

Instructor Resource Guide



Finding Wellness – Building a Healthier Life

Course ID# 4202

Continuing Education Requirement

Created: August 2023

ABSTRACT

This course is designed to teach law enforcement professionals the importance of physical, mental, emotional, and social wellness, and to break down the stigma of mental health in the law enforcement profession. First responders are routinely exposed to high stress situations and this course is designed to give law enforcement professionals guidance on how their body and brain work together and against each other. Students will learn to recognize signs, symptoms, and coping mechanisms for common forms of distress associated with their profession. This course addresses how to recognize the signs of suicidal ideation and how to build a suicide prevention plan. Students will learn how to practice resiliency to become more able to withstand the demands of their lives and chosen careers.

Instructor Resource Guide:

This is an Instructor Resource Guide (IRG), not a lesson plan. The purpose of the IRG is to outline the minimum state requirements of what must be taught for a course to be considered compliant and receive TCOLE credit. A qualified subject matter expert may develop the content of the course to exceed the minimum requirements.

- A qualified instructor shall develop the IRG into a lesson plan that meets their organization and student needs.

Please note: It is up to each Academy and/or Contractual Training Provider to create a lesson plan based on the requirements outlined in the IRG for a particular topic.

Lesson Plan:

Each organization is charged with creating their own lesson plan for how the organization will disseminate the information in the IRG.

- The institutions and instructors will determine how much time is spent on each topic/module, how many/what kind of examples or exercises are used during their presentation, and how in-depth they review each topic in the course they present.
- Any activity that is suggested is just that, an example or suggestion, and is not mandated for inclusion.
- Anything that is required must be included in the instructor's lesson plan.

Note to Trainers:

It is the responsibility of the Academy and/or Training Coordinator to ensure this curriculum and its materials are kept up to date. Refer to curriculum and legal resources for changes in subject matter or laws relating to this topic as well as the Texas Commission on Law Enforcement website at www.tcole.texas.gov for edits due to course review.

Student Prerequisites:

- None

Instructor Prerequisites:

- This course may be instructed by a licensed mental health professional who possesses a master's degree or higher in a field of mental or behavioral health with at least two (2) years' experience instructing law enforcement personnel. A co-instructor from the physical fitness community is highly recommended.
- This course may be instructed by a licensed peace officer with at least two (2) years' experience as a Mental Health Officer or on a Crisis Intervention team.
- This course may be instructed by a public safety professional. The instructor must have at least two (2) years' experience instructing law enforcement personnel on various topics to include, but are not limited to, mental health, physical fitness, nutrition, resiliency, and stress management. A co-instructor from the mental health community is highly recommended.

Length of Course:

- 4 hours minimum, 16 hours maximum

Assessment:

- Training providers are responsible for creating student assessments and documenting the mastery of all objectives in this course using various testing assessment opportunities.
 - Assessment opportunities include oral or written testing, interaction with instructor and students, case study and scenario, and other means of testing student's application of the skills taught as the instructor or department deems appropriate.
- The minimum passing score shall be 70%.

Unit 1 Key components of overall health

Instructor Note: Law enforcement professionals face a daily myriad of physical, mental, emotional, and social challenges. These challenges often affect their overall wellness at work and at home. The purpose of Unit One is to familiarize learners with different aspects of health and wellness. Unit One will also address how to build healthy habits to promote overall wellness.

