today, one new destructive chemical after another is being sold into the illicit drug market. Some of them manage to stay one step ahead of the law by shifting the formula of a particular drug they are selling, as soon as it has become illegal. They just move a few molecules and they have a new chemical that may not be illegal.

This has been the pattern of the game as a long list of new drugs have been distributed across Europe, the UK and the US. Certain formulations have become recognized as "bath salts" or synthetic marijuana and many other drugs are just identified by numbers and letters. As a whole, this category of drug is known for its unpredictable effects.

Names and Types of Synthetics

Synthetic Marijuana (K2, Spice)

Flakka/Alpha PVP

Bath Salts (mephedrone, MDPV (methylenedioxy pryrovalerone))

Gravel (Flakka mixed with benzodiazepines)

2C-I or 2C-B

Mephedrone

Methylone

Signs and Symptoms of Synthetic Use

- Seizures
- Suicidal tendencies and attempts
- Homicidal tendencies
- Delusions
- Overstimulation
- Aggression
- Paranoia
- Chest pain
- Heart attack/ Death
- Overheating that causes a person to tear off his clothes
- Self-destructive behavior (like bashing one's body or head against walls)



- Anxiety progressing to violent behavior
- Severe Hallucinations/Psychotic Delusions
- Intense Paranoia
- Increased Heart Rate/Elevated Blood Pressure
- Insomnia/Lack of appetite
- Muscle spasms/tense muscles
- Not sleeping
- Inability to feel pain
- Vomiting

Routes of Administration

- Snorting
- Oral
- Injection
- Smoking
 - Used with electronic cigarettes



Synthetic Marijuana



- The majority of synthetic marijuana users report they use the drug to avoid positive drug tests
- Most users of synthetic marijuana report using it as a substitute for marijuana during drug-testing periods, and returned to marijuana use once that period has ended.
- Synthetic marijuana is particularly dangerous because its ingredients are unknown, they have not been tested for safety, and their ever-changing ingredients can be unusually powerful. Users don't know what they are getting.
- Excerpts from Cesar FAX January 13, 2014

Synthetic Marijuana

- Many experts say "synthetic marijuana" is a huge misnomer for these drugs, which have also taken on street names like "K2" and "Spice," since they produce far different effects and can be up to 100 times more potent than traditional marijuana.
- Just like with the main psychoactive ingredient in traditional marijuana, THC, the psychoactive ingredients in synthetic marijuana bind to the brain's CB1 receptors. Because spice is so much stronger, however, it is much more likely to cause everything from seizures to psychosis.



Synthetic Marijuana

- The trend for synthetics will continue to evolve and adapt to current fads, laws and drug screens. There is now a cemented culture of synthetic drugs and it will continue to maintain itself.
- Providers, schools, communities and families need to educate themselves about these new substances but keep in mind that it all comes back to substance abuse/addiction and the desire to experiment and get high. That is not a new concept and there are treatment programs available.

Police: Man overdosing on synthetic marijuana knocks out paramedic with a kick- The Morning Call 8/3/15 Allentown Pa.

A man overdosed on synthetic marijuana early Saturday in Allentown and then fought with emergency responders, knocking out a paramedic with a kick to the head and punching and biting police officers, according to court records.

According to a criminal complaint:

Allentown police were dispatched at 2:35 a.m. to the 400 block of Pratt Street to assist paramedics with an overdose.

An Allentown officer responded and saw Villafane-Guzman walking. He told police he didn't need their help and was walking to a hospital. The officer told him an ambulance was on the way, but he refused to cooperate. Villafane-Guzman continued walking and was joined by Berrios.

Police followed the two men from Pratt Street to the 400 block of Chew Street, where they flagged down a paramedic. They told paramedics Villafane-Guzman was a possible synthetic marijuana and alcohol overdose and needed help.

As paramedics were treating Villafane-Guzman and placing him in the back of an ambulance, Berrios tried to help, but was interfering.

