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Effective Leadership Under Stress

Practical Application of Operational Stress Management Training

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Police officers are first in line to handle dangerous, life-threatening events.

During rapidly changing conditions and often stressful situations, they must perform their duties while demonstrating strength and upholding professional standards. Despite facing great personal risk, police officers help affected individuals during emergency situations. In those times, they often act as links among the public, those who are physically or emotionally injured, and the authorities.

Police officers are trained first and foremost to help others. However, the multiple demands of their job and the high-level stress environments in which they must operate can overwhelm officers, leading them to be at risk of impaired decision making and committing fatal mistakes. As a result, the numbers show a troubling rise in police burnout, job attrition, substance abuse, mental health issues, and

suicide.¹

While these police duties are essential to the safety and wellness of their communities, the routine exposure and high-risk nature of police officers' job responsibilities put them at an increased risk for long-term problems related to traumatic stress.² Examples of traumatic stress can include direct death, grief, injury, pain, or loss, as well as direct exposure of threat to personal safety, long hours of work, frequent shifts and longer shift hours, poor sleep, and physical hardships.³ Exposure to painful and stressful experiences along with inconsistent sleep schedules elevate the risk of mental health issues,⁴ and suicidal ideation has been reported to be higher among first responders than in the general public.⁵

In many police departments, the culture still promotes the "just be strong" approach. After being exposed to traumatic events on the job, such as injury, death and loss, police officers may hear messages of that ilk from their colleagues and superiors—"Suck it up" or "This is what you signed up for."

These statements, along with the organizational culture associated with police agencies, are some of the social barriers to seeking help. Stigma and perceived obstacles such as lack of knowledge about post-traumatic stress disorder (PTSD) or treatments, financial strain, and time burdens are all deterrents to seeking mental health services. Due to stigma and organizational culture, those in first responder roles do not often easily admit to needing help because their culture deems mental health assistance as a sign of weakness, failure, and vulnerability.⁶

Vicarious trauma is defined as "the transformation that occurs within the trauma worker as a result of empathetic engagement with clients' trauma experiences and their sequelae."⁷ The difference between burnout and vicarious trauma has been identified based on the differences between chronic and acute stressors. However, the distinction is not as clear for emergency service responders due to the fact that exposure to trauma is an expected part of their work life and a daily occurrence. Burnout and vicarious trauma both present as decreases in morale,

productivity, and the ability to function in the workplace; those who encounter vicarious trauma also respond by avoidance, numbing, and persistent arousal.⁸

The Need for Cultural and Organizational Change

Under most circumstances, emotional isolation, the ability to deny and repress many humans' strongest fear—the fear of death—serves police well. However, it fails to safeguard them psychologically when they are called to mass casualty incidents, events where people have traumatic injuries, cases where children are hurt, natural disasters, international crises, or incidents when someone they know has been affected. Sometimes, this emotional protection simply fails because they have seen and experienced too much over an extended period of time. When traumatic incidents pile up and emotional isolation fails, the impact can be overwhelming.

While an officer might feel an immediate sense of “heroism” in the aftermath of a traumatic rescue, witnessing the pain of others takes a toll on first responders and protective countermeasures must be used to lessen the effects on their mental health.

Case Study: Addressing Operational Stress in Israeli Police

To ensure the continued functioning and professional longevity of Israel's police force, and other first responders, the mental health department of the Israeli Police, together with NATAL: Israel Trauma and Resiliency Center, developed a program tailor-made to answer the needs of police officers in various departments. Subsequently, the training program was scaled up and named Operational Stress Management (OSM).

Utilizing a proactive approach, based on psychological research, relevant skills were identified and transformed into practical tools that, when provided ahead of

time, serve as crucial components for preventing PTSD. Recognizing the key importance of gaining acceptance and buy-in with stakeholders, the crucial first step for implementation was ensuring that the stress management tools can be implemented as practical tools of an officer's everyday training and missions.

The program launched in September 2016, with the training of five units within the Israeli Police force. Crucially, the pilot training was completed across a wide range of ranks, including commanders. After completion of the training course, the pilot groups served as program ambassadors, normalizing mental health training and providing word-of-mouth support and referrals within their units to mental health resources and further training.

In the following 14 months, 1,174 workshops were held, including training 18,000 operational officers. The expeditious rollout provided a great accumulation of knowledge, including the need for practical tools related to the daily routine in the life of a police officer.

Evidence gathered by the Israeli Police showed that the program had an impact on officers' overall motivation, reduced the number of unexplained sick days, and increased the requests for mental health support. Gradually, unit commanders became more likely to encourage their officers to attend the training, recognizing the long-term dividends of the investment of a two-day workshop.

