

Instructor Resource Guide



Finding Wellness – Building a Healthier Life

Course ID# 4202

Continuing Education Requirement

Revised: April 2026

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.

This course is designed to help law enforcement professionals explore the risk factors that impact mental health, learn to recognize conditions and burnout, and identify practical wellness strategies for the demands of the job. This course also addresses how to recognize the signs of suicidal ideation and how to build a suicide prevention plan. Learners will explore how to practice resilience and overcome barriers 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. The learning objectives provided in this IRG are the minimum state requirements for the training and must not be changed or altered.

- A qualified instructor **shall** develop the IRG into a lesson plan that meets their organization and student needs and must be kept in a training file for auditing purposes.

Please note: It is the responsibility of the Academy and/or Contractual Training Provider to ensure the IRG is developed into a complete 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 IRG is designed to assist the instructor/subject matter expert in developing comprehensive lesson plans. The use of current statistics, best practice models, and scenario-based training should also be included in the lesson plan development. Instructors are encouraged to add additional activities.
- 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: This curriculum must be implemented by June 30th, 2026.

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. Training providers must keep a complete training file on all courses reported for TCOLE credit.

Student Prerequisites:

- None

Instructor Prerequisites:

An instructor must be a subject matter expert in the topic and must have documented knowledge/training/education and provide an instructor's biography that documents subject matter expertise. It is the responsibility of the training academy/training coordinator to select qualified instructors. A TCOLE instructor certification does not certify someone to teach any topic.

- 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, resilience, and stress management. A co-instructor from the mental health community is highly recommended.

Length of Course:

It is the training coordinator's responsibility to ensure the minimum hours are met. Learners are required to attend all classroom hours as listed in this instructor resource guide, there is no 10% attendance rule. TCOLE Rule 218.1 (C)(4) states that failure to meet the minimum course length may be grounds for denial of training. This course shall be taught the minimum hours that are listed in this guide and the student shall attend the entire class to receive credit.

- 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 learners, 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 Foundations of Wellness and Mind-Body Connection

INSTRUCTOR NOTE:

Unit 1 introduces the foundational concepts of wellness and the mind-body connection. Understanding these principles provides the groundwork for all later topics. This unit helps learners define health in a broader context, recognize how mental and physical health are interconnected, and explore ways to intentionally support both. These skills are especially important in law enforcement, where chronic stress and high demands can affect both the body and mind. By building awareness early, learners are better equipped to apply wellness strategies throughout the course and in their personal and professional lives.

1.1 Identify key components of wellness.

- A. Wellness is a holistic integration of physical, mental, and spiritual wellbeing, fueling the body, engaging the mind, and nurturing the spirit.
- B. Wellness encompasses eight (8) mutually interdependent dimensions:
 - i. Physical health
 - 1. Recognizing the need for physical activity, diet, sleep, and nutrition.
 - ii. Intellectual health
 - 1. Recognizing creative abilities and finding ways to expand knowledge and skills.
 - iii. Emotional health
 - 1. Coping effectively with life and satisfying relationships.
 - iv. Social health
 - 1. Developing a sense of connection, belonging, and well-developed support system.
 - v. Spiritual health
 - 1. Expanding one's sense of purpose and meaning in life.
 - vi. Occupational health
 - 1. Personal satisfaction and enrichment derived from one's work.
 - vii. Financial health
 - 1. Satisfaction with current and future financial situations.
 - viii. Environmental health
 - 1. Good health by occupying pleasant, stimulating environments that support wellbeing.

1.2 Explain the mind-body connection.

- A. The mind-body connection is the intricate relationship between mental and emotional wellbeing and physical health.
 - i. Wellbeing is the state of being healthy, happy, or prosperous; physical, psychological, or moral welfare.