- 1.1 Identify the components of health.
 - A. Health is a state of complete physical, mental, and social wellbeing, not merely the absence of disease or illness.
 - B. Wellbeing is the state of being healthy, happy, or prosperous; physical, psychological, or moral welfare.
- 1.2 Indicate how the brain and body work together to affect health.
 - A. Mental wellbeing can affect physical wellbeing in positive or negative ways.
 - i. Negative emotions such as hate, anger, jealousy, sadness, or experiencing stress, depression, or anxiety can flood the brain with chemicals and can cause high blood pressure, fatigue, poor digestion, or other physical problems.
 - ii. Poor nutrition or sleep, lack of exercise, and excessive alcohol or nicotine use are some examples of physical habits that can cause detrimental effects on overall health.
 - iii. Elements that contribute to positive mental health can include:
 1. Relaxation
 2. Mental rest
 3. Practicing gratitude
 4. Therapy to address mental and emotional stress or trauma.
 5. Engaging in social activities
 - iv. Elements that contribute to physical health can include:
 1. Regular exercise
 2. Proper nutrition
 3. Adequate hydration
 4. Sufficient rest
- 1.3 Identify how to intentionally connect the mind and body.
 - A. Intention is consciously selecting behaviors that are in service of attaining a specific goal.
 - B. Intentionally choosing to break bad habits and establish good habits builds a healthy relationship between the mind and body.
 - i. Developing and breaking habits is a process.
 - ii. Requires realistic expectations.
 - iii. Requires self-compassion.
 - C. The habit loop is a framework for thinking about the formation and destruction of habits.
 - i. There are three main components of the habit loop:
 1. The cue is what triggers the habitual behavior to begin.
 2. Routine is the repeated behavior, the habit.

3. Reward refers to what the behavior does for the person.
- ii. Steps to being successful in building good habits:
 1. Take small steps in developing habit-forming patterns.
 2. Stay away from temptations that feed bad habits.
 3. Replace old habits with new similar habits.
 4. Practice self-compassion

Unit 2 Causes, Signs, Symptoms, Coping Strategies, and Treatments

Instructor Note: The purpose of Unit Two is to recognize what a law enforcement professional may be feeling or experiencing in their day-to-day life. Once an individual identifies an emotion or an experience, they can then learn to recognize the symptoms, proper coping strategies, and seek treatment.

Please refer to attached PDF file “Finding Wellness – Building a Healthier Life handouts” to use in Unit Two. There are handouts for each of the types of distress discussed in this section. These handouts must be distributed to learners physically or electronically. Instructors may incorporate these handouts as in-class instructional aids.

- 2.1 Identify warning signs a first responder may be experiencing mental and emotional distress.
 - A. Hypervigilance cycle
 - i. Definition: A sharp biological transition that takes place between an individual being on-duty and being off-duty.
 - ii. Cause:
 1. High intensity situations
 2. Threat-based perspective
 3. Adrenal exhaustion and fatigue
 - iii. Symptoms:
 1. On-duty: Heightened sense of danger, increase in pulse rate and blood pressure, tense muscles, body releases above normal amounts of adrenaline and cortisol into the blood stream.
 2. Off-duty: Body is exhausted and goes into extreme rest mode.
 - B. Moral injury (Distress)
 - i. Definition: An experience or set of experiences that can provoke mild or intense grief, shame, and guilt.
 - ii. Cause:
 1. Intentional or unintentional harmful act
 2. Being unable to prevent a harmful act due to freezing up or other mental or physical barriers.
 3. Failure to report a rules or ethics violation.
 4. Engages in or witnesses acts of disproportionate violence and feels nothing.
 5. Feeling exhilaration while causing harm to or killing others.
 - iii. Symptoms are similar to PTSD:
 1. Depression
 2. Anxiety
 3. Attention difficulties.

4. Unwillingness to trust anyone except coworkers.
- C. Compassion fatigue
 - i. Definition: Emotional exhaustion manifesting itself as the reduced ability of a first responder to engage with empathy or compassion toward the person they are helping.
 - ii. Causes:
 1. Working extra shifts
 2. Neglecting one's own self-care.
 3. Exposure to trauma
 4. Accumulated emotional stress.
 - iii. Symptoms:
 1. Decreased sense of purpose
 2. Emotional disconnection
 3. Self-contempt
 4. Nightmares
 5. Intrusive thoughts
 6. Denial
 7. Difficulties with personal relationships
 8. Feeling burdened by the suffering of others
 9. Isolation and loss of morale
- D. Stress
 - i. Definition: The body's built-in response to danger by the increase of hormones when choosing between a fight, flee, or freeze response. **Note:** The body does not know the difference between real or imagined danger.
 - ii. Types of stress:
 1. Acute Stress
 2. Episodic Acute Stress
 3. Chronic Stress
 4. Post Traumatic Stress
- E. Anxiety
 - i. Definition: The mind and body's reaction to stressful, dangerous, or unfamiliar situations.
 - ii. Situational anxiety vs anxiety disorders
 - iii. Types of anxiety disorders
 1. Generalized Anxiety Disorder
 2. Social Anxiety Disorder
 3. Panic Disorder
 4. Phobias
- F. Trauma
 - i. Emotional trauma
 1. Definition: An emotional response to a distressing event.
 2. Types of trauma:
 - Acute trauma
 - Chronic trauma

