“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
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

Safety Equipment

Resources to improve officer safety

Illegal Drugs and Contraband

Reality of Our Profession

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
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
Methylnone
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 have 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

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.
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.
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

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.
“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
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
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.
• 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.
Jeffrey T. Mitchell, Ph.D., Diplomate
American Academy of Experts in Traumatic Stress and
Clinical Professor of Emergency Health Services
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
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.
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): ____________________________________
ICISF

- International Critical Incident Stress Foundation
- www.icisf.org
- Find Local teams
- Trainings
- Related Articles
I've Been Thinking About Suicide
Please Help!

If Only It Was This Obvious...