Paramedics and police told Berrios to step back, but he continued to get in the way and yell.

Villafane-Guzman became combative, kicking a paramedic in the head and knocking him out. He kicked an officer in the leg and punched another officer in the arm and ribs. Police took Villafane-Guzman out of the ambulance and put him on the ground. He continued to fight, biting an officer in the forearm. As he was about to bite the officer again, another officer used his Taser on him. The paramedic suffered a concussion, and the two officers suffered redness, bruises and scratches.

Mephedrone, Methylone, Bath Salts and Flakka

- These are psychoactive drugs that are meant to mimic the effects of both amphetamines and hallucinogens; their effects can be somewhat similar to the effects of MDMA, methamphetamine, and cocaine.
- Flakka, for example, is made from a compound called alpha-PVP, a chemical cousin of cathinone, the amphetamine- like drug found in bath salts.
- The active ingredient in bath salts was officially banned in 2011, its newer relative, alpha-PVP, was not. That means it is legal in any state without its own ban.
- Like cathinone, alpha-PVP is a type of stimulant. Stimulants are linked with feelings of euphoria, enhanced alertness and wakefulness, and increased movement — all symptoms that are similar to those experienced by people on other drugs like amphetamines or cocaine.
- These drugs cause a surge in 2 chemicals: Dopamine and Norepinephrine. Dopamine is responsible for making you feel good and causing euphoric sensations. Norepinephrine raises your heart rate and blood pressure and make us feel more alert.



Back

Flakka's toll: The face of a new street scourge



00:37

03:05



Flakka's toll: The face of a new street scourge

The designer drug, known as "\$5 insanity" on the streets and Alpha-PVP in research labs, became a South Florida staple last year. Ever since, Broward County's Medical Examiner has tallied every death in which Flakka may have played a role.