- Secondary trauma
- Vicarious trauma
- Adverse Childhood Experience
- Post-Traumatic Stress Disorder

G. Depression

- i. Definition: Depression (major depressive disorder) is a common and serious medical illness that negatively affects how a person feels, the way they think, and how they act.
 1. Dysthymia
- ii. Causes:
 1. Chronic stress
 2. Anxiety
 3. Unaddressed trauma
 4. Childhood abuse
 5. Loneliness
- iii. Symptoms:
 1. Disruptive sleep patterns
 2. Low energy
 3. Disruptive eating patterns
 4. Unexplained physical problems
 5. Feeling hopeless
 6. Feelings of guilt
 7. Thoughts of death or suicide
 8. Trouble thinking, concentrating, remembering, making decisions.
 9. Withdrawing from social activities
 10. Irritability
 11. Angry outbursts
 12. Loss of interest in things once enjoyed.

2.2 Match the coping strategies to the distress warning signs.

A. Hypervigilance Cycle

- i. Use coping strategies to help transition from on-duty to off-duty.
 1. Deep breathing
 2. Meditation
 3. Exercising
 4. Peer network system
 5. Activities outside the job
 6. Spend intentional time with friends and family.

B. Moral Injury (Distress)

- i. Coping strategies:
 1. Gain an understanding of moral injury.
 2. Find compassionate forgiveness.
 3. If appropriate, make or seek amends.
 4. Practice self-care

5. Meditation and mindfulness practices
- ii. Treatment:
 1. Therapy
 - Acceptance and commitment therapy (ACT)
 - Psychodynamic Psychotherapy
 - Cognitive-behavioral therapy (CBT)
 - Interpersonal psychotherapy
 - Trauma-focused PTSD treatment
 - Holistic therapy
- C. Compassion Fatigue
 - i. Coping strategies:
 1. Eating healthy
 2. Regular exercise
 3. Setting emotional boundaries
 4. Practicing mindfulness
 5. Social support
 6. Set realistic expectations.
 7. Activities outside the job
 8. Keep a sense of humor.
 9. Work-life balance
 10. Practice compassion satisfaction
 - ii. Treatments:
 1. Therapy
- D. Stress
 - i. Acute stress:
 1. Prevention:
 - Go outside for at least 30 minutes every day.
 - Practice breathing exercises.
 2. Coping strategies:
 - Activities that lower heart rate and blood pressure
 3. Treatment:
 - Cognitive-behavioral therapy (CBT)
 - Medication
 - ii. Episodic Acute Stress
 1. Rather than treating episodic acute stress, it is often more helpful to focus on prevention.
 - Allow time for reflection and relaxation.
 - Sleep hygiene
 - Set healthy boundaries.
 - Eating healthy
 - Stay active.
 - Relaxation techniques
 - iii. Chronic Stress