Prior and parallel to the work with the Israeli Police, NATAL has been working with more than 16 large Israeli hospitals to train more than 2,500 medical staff, with a



New Jersey first responders participate in Operational Stress Management (OSM) resiliency training.

particular focus on nursing teams. Although medical teams and police officers have differences, NATAL recognized that similar trends occur across both disciplines. As a result, in some cases, NATAL been able to use identical training tools for medical teams and police, and in other cases, it has adapted the training to meet the particular needs of each respective discipline.

Operational Stress Management: The Training Program

NATAL's OSM program seeks to reduce potential secondary trauma, increase employee retention, and strengthen organizations and agencies by focusing on the resilience of individuals.

The key is to provide participants with practical tools for self-care and stress management, helping to prevent personal and professional burnout while providing coping and decision-making tools to use in stressful professional situations.

“When traumatic incidents pile up and emotional isolation fails, the impact can be overwhelming.”

OSM is a comprehensive, organizational intervention and training curriculum that aims to promote better mission-oriented decision making, under the stresses of the job. OSM integrates the course curriculum into a police department's operational cycle. Using experiential learning, games, and exercises, the training connects with a first

responder's way of thinking and operating.

The goal of the curriculum is to provide first responders with operational stress management tools that encompass methods for developing self-resiliency for

both routine and emergency situations. The program seeks to normalize stress reactions, promote help-seeking behaviors and positive attitudes toward mental health assistance, and provide information that can reduce catastrophic and erroneous interpretations of trauma responses.

The OSM program has four primary features:

1. **Practical experience**—Decades of experience working with victims of war, terrorism, and other large-scale crises have led to the translation of mental health theories into effective, easy-to-use practices and programming.
2. **Routine to crisis approach**—NATAL's programming is proven to be effective for implementation during routine duties and times of crisis and allow for a quicker, healthier, and cost-effective return to normal.
3. **Proactiveness** in encouraging cultural change and democratization of knowledge—Mental health should be normalized and spoken about openly. As mental health professionals cannot be everywhere at all times, NATAL focuses on proactive engagement with the officers in understanding mental health, trauma, and the implementation of self-help tools.
4. **Experiential learning**—Whether delivered in person or online, NATAL's training and workshops bring theories to life, engage participants in discussion, and work through experiential methods and simulations.

Adaptations and Implementation of OSM in New Jersey

Over the past three years, NATAL, in collaboration with the Jersey City-Newark Urban Area Security Initiative (UASI) in New Jersey developed a successful train-the-trainer model for New Jersey's first responders. Funded by the Urban Areas Security Initiative (UASI) grant program from the U.S. Department of Homeland Security, NATAL and UASI customized and implemented the OSM material to suit the specific needs and responsibilities of local personnel.

The careful, strategic process of scaling is detailed in Figure 1, using NATAL's routine-crisis cycle, a measuring tool utilized within NATAL's programming in

Israel.

FIGURE 1. NATAL'S ROUTINE-CRISIS CYCLE



1. Everyday Resiliency Building – Planning and Adapting

The UASI grant program was created by the U.S. Department of Homeland Security to provide financial assistance to address the unique equipment, training, planning, and exercise needs of large urban areas and to assist them in building an enhanced and sustainable capacity to prevent, protect, respond, and recover from threats or acts of terrorism. The Jersey City/Newark UASI put out a request

for proposals in 2017 for an organization to develop a train-the-trainer program for ER physicians, nurses, paramedics, and other emergency medical personnel for the prevention of PTSD in hospital first responders. NATAL was the organization ultimately selected to do this training and was again selected in 2019 through another bid process to expand this training to encompass medical, fire, and law enforcement personnel. The training was required to provide tools to enable first responders to better cope with stressful situations before they occur and not just treat the symptoms after the event has occurred.



OSM training uses experiential learning, games, and exercises to connect with a first responder's way of thinking and operating.

This partnership enabled mutual awareness of the operational stress management needs of each discipline, which was crucial to properly tailor NATAL's tools to each unique culture. To understand the stressors faced by each discipline in New Jersey, a survey was sent out to local hospitals, fire departments, and law enforcement agencies. Hundreds of individuals responded to the survey, and the

data collected were analyzed. The results of the analysis became the foundation for the curriculum developed by NATAL for first responders in the Jersey/City Newark UASI region.

The OSM program developed by NATAL for the Jersey City/Newark UASI focuses on training "OSM-NJ ambassadors" throughout the local departments and hospitals, who are able to provide quick, practical, and tailored peer support. Often coming into the training with little or no background in mental health, trainees complete a seven-day course that enables them to facilitate a later

training to their peers. The peer-to-peer training has two curriculum options: (1) a three-hour overview course that introduces basic stress management/self-care topics; and (2) a more in-depth eighteen-hour peer-to-peer training delivered over a three-day time frame. This model of training promotes the normalization of mental health and democratization of key knowledge to all first responders in New Jersey.