TONYA ALANEZ, MICHAEL LAUGHLIN, DYLAN BOUSCHER

Flakka

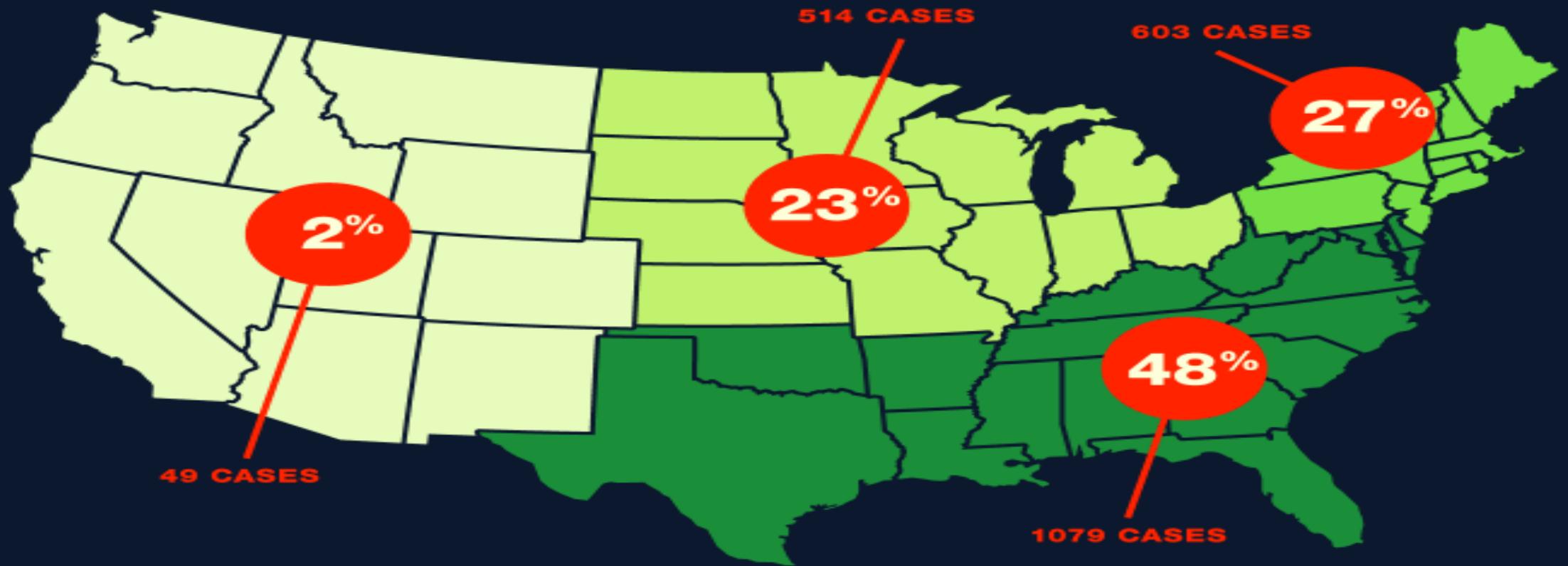


- It is not a banned substance and therefore is not illegal at this time
- It's cheap! \$5.00 a dose
- It can be crushed and snorted, injected, smoked, or used in e-cigs or vaps
- Raises body temperature to 106 degrees. At temperatures that high the brain and other organs can be irreversibly damaged.

Flakka cases confirmed by drug labs

LOW CONCENTRATION

HIGH CONCENTRATION



Drugs submitted to State and local laboratories from Jan. 1, 2014 through June 30, 2014, that were analyzed by September 30, 2014

Flakka

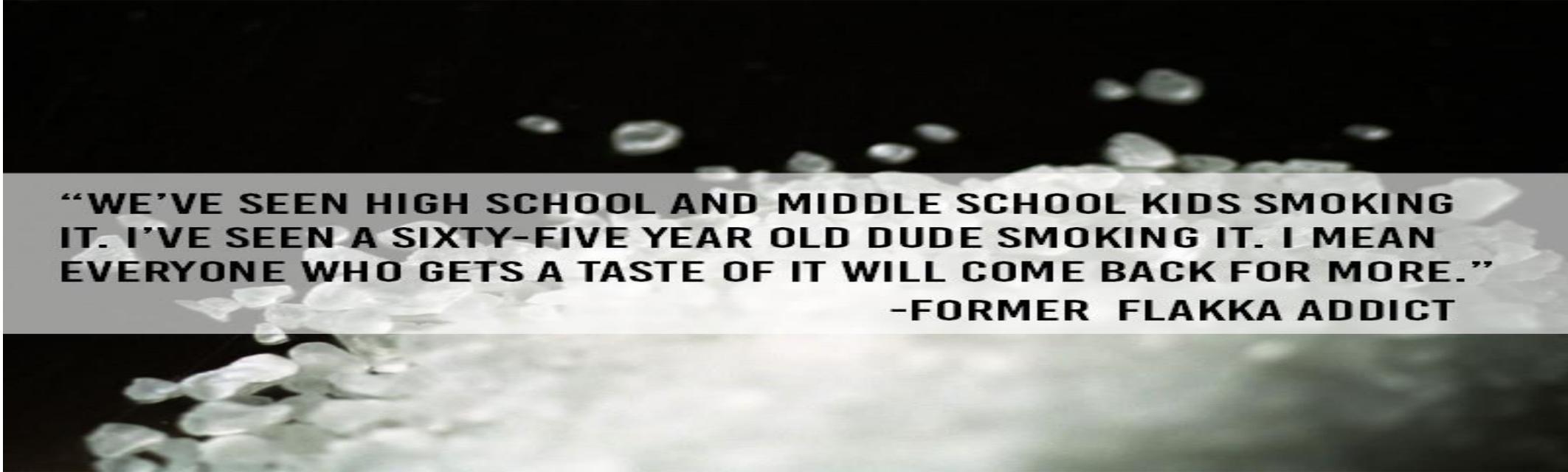
- It is very dose specific and just a little bit will get you very high
- People report feeling like they are under the influence of crystal meth, cocaine and heroin all at the same time
- Looks like Molly and can be easily mistaken as such
- Is a cousin to bath salts
- Alpha-PVP
- Not covered under traditional bath