1. Rather than treating chronic stress, it is often more helpful to focus on prevention.
 - Set realistic expectations.
 - Eat healthy.
 - Exercise regularly
 - Sleep hygiene
 - Social support
 - Relaxation techniques, such as grounding, mindfulness, and meditation, yoga
2. If preventive measures are not helping, then therapy may be an option.
 - Cognitive-behavioral therapy (CBT)
 - Interpersonal therapy
- iv. Post-Traumatic Stress Disorder
 1. Coping strategies:
 - Build resilience.
 - Build a healthy social support system.
 - Support groups
 - Time management
 - Adequate rest
 - Relaxation techniques
 - Regular exercise
 - Well-balanced diet
 2. Treatment:
 - Psychotherapy
 - Cognitive Behavioral Therapy (CBT)
 - Eye Movement Desensitization and Reprocessing (EMDR) therapy
 - Medications
- E. Anxiety
 - i. Generalized Anxiety Disorder
 1. Coping strategies:
 - Relaxation techniques
 - Lifestyle changes
 2. Treatment:
 - Medication
 - Psychotherapy
 - ii. Social Anxiety Disorder
 1. Treatment:
 - Therapy
 - Support groups
 - Medication
 - iii. Panic Disorder
 1. Coping strategies:
 - Practice self-care

- Avoid stimulants.
- 2. Treatment:
 - Therapy
 - Support groups
 - Medication
- iv. Phobias
 1. Coping strategies:
 - Relaxation techniques
 2. Treatment:
 - Therapy
 - Medication
- F. Trauma
 - i. Acute trauma
 1. Coping strategies:
 - Build a healthy social support system.
 - Prioritize a healthy diet, sleep schedule, physical activity, and mental wellness.
 - Avoid the use of alcohol or other substances as temporary coping tools.
 - Create a safety plan to regain a sense of control.
 2. Treatment:
 - Psychotherapy
 - Cognitive-behavioral therapy (CBT)
 - Exposure therapy
 - ii. Chronic trauma
 1. Coping strategies – Refer to acute trauma coping strategies.
 2. Treatment:
 - Eye Movement Desensitization and Reprocessing (EMDR) therapy
 - Somatic Experiencing
 - Trauma-Focused Cognitive Behavioral Therapy (TFCBT)
 - Medication
 - iii. Secondary trauma
 1. Coping strategies:
 - Work-life balance
 - Social support
 - Leave work at work.
 - Eat a healthy diet.
 - Exercise regularly
 - Sleep hygiene
 - Social support
 2. Treatment:
 - Cognitive-behavioral therapy (CBT)
 - Psychotherapy

- Eye Movement Desensitization and Reprocessing (EMDR) therapy
 - Neurotherapy
 - Medication
- iv. Vicarious trauma
1. Coping strategies:
 - Create a ritual to help leave work at work.
 - Work-life balance
 - Engage in outside activities.
 - Eat healthy.
 - Regular exercise
 - Sleep hygiene
 - Set personal and professional boundaries.
 - Take advantage of professional development opportunities.
 2. Treatment:
 - Cognitive-behavioral therapy (CBT)
 - Eye Movement Desensitization and Reprocessing (EMDR) therapy
 - Trauma group
 - Equine-Assisted Therapy
- v. Adverse Childhood Experiences
1. Treatment:
 - Cognitive-behavioral therapy (CBT)
 - Eye Movement Desensitization and Reprocessing (EMDR) therapy
 - Narrative Exposure Therapy
 - Prolonged Exposure Therapy
 - Art therapy
 2. Prevention by breaking the trauma cycle.
 - Acknowledge the trauma.
 - Reach out to a professional therapist to help process the trauma.
 - Connect with supportive people.
- vi. Post-Traumatic Stress Disorder
1. Treatment:
 - Cognitive-behavioral therapy (CBT)
 - Cognitive Processing Therapy (CPT)
 - Eye Movement Desensitization and Reprocessing (EMDR) therapy
 - Prolonged Exposure Therapy
- G. Depression
- i. Coping strategies:
 1. Practice self-care
 2. Regular exercise
 3. Healthy snacks
 4. Spend time outside.
 5. Journaling
 6. Practice mindfulness

- 7. Laugh
 - 8. Social support
 - 9. Encourage others.
 - 10. Peer support network
 - 11. Releasing control
 - ii. Treatment:
 - 1. Psychotherapy
 - 2. Medication
 - 3. Neuromodulation
 - 4. Eye Movement Desensitization and Reprocessing (EMDR) therapy
- 2.3 Define burnout.
- A. Burnout is a state of emotional, mental, and often physical exhaustion brought on by prolonged or repeated stress.
 - B. First responders routinely face high-stress situations, work long hours with staff shortages, and witness the worst of society on a regular basis.