- ii. Health is a state of complete physical, mental, and social wellbeing, not merely the absence of disease or illness.
 - iii. This connection suggests that thoughts, feelings, and attitudes can influence physical wellbeing and vice versa.
- B. When one or more dimensions of wellness are neglected, imbalances can occur. These can affect both mind and body, with symptoms varying widely between individuals.
- i. Mental and Emotional Signs
 - 1. Mood disturbances
 - a. Excessive anxiety or worry
 - b. Persistent sadness, irritability, or a growing sense of detachment
 - c. Sudden or frequent mood swings
 - 2. Cognitive difficulties
 - a. Trouble concentrating or focusing
 - b. Difficulty making decisions
 - c. Problems with managing everyday stress
 - 3. Social withdrawal
 - a. Isolation from colleagues, friends and family
 - b. Difficulty maintaining healthy relationships
 - c. Reduced interest in previously enjoyed activities
 - ii. Physical Signs
 - 1. Nervous system
 - a. Chronic headaches or migraines
 - b. Persistent muscle tension or pain
 - c. Sleep disturbances
 - d. Persistent fatigue or low energy
 - 2. Digestive system
 - a. Nausea, stomach pain, or cramping
 - b. Changes in bowel habits
 - c. Unexplained changes in appetite
 - 3. Cardiovascular system
 - a. Elevated blood pressure
 - b. Rapid or irregular heartbeat
 - c. Chest tightness
 - 4. Other physical changes

- a. Unexplained weight gain or loss
- b. Frequent illness or slower recovery

INSTRUCTOR NOTE:

These signs may indicate imbalances across multiple wellness dimensions. Early recognition allows for timely intervention. If symptoms persist or worsen, seek support from healthcare professionals.

1.3 Identify ways to intentionally connect the mind and body.

- A. Connecting the mind and body starts with intentional, focused techniques.
- B. Techniques can be grouped into short-term methods that provide immediate regulation and long-term practices that promote ongoing mind-body connection.
 - i. Short-Term Techniques:
 - 1. Mindfulness is the awareness of one's internal states and surroundings. The concept helps people avoid destructive or automatic habits and responses by learning to observe their thoughts, emotions, and other present-moment experiences without judging or reacting to them. There are various techniques to practice mindfulness.
 - a. Tactical/box breathing
 - Inhale for 4 seconds, hold for 4 seconds, exhale for 4 seconds, hold for 4 seconds.
 - b. Grounding exercises
 - 5-4-3-2-1 technique: name 5 things you see, 4 things you can touch, 3 things you can hear, 2 things you can smell, 1 thing you can taste.
 - Progressive Muscle Relaxation: systematically tense and release muscle groups (fists, shoulders, jaw, legs).
 - Describe the environment: objectively narrate the surroundings as if giving a witness statement: "I'm in the station. The walls are beige. There's a clock showing 3:15."
 - c. Meditation
 - Bodyscanning
 - Breathwork exercises
 - Guided meditations
 - ii. Long-Term Techniques:
 - 1. Acupuncture
 - 2. Creative expressions
 - 3. Martial arts
 - 4. Massage therapy
 - 5. Physical exercise

6. Yoga

- C. Making these practices stick requires moving from intention to habit.
- i. Intention is the conscious selection of behaviors that support a specific goal.
 - ii. A powerful tool for sustaining mind-body practice is the habit loop.
 1. A habit is a behavior that is recurrent, is cued by a specific context, often happens without much awareness or conscious intent, and is acquired through frequent repetition.
 2. The habit loop is a formula that the brain automatically follows:
 - a. “When I see cue, I will do routine in order to get a reward.”
 - Cue: the trigger that kicks off habitual behavior.
 - Routine: the habit, or repeated behavior.
 - Reward: what the behavior does for the person.
 3. Strategies for building and maintaining healthy habits:
 - a. Start with small, manageable steps.
 - b. Avoid temptations that reinforce unhelpful habits.
 - c. Replace old habits with new similar habits.
 - d. Practice self-compassion, change takes time and effort.
 4. Developing or breaking habits is a gradual process that requires realistic expectations and ongoing self-kindness.