Problems/Safety Concerns

- It gives people the paranoia of meth, the aggression of cocaine, and the inability to feel pain that heroin causes
- Treating it with Narcan appears to strengthen the effects and causes a risk to first responders
- The person won't feel pain and therefore is a great risk to themselves and others
- No drug test. Traditional Bath Salt test won't catch Flakka

Flakka



“WE’VE SEEN HIGH SCHOOL AND MIDDLE SCHOOL KIDS SMOKING IT. I’VE SEEN A SIXTY-FIVE YEAR OLD DUDE SMOKING IT. I MEAN EVERYONE WHO GETS A TASTE OF IT WILL COME BACK FOR MORE.”
-FORMER FLAKKA ADDICT

MELBOURNE, Fla., April 16, 2015(UPI) -- Authorities in Florida said a man on synthetic drug flakka ran nude, claimed to be the Norse god Thor, attempted a sex act on a tree and fought with police.

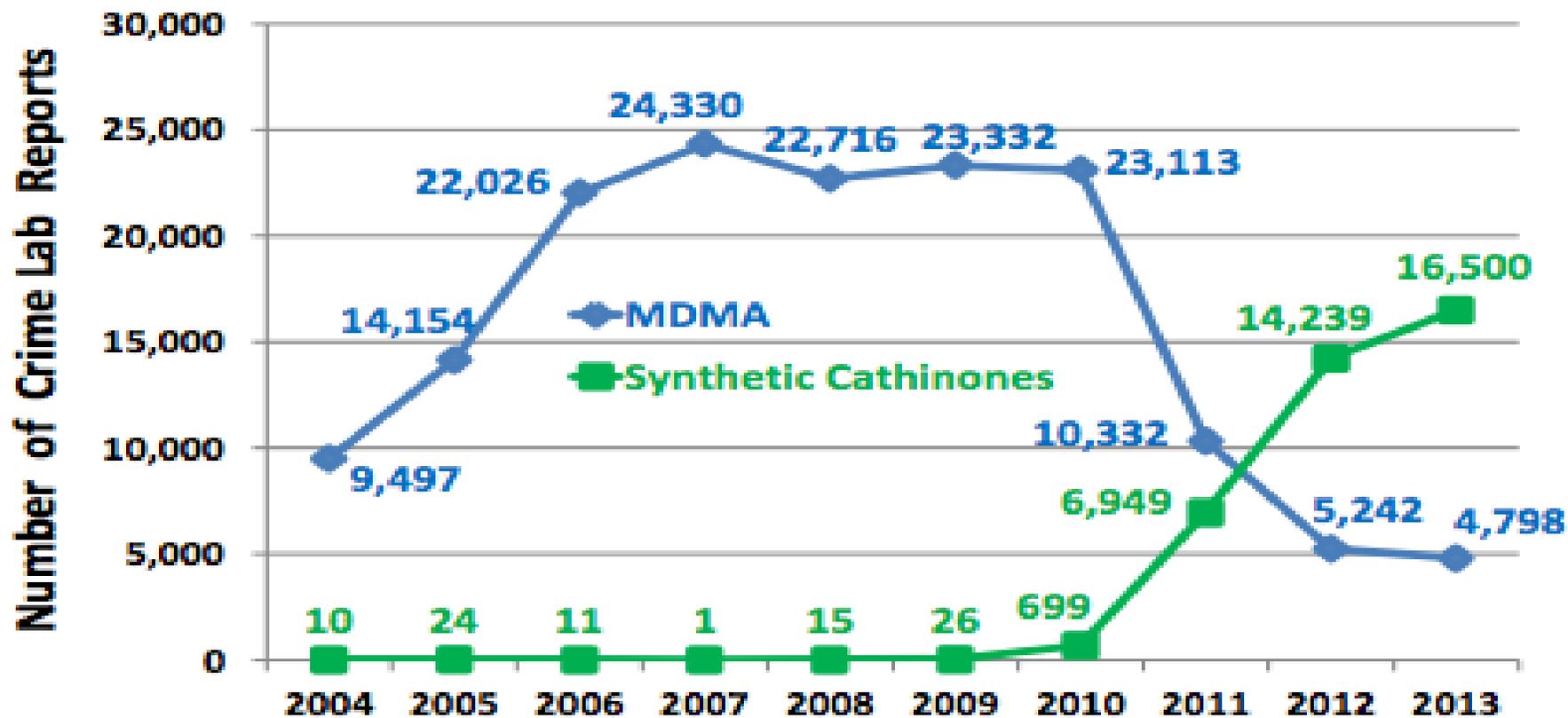
Melbourne police said Kenneth Crowder, 41, is believed to have been high on flakka, a synthetic drug rising in popularity in Florida, when was spotted [running nude through a neighborhood](#) Friday.