Instructor note: Burnout is common among first responders. It is important to recognize the signs of burnout, start implementing coping strategies, and avoid mental/physical health related issues.

- 2.4 Identify the signs of the five stages of burnout.
- A. Honeymoon phase is characterized by a drive to prove oneself, a high level of commitment, and enthusiasm for the mission with sustained energy levels.
 - i. Job satisfaction
 - ii. Accepting responsibility
 - iii. Sustained energy levels
 - iv. Optimism
 - v. High productivity levels
 - vi. Creativity
 - B. Onset of stress phase is when initial optimism and enthusiasm begins to fade and starts being replaced with a feeling of being overworked, loss of focus, reduced productivity, and irritability.
 - i. Reduced sleep quality
 - ii. Headache
 - iii. Neglect of personal needs
 - iv. Change in appetite.
 - v. Fatigue
 - vi. Lack of social interaction
 - vii. Avoidance of decision making
 - C. Chronic stress phase is when work priorities begin to overtake personal priorities. This creates more stress and leads to chronic fatigue, neglecting personal needs, cynical attitude, aggressive behavior, resentment, and possible alcohol/drug consumption.
 - i. Procrastination
 - ii. Cynical attitude

- iii. Social withdrawal
- iv. Decreased sexual desire.
- v. Denial of problems
- vi. Feeling pressured
- vii. Apathy
- D. Burnout is when physical symptoms, such as headaches and gastro-intestinal problems are frequent, there is persistent worry, and things seem hopeless. There may also be changes in behavior such as isolation or acting out of character.
 - i. Behavioral changes
 - ii. Self-doubt
 - iii. Pessimistic outlook
 - iv. Neglect of personal needs
 - v. Obsession with problems
- E. Habitual burnout is characterized by severe emotional, mental, and physical exhaustion, accompanied by depression and anxiety.
 - i. Chronic sadness
 - ii. Chronic mental fatigue

Instructor Note/Suggested Activity: Have the learners identify, privately or out loud, if they are comfortable with it, the level of burnout they are currently experiencing.

2.5 Identify coping strategies for burnout.

- A. Prevention:
 - i. Recognize the symptoms of burnout, then address it.
 - ii. Get enough rest.
 - iii. Eat nutritional meals.
 - iv. Stay hydrated.
 - v. Workout on a regular basis.
 - vi. Practice yoga or meditation
 - vii. Get massages to release tension.
 - viii. Practice spiritual beliefs
 - ix. Work/life balance
 - x. Journal
- B. Coping strategies:
 - i. Create a ritual to help leave work at work.
 - ii. Take time for self-reflection.
 - iii. Connect with others in the same career.
- C. Treatment:
 - i. Psychotherapy
 - ii. Cognitive-behavioral therapy (CBT) - Short-term form of behavioral treatment that helps with problem-solving and reveals the relationship between beliefs, thoughts, feelings, and the behaviors that follow.

Unit 3 Suicide Intervention

Instructor Note: Unit Three is designed to teach students how to recognize the signs of suicidal ideation, know the resources available, and learn individual and collective protective measures

against suicide. It is imperative for instructors to emphasize the importance of calling 9-1-1 or a crisis support hotline if someone is experiencing a crisis that may lead to suicide.

3.1 Define suicidal ideation.

A. Thoughts of suicide

- i. When under distress, the brain chemistry is altered. Changes in appetite, energy levels, and sleep deprivation can lead to tunnel vision and lowered impulse control.
- ii. Negative inner dialogue or self-talk
 1. The combination of conscious thoughts and unconscious beliefs and biases, providing a way for the brain to interpret and process daily experiences.
 - Negative self-talk can contribute to anxiety, depression, burnout, and suicidal ideation.