SUGGESTED ACTIVITY:

Instructors may choose to guide learners through practice of immediate mind-body techniques to demonstrate the connection between intention and physical response. Instructors can do it themselves or use other instructional materials. Suggested techniques include:

- Tactical/box breathing
- Grounding exercises
- Meditation

Unit 2 Wellness Risk Factors and Resources

INSTRUCTOR NOTE:

Unit 2 focuses on identifying wellness risk factors and mental health conditions that commonly affect law enforcement professionals. Understanding these conditions and available interventions supports early identification and appropriate response. This material is not a comprehensive list of all mental health conditions and is not intended to diagnose or provide treatment but offers recognition tools and support options to guide appropriate referrals and responses.

The conditions described in this unit are not unique to first responders, but the nature of the profession increases both the risk and the impact.

Please refer to attached PDF file "Finding Wellness – Building a Healthier Life handouts" for distribution to learners.

2.1 Identify risk factors that impact first responder mental health.

- A. Occupational exposures
 - i. First responders face repeated exposure to death, tragedy, and trauma, leading to invisible injuries such as:
 - 1. Secondary trauma from witnessing human suffering.
 - 2. Sensory memories that are difficult to dismiss.
- B. Individual factors
 - i. Personal history and circumstances shape officers' stress responses, including:
 - 1. Pre-existing mental health history
 - 2. Personal trauma or adverse childhood experiences (ACEs)
 - 3. Relationship and family stressors
 - 4. Financial pressures
- C. Institutional factors
 - i. Work culture and organizational environment impact mental health, including:
 - 1. Cultural conditioning to mask emotions.
 - 2. Limited emotional health preparation in training.
 - 3. Focus on physical readiness rather than psychological readiness.
- D. Operational stressors
 - i. Stressors unique to first responder roles include:
 - 1. Shift work and sleep disruption
 - 2. Frequent surges
 - 3. Exposure to violence and unpredictable situations
- E. Common unhealthy coping patterns
 - i. In response to these challenges, unhealthy coping mechanisms may develop, such as:
 - 1. Anger, negativity, and cynicism often stemming from ongoing frustration.
 - 2. Compartmentalization, a survival mechanism that suppresses emotions to continue functioning.
 - 3. Discounting or numbing, minimizing the severity of events witnessed.
 - 4. Alcohol abuse/misuse, used to drown out traumatic memories.

INSTRUCTOR NOTE:

This section covers seven conditions that are most prevalent and most actionable for law enforcement professionals to recognize. This is not meant to be a comprehensive list.

2.2 Recognize common conditions experienced by law enforcement professionals.

- A. Building awareness of mental health conditions is the next step in protecting wellness. These conditions can develop over time or appear suddenly, but the earlier they are recognized, the more effectively they can be managed.
- B. Stress
 - i. Stress is the body and mind's response to perceived threat or pressure, real or imagined.
 - ii. There are two main categories of stress.
 - 1. Distress is a harmful stress that can impair functioning and lead to mental and physical health issues.
 - 2. Eustress is a beneficial stress that can motivate, enhance performance, and build resilience such as starting a new job, planning a wedding, etc.
 - iii. Types of distress include:
 - 1. Acute stress is a short-term spike in response to an immediate situation.
 - 2. Episodic acute stress is a recurring short-term stress due to ongoing challenges.
 - 3. Chronic stress is a long-term, unrelenting stress.
- C. Trauma
 - i. Trauma is an emotional and physiological response to distressing events. These events do not always involve physical harm. Witnessing violence, hearing tragic stories, or carrying the weight of responsibility can all cause trauma.
 - ii. Types of trauma:
 - 1. Acute trauma: Results from a single distressing incident.
 - a. Car accident
 - b. Natural disaster
 - c. Sudden illness or loss
 - d. Officer-involved shooting
 - e. Death of a partner
 - 2. Chronic trauma: Prolonged exposure to distressing situations or repeated exposure to traumatic events.
 - a. Ongoing domestic abuse
 - b. Childhood neglect
 - c. Bullying
 - d. Long-term illness
 - e. Repeated exposure to violence and tragedy over a career
 - f. Cumulative stress from shift work and high-stakes decisions