Witnesses told police Crowder shouted that he was a god while running nude through a neighborhood and committed a sex act on a tree.

Police said Crowder was wearing jeans and a T-shirt when he was confronted in the area by a Melbourne officer and the suspect allegedly acted aggressive toward the officer and identified himself as "God."

Crowder was shocked twice with the officer's Taser, but he pulled the probes out of his body and attempted to fight with the officer, police said.

Number of National Crime Lab Reports for MDMA and Synthetic Cathinones: USA 2004-2013



Source: US DEA - National Forensic Laboratory Information System (NFLIS) 2013 Annual Data

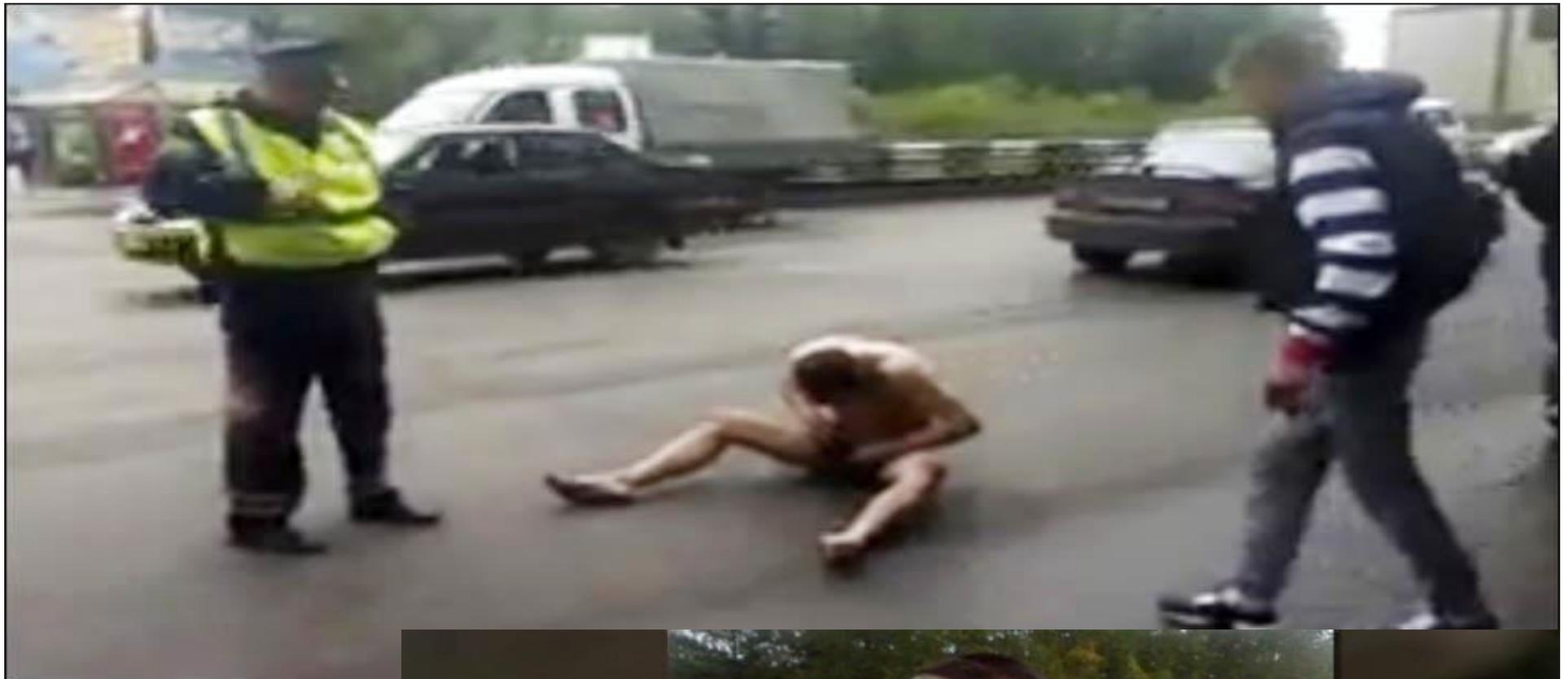
Safety

- Holds/Mechanics
- Taser
- OC
- Baton
- Firearm





- “Greased Pig Phenomenon”- synthetic users sweat profusely and are difficult to hold on to
- Users are aggressive, strong and they do not feel pain.
- For the officer it could look like you are walking into a mental health situation:
 - Don’t try to reason with them
 - Paranoid and schizophrenic
- Delayed onset of signs and symptoms after synthetic use



2 SYNTHETIC DRUGS & MENTAL ILLNESS
MOM SAYS "SPICE" LED TO HER SON'S PSYCHOTIC BEHAVIOR



5:33



FATHER BATTLES SYNTHETIC DRUGS
14-year-old Dakota Dyer shot himself in March



DOW ▲ 213.42



What Can We Do??

Conditions of probation:



- I will abstain from the possession, use or abuse, manufacturing or sale of any mind/mood altering chemical/substance, including, but not limited to, synthetic marijuana or bath salts.
- Random drug and alcohol testing
- Comply with a drug and alcohol evaluation and any recommendations
- Drug and alcohol counseling- outpatient, intensive outpatient (IOP), contingency management, education group, etc.
- Inpatient treatment

WEBSITE DEMONSTRATION

OFFICER INVOLVED INCIDENTS