3.2 Identify the signs of suicidal ideation.

- A. Feeling trapped
- B. Feeling hopeless or thinking they have no reason to live.
- C. Feeling intense psychological pain
- D. Feeling like a burden to others
- E. Increase in addictive behaviors.
- F. Frequent intoxication
- G. Making self-harm remarks
- H. Obsession with death, the afterlife, and the purpose of life
- I. Giving away important valuables or obsession with benefits and beneficiaries
- J. Spiritual or religious declaration having not been spiritual or religious before
- K. Looking for a way to kill themselves.
- L. Decreased work productivity
- M. Acting differently, anxious, agitated, or behaving recklessly.
- N. Sleeping too little or too much
- O. Withdrawal or feeling isolated.
- P. Irritability, acts of rage, or extreme mood swings.

3.3 Identify how to respond when recognizing signs of suicidal ideation.

- A. The most important thing to do is to talk to a licensed mental health professional who can provide direction to the right kind of therapy, resources, and teach coping mechanisms.
- B. If it is an active situation, call 9-1-1.
- C. If currently experiencing a crisis, or recognizing signs of suicide, call a crisis support hotline.
 - i. Texas Law Enforcement Peer Network: Available 24 hours a day, 7 days a week
 1. 972-338-1314
 - ii. Copline: Available 24 hours a day, 7 days a week
 1. 1-800-COPLINE
- D. Local resources
 - i. Hospital

- ii. Community support group
 - iii. Spiritual or faith leader
 - iv. Primary care physician
 - v. Therapist
 - vi. A local mobile crisis line
- E. Reach out to a close friend or loved one.
- F. Establish a suicide safety plan - a set of steps to take when recognizing suicidal warning signs.
 - i. Identification of warning signs:
 - 1. Suicidal thoughts
 - 2. Distorted thinking styles
 - 3. Increased social isolation.
 - 4. Self-destructive inner dialogue or self-talk
 - ii. Coping strategies:
 - 1. Engaging in a soothing, distracting activity.
 - 2. Leaving the immediate environment to be around others when thoughts escalate.
 - 3. Reaching out to family or friends for emotional support.
 - 4. Seeking help from a therapist or from a crisis intervention service.
 - iii. Strategies to stop self-destructive inner dialogue or self-talk:
 - 1. Shift the negative self-talk to be more a more realistic and balanced version of the thought.
 - 2. Do not use negative self-talk as a motivator.

3.4 Identify how to respond when recognizing signs of suicidal ideation in another person.

Instructor note: Instructor must ensure the learners receive the questionnaire from the Columbia Lighthouse Project physically or electronically as a reference. This questionnaire is used to help someone identify levels of suicide risk in another. Please refer to attached PDF file “Finding Wellness – Building a Healthier Life handouts” on page 8 and 9 to find the Columbia Lighthouse Project questionnaire. Emphasize the most important thing they can do is help that person get in touch with a professional.

- A. Do not hesitate to speak openly with someone directly, but tactfully about suicide.
 - i. Intuition that something is wrong should be acted on.
- B. Help keep them safe.
 - i. Remain calm and do not leave them alone.
 - ii. Remove any lethal means of acting on suicidal thoughts.
 - 1. Focus on the temporary nature of the distress and the need to reduce access to firearms.
- C. Persuade the person to seek help and make sure they get in touch with a professional.
- D. Be present, listen, and respond with compassion.
- E. If it is an active situation, call 9-1-1.
- F. Call a crisis hotline with them.
 - i. Texas Law Enforcement Peer Network: Available 24 hours a day, 7 days a week

1. 972-338-1314
- ii. Copline: Available 24 hours a day, 7 days a week
 1. 1-800-COPLINE
- G. Ask someone to discuss the cause of the pain that would have them want to stop living.
- H. Do not promise to keep their thoughts of suicide a secret.
- I. Prepare before addressing someone with suicidal ideation:
 - i. Be aware they may deny feeling suicidal.
 - ii. Have resources ready.
 - iii. Choose a private space to address the concerns.
- J. Follow-up
 - i. Check in.
- K. Addressing someone who is intoxicated or inebriated:
 - i. De-escalation is the goal and patience is key.
 - ii. Intoxicated or inebriated individuals cannot think logically. The individual must get sober for behavioral changes to occur. This can take hours or days.
 - iii. Continue with active listening skills.
 - iv. Voice concern and compassion repeatedly throughout the intervention in a non-threatening manner.