3. Vicarious trauma: Experience of absorbing others' pain in times of their distress so deeply that it affects one's own well-being.
 - a. Arriving at fatal accidents or suicide scenes.
 - b. Reviewing disturbing images or case files involving child abuse.
 - c. Exposure to graphic crime scenes or autopsy photos.
 - d. Listening to survivors recount sexual assault or violent crimes.
4. Complex trauma: Repeated or prolonged exposure to traumatic events, often interpersonal in nature, that has a cumulative impact on a person's mental health and functioning.
 - a. Adverse Childhood Experiences (ACEs) are early life traumatic experiences that increase long-term risk for mental health challenges.
 - Abuse
 - Neglect
 - Household Dysfunction

INSTRUCTOR NOTE:

PTS becomes PTSD when symptoms last longer than 30 days and significantly interfere with daily life, relationships, or work. The difference is not the symptoms themselves; it is the duration and the impact.

Symptoms do not always surface immediately. In law enforcement, where suppression is common, they can emerge months or even years after the event. Only a licensed mental health professional can make a formal diagnosis.

D. Post Traumatic Stress Disorder (PTSD)

- i. PTSD is a prolonged psychological and physiological response to trauma that persists long after the threatening event has passed. Symptoms are severe enough to disrupt daily functioning and do not resolve on their own.
- ii. Common causes include:
 1. Direct exposure to a single traumatic event or repeated trauma over time.
 2. Witnessing violence, death, or serious injury.
 3. Cumulative exposure to others' trauma (secondary or vicarious trauma).
 4. Experiences of powerlessness, betrayal, or loss of control during a critical incident.
- iii. Symptoms:
 1. Intrusive thoughts, flashbacks, or distressing dreams related to the traumatic event.
 2. Avoidance of people, places, or situations that serve as reminders of the trauma.

3. Persistent negative thoughts or feelings, including guilt, shame, or emotional numbness.
4. Hypervigilance, exaggerated startle response, or difficulty sleeping.
5. Irritability or angry outbursts that feel disproportionate to the situation.

E. Moral Injury

- i. Moral injury refers to the psychological and emotional conflict that arises when actions or inactions violate deeply held personal or professional values. Unlike trauma, which is a response to threat or danger, moral injury centers on ethical and moral distress.
- ii. Common causes include:
 1. Witnessing or participating in violence that conflicts with personal values.
 2. Experiencing moments of inaction during critical incidents.
 3. Facing ethical compromises due to external pressures.
- iii. Symptoms:
 1. Shame or guilt
 2. Emotional numbness or detachment
 3. Loss of trust in oneself or others
 4. Difficulty connecting emotionally or socially
- iv. Addressing moral injury:
 1. Seek opportunities to process ethical conflicts with trusted peers, chaplains, or mental health professionals trained in moral injury.
 2. Reconnect with personal values through meaningful actions or service that aligns with core beliefs.
- v. Overlap with PTSD:
 1. Moral injury often co-occurs with PTSD, sharing features such as guilt and shame. However, moral injury emphasizes the ethical and spiritual wounds caused by perceived betrayal or loss of trust.
 2. The combination of moral injury and PTSD can increase severity of symptoms and the risk of suicidal ideation.