By analyzing these incidents, we have the opportunity to discover a number of crucial learning points, including but not limited to: proper equipment, counter-ambush techniques, the importance of mental imagery, communications, scenario-based trainings, the importance of proper training and having a winning mindset.

How would you handle the following incidents?
How do these incidents impact your decision making?

**CRITICAL
INCIDENT
STRESS
MANAGEMENT**

What is a Critical Incident??

- Critical incidents are traumatic events that cause powerful emotional reactions in people who are exposed to those events which pushes them past their ability to handle stress.
- Some examples include:
 - Line of duty deaths
 - Suicide of a colleague
 - Serious work related injury
 - Multi-casualty / disaster / terrorism incidents
 - Events with a high degree of threat to the personnel
 - Significant events involving children or family
 - Events in which the victim is known to the personnel
 - Events with excessive media interest
 - Events that are prolonged and end with a negative outcome
 - Any significantly powerful, overwhelming distressing event

Jeffrey T. Mitchell, Ph.D., Diplomate
American Academy of Experts in Traumatic Stress and
Clinical Professor of Emergency Health Services
University of Maryland

- Critical Incident Stress Management (CISM) is a *comprehensive, integrated, systematic and multicomponent crisis intervention program*. It was developed to help manage traumatic experiences within organizations and communities.
- CISM is a “package” of crisis intervention tactics that are strategically woven together to:
 - 1) mitigate the impact of a traumatic event;
 - 2) facilitate normal recovery processes in normal people, who are having normal reactions to traumatic events;
 - 3) restore individuals, groups and organizations to adaptive function;
 - 4) and to identify people within an organization or a community who would benefit from additional support services or a referral for further evaluation and, possibly, psychological treatment.