Unit 4 Building Resiliency

Instructor Note: Resiliency is a set of skills that mitigate the negative impacts of adverse events and allow greater recovery after an adverse event has been experienced. Even law enforcement professionals who consider themselves to already be resilient can benefit as these skills can also improve daily life by emphasizing positive aspects, rather than weaknesses. The purpose of Unit Four is to introduce some basic resiliency skills for students to begin practicing increasing their resiliency both during adverse events and in their day-to-day lives.

- 4.1 Define resiliency.
 - A. An individual's ability to withstand, adapt to, and recover from adversity.
 - i. Adversity may come in the form of traumatic events or everyday stressors and changing demands.
- 4.2 Identify key components of resiliency.
 - A. Physical - The ability to adopt and sustain healthy behaviors needed to enhance health and wellness.
 - i. Key elements in maintaining physical resiliency:
 1. Exercise
 2. Nutrition
 3. Rest
 4. Sleep
 - B. Mental - The ability to effectively cope with unique mental stressors and challenges.
 - i. Key elements in maintaining mental resiliency:
 1. Be aware of mental state of being and when deviating from it.
 2. Adaptability using healthy coping mechanisms.

3. Be willing to seek professional help when needed.
 - C. Social – The ability to engage in healthy social networks that promote overall wellbeing and optimal performance.
 - i. Key elements in maintaining social resiliency:
 1. Connectedness
 - Family
 - Friends
 - Intentionally spending time alone to reflect
 2. Communication
 - Active listening skills
 - Managing emotions
 - D. Spiritual - The ability to strengthen a set of beliefs, principles, or values that sustain an individual's sense of wellbeing and purpose.
 - i. Key elements in maintaining spiritual resiliency:
 1. Being in-tune with beliefs, principals, and values.
 2. Pursuing a meaningful purpose in life.
 3. Practicing one's beliefs.
- 4.3 Identify methods of physical resiliency with common adversities.
- A. Exercise contributes to physical and mental stamina.
 - i. Create an exercise routine.
 - ii. Get at least 30 minutes of exercise per day.
 - B. Proper nutrition improves physical and mental energy levels.
 - i. Plan meals
 - ii. Think about the “why” behind eating – hunger, stress, or boredom.
 - iii. Consume a diet high in fruits, vegetables, nuts, and whole grains.
 - iv. Avoid manufactured, processed foods.
 - v. Avoid excessively sugary or salty foods.
 - vi. Stay hydrated.
 - C. Rest
 - i. Unplug from social media.
 - ii. Take a walk outside.
 - iii. Read a book.
 - iv. Play a game.
 - v. Journal
 - D. Sleep hygiene alleviates insomnia and shift work sleep disorder.
 - i. Turn off electronics - computer/phone/television.
 - ii. Heavy meals, caffeine, alcohol, and nicotine interrupt the circadian rhythm.
 - iii. Turn off or dim lights.
 - iv. Create a bedtime routine.
 - v. Minimize outside interruptions.
- 4.4 Identify methods of mental resiliency.
- A. Rethink the narrative that worth is based on achievements, rather than character.
 - B. Practice gratitude.