F. Compassion Fatigue

1. Compassion fatigue is emotional depletion resulting from prolonged exposure to others' suffering. This condition can reduce the ability to empathize and connect emotionally.
2. Common causes include:
 - a. Repeated exposure to traumatic events
 - b. Insufficient rest and recovery
 - c. Emotional detachment as a coping mechanism

3. Symptoms:
 - a. Increased irritability
 - b. Emotional detachment or numbness
 - c. Disrupted sleep patterns
 - d. Reduced empathy toward others
4. Restoring capacity:
 - a. Take intentional breaks from exposure to suffering.
 - b. Practice self-compassion.
 - c. Reconnect with the meaning and purpose behind the work through small moments of positive impact.

G. Hypervigilance Cycle

- i. Hypervigilance is a survival mechanism that helps people detect danger quickly.
- ii. The hypervigilance cycle refers to the sharp biological and emotional shifts that occur between being on-duty (high-alert mode) and off-duty (low-stimulation recovery mode).
 1. On-duty: Increased muscle tension, fast heart rate, narrowed focus (tunnel vision).
 2. Off-duty: Fatigue, irritability, emotional numbness, mental disconnection from others.
- iii. Common Causes
 1. Constant exposure to high-risk or unpredictable environments.
 2. Frequent adrenaline surges.
 3. Disrupted sleep and irregular shift work.
- iv. Symptoms:
 1. Social isolation at home.
 2. Unwillingness to engage in conversation or activities that are not police related.
 3. Reduced interaction with nonpolice friends and acquaintances.
 4. Procrastination in decision making not related to work.
 5. Infidelity in relationships.
 6. Non-involvement in children's needs or activities.
 7. Loss of interest in hobbies or recreational activities.
 8. Persistent irritability or anger, especially toward family members.
 9. Growing cynicism about people, the job, or the justice system.
- v. Immediate interventions:

1. Create intentional rituals between on-duty and off-duty (change clothes, listen to music, take a specific route home).
2. Practice controlled breathing or progressive muscle relaxation to signal the body it's safe to downshift.

H. Burnout

- i. Burnout is a state of emotional, mental, and physical exhaustion caused by prolonged stress.
- ii. First responders routinely face high-stress situations, work long hours with staff shortages, and witness the worst of society on a regular basis.
- iii. There are five stages of burnout.
 1. Honeymoon phase: Enthusiasm, commitment, productivity.
 2. Onset of stress: Irritability, reduced productivity, neglect of self.
 3. Chronic stress: Cynicism, withdrawal, increased mistakes.
 4. Burnout: Exhaustion, emotional numbness, sense of failure.
 5. Habitual burnout: Depression, chronic fatigue, emotional shutdown.

2.3 Identify wellness strategies.

- A. A range of support systems and treatment approaches are available. Early use of support often leads to better long-term outcomes.
- B. Personal Wellness Strategies
 - i. Personal wellness practices empower individuals to manage stress and support health. Examples include:
 1. Exercise and movement
 2. Nutrition
 3. Sleep hygiene
 4. Mind-body connection techniques
- C. Peer and Social Support
 - i. Connection with others provides emotional support and reduces isolation.
 1. Peer support programs
 2. Regular check-ins and conversations with colleagues
 3. Support groups
 4. Family and friend networks
- D. Professional Support
 - i. When self-care and social support aren't enough, professional help is essential.
 - ii. Signs that professional help may be needed include persistent symptoms, impaired daily function, or thoughts of self-harm.
 - iii. Types of professional support include:

- a. Individual or group therapy
- b. Specialized mental health therapy
- c. Medical or psychiatric care

SUGGESTED ACTIVITY:**Overall Health Self-Assessment**

Learners complete a confidential self-assessment to reflect on their current mental and physical wellbeing. Instructors will provide a series of questions where learners select responses that best reflect how they're feeling.

INSTRUCTOR NOTE: This is a moment for self-reflection. Give learners time and space to complete honestly without pressure or observation. Delivery option is up to the instructor but examples are paper handout or projected on screen.