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Clinical Professor of Emergency Health Services
University of Maryland

- CISM is neither a form of psychotherapy, nor is it a substitute for psychotherapy. Instead, CISM is a broad collection of support services that can be selected and applied to assist people who are experiencing a strong reaction to a traumatic event.
- In other words, it is “psychological first aid” or “emotional first aid”. Similar to a toolbox with many tools for different purposes, CISM contains many crisis intervention “tools”.
 - Some of those tools are useful before a traumatic event occurs.
 - Others are useful while an event is ongoing.
 - Still others are available for when the event is over.



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University of Maryland

- The main components of a Critical Incident Stress Management (CISM) program include, but are not limited to, the following:
 - Pre-incident planning, policy development, education, training
 - Crisis assessment
 - Strategic planning
 - Individual crisis intervention
 - Large group interventions (Demobilization, Crisis Management Briefing)
 - Small group crisis interventions (Defusing, Critical Incident Stress Debriefing {CISD})
 - Pastoral crisis intervention
 - Family support services
 - Significant other support services
 - Follow-up services
 - Referral services
 - Follow-up meetings
 - Post-incident education
 - Links to pre-incident planning and preparation for the next crisis

Psychological Distress



- A response to critical incidents such as emergencies, disasters, traumatic events, terrorism, or catastrophes is called a psychological crisis (Everly and Mitchell, 2008)
- The psychological crisis may be further understood as an acute response to a trauma, disaster, or other critical incident wherein:
 - Psychological homeostasis (balance) is disrupted (increased stress)
 - One's usual coping mechanisms have failed and there is evidence of significant distress, impairment, dysfunction (adapted from Caplan, (1961, 1964).



Psychological Distress

- Evidence suggests that over 60% of adults in the United States will be exposed to a traumatic event during their lifetime (Breslau, et al., 1998)
- The prevalence of posttraumatic stress disorder was found to be 13% in a sample of suburban law enforcement officers (Robinson, Sigman, & Wilson, 1997).

9

Signs of "Stress"

- Insomnia or nightmares
- Loss of or excessive appetite
- Inability to physically relax
- Pain in the neck or lower back, headaches
- Overpowering urge to cry or run and hide
- General irritability, hyperexcitation or depression
- Emotional tension & alertness, feeling of being "keyed-up"
- Increased smoking, use of alcohol, or medications
- Diarrhea, indigestion, queasiness in the stomach, and sometimes vomiting

*“Helping ordinary people cope
with extraordinary events.”*

Critical Incident Stress Management is designed to help people deal with their trauma one incident at a time, by allowing them to talk about the incident when it happens without judgment or criticism.



The program is peer-driven and the people giving the treatment may come from all walks of life, but most are first responders (Police, Fire, EMSs) or work in the mental health field.

All interventions are strictly confidential, the only caveat to this is if the person doing the intervention determines that the person being helped is a danger to themselves or to others



The emphasis is always on keeping people safe and returning them quickly to more normal levels of functioning. Normal is different for everyone, and it is not easy to quantify. Critical incidents raise stress levels dramatically in a short period of time and after treatment a new normal is established, however, it is always higher than the old level. The purpose of the intervention process is to establish or set the new normal stress levels as low as possible.

Dauphin County Policy on Critical Incident Response Mission Statement:

- The County recognizes the responsibility to address the overall needs of probation officers, and their families involved in a critical incident. A critical incident is defined as any situation that forces a person to face vulnerability and mortality or that potentially overwhelms their ability to cope and pushes them beyond normal ability to deal with stress. The County, acknowledging this responsibility, will provide appropriate responses to employees and their families. Implementation of this policy will be set forth in the Critical Incident Response Guidelines.