- C. Limit time on social media
 - i. Connect with someone by phone or in person.
 - ii. Spend time with friends who are not first responders.
 - D. Mental rest
 - i. Allow the mind to turn off.
 - ii. Focus on being instead of doing.
 - iii. Grounding techniques
 - E. Connect with outside resources:
 - i. Trained clinicians:
 - 1. Employee Assistance Programs
 - 2. Licensed counselors
 - 3. Insurance
 - ii. Peer support networks
 - 1. Texas Law Enforcement Peer Network (972-338-1314)
 - 2. COPLINE (1-800-COPLINE)
- 4.5 Identify methods of social resiliency.
- A. Practice self-compassion
 - i. Self-kindness
 - ii. Common humanity
 - iii. Mindful approach
 - B. Time management
 - i. Be willing to take time off.
 - ii. Family time
 - C. Choose to be in healthy social settings.
 - i. Be around people who contribute to your overall wellbeing.
 - ii. Limit drama
 - iii. Do not associate with people who bully others.
 - iv. Be aware of one-sided relationships.
 - v. Spend time with friends who are not first responders.
 - D. Set clear healthy boundaries.
 - i. Personal boundaries
 - 1. Be straightforward in setting boundaries.
 - 2. State the need or request directly in terms of preferences, rather than dislikes.
 - 3. Accept any discomfort, such as guilt or shame, that arises because of setting boundaries.
 - ii. Professional boundaries
 - 1. Set boundaries for non-emergency contact.
 - E. Be honest when struggling.
 - i. Encourage each other to reach out when the stress, anxiety, and trauma experienced on the job and in life become too much.
 - ii. Talk to a trusted supervisor, coworker, department psychologist, or faith or spiritual leader.

- iii. Call a peer network system to talk to those who can relate to the experiences of a first responder.

Instructor Note: Please refer to attached PDF file “Finding Wellness – Building a Healthier Life handouts” for the Texas Law Enforcement Peer Network (TLEPN) flyer. This flyer must be distributed to learners physically or electronically. Instructors may incorporate this flyer as an in-class instructional aid and/or activity. Instructors must also review Appendix: Peer Support Network Resources with learners. Please highlight all calls into the Peer Network are confidential.

4.6 Identify methods spiritual resiliency.

- A. Spiritual resiliency is the ability to sustain an individual’s sense of self and purpose through a set of beliefs, principles, or values.
- B. Determine individual beliefs/principals/values:
 - i. Experiences and interactions, negative and positive
 - ii. Family traditions and views
 - iii. Cultural values
 - iv. Current state of mind
 - v. Beliefs/principals/values are personal, not global.
- C. Learn when to adjust.
 - i. Fixed vs. growth mindset.
 - ii. If reactions in the moment interfere with beliefs/principals/values, may need to adjust reactions.
 - iii. If beliefs/principals/values are insufficient to thrive in times of adversity, may need to adjust beliefs/principals/values.
- D. Use a spiritual reminder.
 - i. Affirmations, meditation, self-talk
 - ii. Have a variety for different types of adversity.
 - iii. Examples:
 - 1. I will find a way or make one.
 - 2. Any day above ground is a good one.
 - 3. Keep calm and carry on.
- E. Strengthen spiritual resiliency.
 - i. Accomplish goals.
 - 1. Examine how accomplished goals reinforce beliefs/principals/values.
 - ii. Practice gratitude.
 - iii. Practice forgiveness.
 - iv. Practice acceptance:
 - 1. Mindfulness
 - 2. Make meaning from adverse experiences.
 - v. Learn during times of adversity.
 - vi. Persevere in times of adversity.

Appendix: Peer Support Network Resources

Statewide resources

- A. Texas Law Enforcement Peer Network (TLEPN) is a state-wide program designed to give law enforcement officers access to specially trained peers to address stressors, trauma, fatigue, and other needs to combat workforce burnout and end police suicide and self-harm.
 - i. Contact:
 - 1. TLEPN@untdallas.edu
 - 2. (972)-338-1314
 - ii. Privacy:
 - 1. All communication is confidential, calls are not recorded.
 - 2. Can select a peer from any region within Texas.
 - 3. Does not require any identifying information.
 - 4. User information is not saved, shared, or open to open records request.
- B. COPLINE is a 24-hour confidential hotline answered only by vetted and trained retired law enforcement officers.
 - i. Contact:
 - 1. Hotline Calls: 1-800-267-5463 or 1-800-COPLINE
 - ii. Privacy:
 - 1. All communication is confidential, calls are not recorded.
 - 2. Does not require any identifying information.
 - 3. User information is not saved or shared.
- C. Texas Health and Human Services: “Find Your Local Mental Health or Behavioral Health Authority”
 - i. <https://resources.hhs.texas.gov/pages/find-services>
 - ii. Enter county to find resources.

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