Key Points to Emphasize:

- Assessment is completely confidential
- Responses are not saved or tracked
- Designed for personal reflection and awareness
- Helps identify areas where additional support may be beneficial

Self-Assessment Questions:

- How would you describe your current state of mind?
- How are you feeling, physically?
- What are some of the ways you cope with the stress in your life?

Unit 3 Suicide Intervention**INSTRUCTOR NOTE:**

Unit 3 addresses what to do when the conditions learned in Unit 2 escalate to crisis levels. Many of the conditions covered in Unit 2, such as trauma or burnout, can contribute to suicidal ideation.

This unit is designed to teach learners 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.

INSTRUCTOR NOTE:

Before teaching this section, research and prepare current suicide rate statistics. While resources from the FBI and First Help are provided below, suicide data is continuously updated. Instructors should seek the most recent available statistics before each class delivery.

When discussing suicide rates in law enforcement, acknowledge upfront that accurate data is difficult to obtain and numbers vary across sources. This is due to several factors:

- Underreporting: Many law enforcement suicides are not officially classified as such due to stigma, family privacy concerns, or inconclusive investigations.
- Incomplete data collection: Though a national FBI reporting system exists, agency participation is voluntary, resulting in underreported numbers.
- Varying definitions: Different organizations may define "law enforcement" differently (sworn officers only vs. including corrections, dispatchers, etc.).
- Delayed classifications: Some deaths initially ruled accidental or undetermined are later reclassified.

Resources:

- [FBI – Law Enforcement Suicide Data Collection \(LESDC\)](#)
- [First H.E.L.P](#)

3.1 Identify terms associated with suicide.

- A. Suicide is defined as death caused by self-directed injurious behavior with the intent to die as a result of the behavior.
- B. Suicidal ideation refers to thinking about or formulating plans for suicide.
 - i. The ideation exists on a spectrum of intensity.
 - 1. Begins with a general desire to die that lacks any concrete method, plan, intention, or action.
 - 2. Progresses to active suicidal ideation, which involves a detailed plan and a determined intent to act on the ideas.
- C. A suicide attempt is a self-directed, potentially injurious behavior with the intent to die as a result of the behavior. A suicide attempt might not result in death or injury.

INSTRUCTOR NOTE:

Learners should receive the Columbia Lighthouse Project suicide screening tool in the folder "Finding Wellness – Building a Healthier Life" handout. This helps determine suicide risk level and supports better decision-making in the field.

3.2 Recognize warning signs of suicidal ideation.

- A. Expressing feelings of hopelessness or being trapped.
- B. Talking about being a burden to others.
- C. Signs of intense emotional pain or psychological distress.
- D. Withdrawal from social activities or increased isolation.
- E. Increase in substance use or frequent intoxication.
- F. Giving away personal possessions or making final arrangements.
- G. Sudden religious or spiritual shifts, especially if previously non-religious.

- H. Preoccupation with death or suicide.
- I. Expressing thoughts of self-harm or death.
- J. Changes in behavior: reckless actions, agitation, or extreme mood swings.
- K. Decrease in work performance.
- L. Changes in sleep patterns (too much or too little).
- M. Irritability, rage, or emotional volatility.
- N. No single sign guarantees someone is thinking about suicide, but these indicators often appear together or build over time.

3.3 Identify risk factors for suicidal ideation.

- A. Health Factors
 - i. Mental health disorders
 - ii. Chronic pain or debilitating medical conditions
 - iii. Previous suicide attempts
 - iv. Substance use disorders
- B. Environmental Factors
 - i. Prolonged stress, harassment, bullying, or loss
 - ii. Stressful life events
 - iii. Access to lethal means
 - iv. Family history of suicide
- C. Professional Factors
 - i. History of military service
 - ii. Experience with critical incidents or trauma exposure
 - iii. Cultural stigma preventing help-seeking within the profession