Dauphin County Policy- Critical Incident Response Definitions

For the purpose of this policy and procedures, the listed terms will have the following meanings:

- A. Critical Incident – (CI) A critical incident is any situation that forces a person to face vulnerability and mortality or that potentially overwhelms a person's ability to cope. Critical Incidents are usually sudden and unexpected. They can jeopardize one's sense of self-control and disrupt one's beliefs and values. They can affect a person physically and/or emotionally.
- B. Dauphin County Critical Response Team A team of various law enforcement and emergency management peers who are certified in Critical Incident Stress Management to provide probation officers, staff members and their families a comprehensive, integrated multi component approach to crisis/disaster intervention.
- C. Victimization Any violence, threats of violence, intimidation, extortion, theft of property, damage to one's reputation, or any other act that inflicts damage, instills fear or threatens one's sensibilities.

Dauphin County Policy-Critical Incident Response Definitions (continued)

- D. Lead Critical Incident Officer- (LCIO) -The Critical Incident Officer is the Deputy Director or his/her designee, responsible for on-scene management, coordination and supervision of staff and services.

- E. Critical Incident Response Team (CIRT) -Critical Incident Response Teams are selected and trained in crisis and victimization support.

- F. Command Center - The Command Center is Meeting Room #1 of the Dauphin County Probation Services Office at Chestnut St. It contains necessary communication and other equipment for the Management Staff and to manage, coordinate and supervise all critical incident operations in conjunction with the on-scene Critical Incident Officer.

- G. Emergency Management Agency and Deputy Director of Dauphin County Probation Services- Emergency Management Agency (EMA) and the Deputy Director of the Dauphin County Probation Services Office or designee will be the initial point of contact for disseminating a critical response of Dauphin County incidents to all Probation Services staff.

Dauphin County Policy-Critical Incident Response Definitions (continued)

H. Probation Services Court Administration Personnel- This includes the President Judge, Juvenile Court Judge, County Commissioners, and Court Administrator.

I. Management Staff- All Dauphin County Probation Office Supervisors and Office Manager.

Dauphin County Policy- Critical Incident Response Notification Protocol

It is the duty of all staff to provide notification, without hesitation or delay, if they are subjected to or are aware of Dauphin County Probation Services staff being subjected to a critical incident or victimization by calling their immediate supervisor. The supervisor will be responsible for contacting a Deputy Director at which time the Deputy Director will record all information required to complete the Critical Incident Notification form. If an immediate Supervisor cannot be contacted, due to their unavailability, the notifying Probation Officer should then contact either one of the Deputy Directors .

DAUPHIN COUNTY PROBATION SERVICES- CRITICAL INCIDENT RESPONSE NOTIFICATION FORM

Family/Medical/Emergency Information

Name: _____ Division: _____

Position: _____

Home Address: _____

Phone Number: ____ (____) _____ Birth Date: _____

Social Security Number: _____ Blood Type (if known): _____ RH Factor: _____

Medical Concerns/Allergies/Medications: _____

Hospital Preference: _____

Health Insurance (type, ID number, group number): _____

Hospital Insurance Plan: _____

Address: _____

Policy Number: _____

Medical Insurance Plan: _____

Address: _____

Family Doctor: _____

Address: _____

Phone Number: (____) _____

Emergency Contact Person(s): _____ Phone Number: (____) _____

_____ Phone Number: (____) _____

Family Information

Spouse/Significant Other: _____

Employer: _____

Address: _____

Phone number: _____

Children – Name/Age _____ School

Significant Information: _____

Notification Plan (attach extra pages if necessary): _____

ICISF



- International Critical Incident Stress Foundation
- www.icisf.org
- Find Local teams
- Trainings
- Related Articles



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IF ONLY IT WAS THIS OBVIOUS...