3.4 Identify how to respond to suicidal ideation.

- A. Immediate Safety Response
 - i. For active crisis, immediately call 9-1-1.
 - ii. Do not handle the situation alone, involve professionals and support systems.
 - iii. Seek immediate company.
 - iv. Remove or restrict access to lethal means (e.g., firearms, medications).
- B. Contact resources such as:
 - i. Hospital or emergency room
 - ii. Therapist or counselor
 - iii. Community or faith-based support
 - iv. Mobile crisis team
 - v. Primary care physician

- vi. Texas Law Enforcement Peer Network: 972-338-1314 (24/7)
- vii. Copline – 1-800-COPLINE (24/7)
- C. Develop a suicide safety plan that includes:
 - i. Identification of personal warning signs.
 - ii. List of effective coping strategies (e.g., physical activity, peer contact).
 - iii. Removal or restriction of access to lethal means (e.g., firearms, medications).
 - iv. Emergency contacts and mental health resources.
 - v. Commitment to taking action if warning signs reappear.
- D. When someone may be experiencing suicidal ideation, follow these steps to provide support and ensure safety.
 - i. Prepare before approaching.
 - 1. Expect potential denial.
 - 2. Have local resources ready.
 - 3. Choose a private, safe space for the conversation.
 - ii. Initiate a direct but tactful conversation.
 - 1. Trust intuition when something feels off.
 - 2. Ask openly about suicidal thoughts without judgment.
 - iii. Keep the person safe.
 - 1. Stay with them.
 - 2. Remove or restrict access to lethal means.
 - 3. Emphasize that suicidal thoughts are temporary and treatable.
 - iv. Encourage connection to help.
 - 1. Help them reach a mental health professional.
 - 2. Call a crisis line with them.
 - 3. Do not promise confidentiality if someone is at risk.
 - v. Provide support and follow-up.
 - 1. Be present and compassionate.
 - 2. Check in after the immediate situation.
 - vi. Avoid confrontation if the person is intoxicated or impaired.
 - 1. Focus on de-escalation.
 - 2. Be patient, substance use impairs judgment and increases risk.
 - 3. Use calm, non-threatening communication.
 - 4. Continue to express concern and listen actively.

REQUIRED ACTIVITY:

Please refer to attached PDF file "Finding Wellness – Building for a Healthier Life handouts" for

the Texas Law Enforcement Peer Network (TLEPN) flyer. This flyer must be distributed to learners physically or electronically. Instructors must also review Appendix: Peer Support Network Resources with learners. Please highlight all calls into the Peer Network are confidential.

Activity Instructions: Direct learners to create a personal support contact list and save it in their phones. Alternatively, instructors may provide a different format of instructors choosing. Instructors can get resources from the TLEPN website or have learners navigate to their website.

- TLEPN app – Provide QR code or direct learners to website
- Employee Assistance Program (EAP) – Department specific contact information
- Personal Support Person – At least one trusted friend, family member, mentor or peer
- Crisis hotline – 988 (24/7 Suicide Crisis Hotline)

Unit 4 Building Resilience

INSTRUCTOR NOTE:

Resilience is a set of skills that help reduce the negative impact of adversity and support recovery after challenging experiences. For law enforcement professionals, these skills are valuable not only in response to critical incidents, but also in managing daily stressors. Even those who already identify as resilient can benefit, as building these skills can enhance overall wellbeing and strengthen long-term performance. The purpose of Unit 4 is to introduce core resilience concepts and practical strategies that learners can begin using to navigate adversity, strengthen protective factors, and support wellness both on and off the job.

4.1 Define resilience.

- A. Resilience is an individual's ability to withstand, adapt to, and recover from adversity.
- B. Adversity can come from traumatic events or everyday stressors and changing demands.
- C. Resilience consists of four interconnected domains. Strengthening one often supports the others:
 - i. Mental: Emotional regulation, stress management and mindset.
 - ii. Physical: Sleep, fitness, nutrition, and physical health.
 - iii. Social: Meaningful relationships and social support.
 - iv. Spiritual: Sense of purpose, values and connection.

4.2 Identify methods to build resilience.

- A. Building resilience across all four domains requires a growth mindset.
 - i. A growth mindset is the belief that personal characteristics, such as intellectual abilities, can be developed.

- ii. A fixed mindset is the belief that these characteristics are fixed and unchangeable.
- B. Mental domain:
- i. Practice mindfulness and meditation to stay grounded and manage intrusive thoughts.
 - ii. Seek professional counseling or therapy when needed, especially after critical incidents.
 - iii. Use cognitive reframing to process difficult calls and maintain perspective.
 - iv. Engage in hobbies and activities that provide mental breaks from work.
 - v. Set healthy boundaries between work and personal life.
 - vi. Practice self-compassion and recognize that emotional reactions are normal.
- C. Physical domain:
- i. Maintain regular exercise routines to manage stress and build stamina.
 - ii. Prioritize quality sleep with consistent sleep schedules when possible.
 - 1. Create a bedtime routine.
 - 2. Turn off electronics – computer/phone/television.
 - 3. Heavy meals, caffeine, alcohol, and nicotine interrupt the circadian rhythm.
 - iii. Eat nutritious meals and stay hydrated.
 - 1. Plan meals.
 - 2. Think about the “why” behind eating – hunger, stress, or boredom.
 - 3. Consume a diet high in fruits, vegetables, nuts, and whole grains.
 - 4. Avoid manufactured, processed foods.
 - 5. Avoid excessively sugary or salty foods.
 - iv. Practice tactical breathing (box breathing) during high-stress moments.
 - v. Schedule regular health checkups.
 - vi. Take breaks during shifts when possible, to rest and recharge.
- D. Social domain:
- i. Cultivate strong support networks with family and friends outside of work.
 - ii. Connect with fellow first responders who understand the unique challenges.
 - iii. Participate in team activities.
 - iv. Communicate openly with loved ones about the job’s impact (within appropriate boundaries).
 - v. Join support groups or peer networks.
 - vi. Make time for social activities unrelated to work.
 - vii. Ask for help when feeling isolated or overwhelmed.

- E. Spiritual domain:
 - i. Connect to personal values.
 - ii. Engage in practices that align with beliefs (prayer, meditation, nature walks, etc.)
 - iii. Reflect on meaningful moments that made positive differences.
 - iv. Practice gratitude.
 - v. Explore values and meaning through journaling or contemplation.
 - vi. Connect with faith communities or spiritual advisors if that resonates.
 - vii. Find ways to serve others outside of work to maintain a sense of contribution.

4.3 Recognize how stigma creates barriers to seeking help.

- A. Stigma involves negative attitudes, stereotypes, or judgments about mental health struggles or help-seeking.
 - i. Self-stigma: Internalized shame or weakness.
 - 1. Organizational/culture stigma: Fear of job consequences or judgment from peers.
 - 2. Structural stigma: Lack of time, access, or resources.
- B. Consequences of stigma:
 - i. Delayed help-seeking
 - ii. Increased risk of burnout, suicide, and substance misuse.
 - iii. Reduced team cohesion and trust.

4.4 Identify strategies to reduce stigma and promote resilience.

- A. At the individual level:
 - i. View stress response as part of resilience, not weakness.
 - ii. Speak openly and respectfully about mental health.
 - iii. Model healthy coping, including accessing support.
 - iv. Avoid language that reinforces shame such as “crazy” or “weak.”
- B. At the organizational level:
 - i. Leadership actively discusses wellness and mental health.
 - ii. Include mental health topics in regular training.
 - iii. Normalize routine access to professional support.
 - iv. Check in with officers within 72 hours for officers who responded to loss-of-life calls or critical incidents.
 - v. If not already in place, consider implementing structured wellness programs.
 - 1. Checkpoints system
 - 2. Peer support networks
 - 3. Department specific initiatives

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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