Spreading OSM through local trainees facilitates change from the bottom up. With a familiar face imparting important information and practical tools, the acceptance and normalization of OSM expand and coworkers are empowered to deepen their understanding and to share their personal experiences.

From February 2018 to March 2020, 80 local trainers were trained, and dozens of local workshops followed. The training successfully influenced first responders, their commanders, and EMS directors to value the resources and their impact on the performance levels of their personnel. As a result, organizational leadership was willing to invest the time and resources needed to have their teams participate in the workshops.

The manner of teaching was highly examined for implementation in the local context of New Jersey with the help of the Jersey City/Newark UASI, ensuring both practicality in themes, along with participatory, practical, and experiential methods for implementation. The practicality of such an experiential delivery model plays greatly into the sustainability of the model, as the goal is full independence and sustainability.

2. Emergency Intervention—The Example of a Global Crisis

Similar to many other geographical areas, first responders were under significant stress when COVID-19 hit New Jersey, experiencing increased suffering and trauma from the pervasiveness of cases and resulting deaths. Compounding the reality were struggles related to the unknown duration, uncertainty, and continuously changing reality, along with the compounding stress of work-life

balance.

When the crisis started, the OSM-NJ ambassadors contacted the Jersey City/Newark UASI representative and requested additional support from the field, noting growing pressure, stress, and uncertainty among their peers and colleagues.

Pandemics, similar to terror attacks, are large-scale events with tremendous amounts of casualties. When the COVID-19 crisis erupted, emphasis was placed on adapting the previous tools developed to serve populations in the present. Responding to the most immediate needs during the crisis, the program shifted focus to prioritize maintaining resiliency and cohesion, while strengthening the core of the first responders and their communities.

As early as April 2020, NATAL's team, together with Jersey City/Newark UASI and the OSM-NJ ambassadors, mapped out the core challenges first responders may face in accordance with the characteristics of a long-term crisis:



The key to OSM is to provide participants with practical tools for self-care and stress management.

- The fear of exposure during daily work and the ramifications on the health and well-being of their families and loved ones would be concerns. Instead of home being a safe haven, returning home could now induce more stress.
- Feelings of over qualification and a reduction in their self-professional image caused by the expansion of duties and unpaid extra time can be induced. For example, police investigators began exhausting energy on enforcing the public requirement to wear face masks.
- Expectations of “knowing it all,” despite feeling as though they lack the proficiency needed to calm their teams without having answers themselves could become overwhelming.
- Disruptive changes to daily tasks and responsibilities due to new regulations from different government agencies might be seen as impossible.

The COVID-19 response was rooted in a core shift in the program’s delivery mechanisms. Initially held in person, training was built to be experiential to impart the trainers with practical techniques and exercises that are easily applicable and accessible in the face of crisis.

Due to the intensity of the crisis and the need to deliver the methods as fast as possible to as many first responders as possible, the delivery of OSM-NJ was adapted to be exclusively digital. Through targeted short 45-minute webinars (osmnj.org/webinars) focused on self-help tools for daily stress management, the program served as a powerful refresher of the self-care principle. Providing real-time tools to implement in daily routines, the program was critical in ensuring first responders could face the challenges they were meeting in their professional and personal lives during a time of global crisis. It was the OSM-NJ ambassadors, who had been previously trained by NATAL for the Jersey City/Newark UASI, who led the webinars. The crucial incorporation of discussions of the “new normal” was included in the short webinars to provide to commanders and police officers.

In April–June 2020, OSM-NJ directly reached over 400 first responders in New Jersey webinars, with additional sessions facilitated by local trainers.

3. Return to Daily Life

During terror attacks, wars, and other mass casualty incidents, one of the most important elements is providing tools and programs that will help first responders discuss, plan, and execute the return to daily life.



A crucial component of OSM, taught both in times of routine training and woven throughout crisis communications, is post-traumatic growth.

The OSM-NJ ambassadors reported about the need to advance the tools for this return, while acknowledging their lack of time to take them in. Following the feedback, the UASI-NJ and NATAL created a podcast series that is easily digestible (osmnj.org/podcasts), offering short spurts of information designed for responders listening on their way to and from work.

The Empowering Responders podcast series uses storytelling and interviews from local voices and leaders, explaining how they implemented OSM and other stress management techniques during the COVID-19 crisis and other large-scale disasters.

Deeper into the crisis, when the “new normal” was sustained, police officers were able to identify the consequences and the price paid—and made room to deal with it. A training of three online sessions, two hours each, was offered to an exclusive group of specially trained peer support law enforcement officers to help them raise awareness, acquire skills, and ultimately assist their colleagues.

Each session dealt with a related topic: (1) coping mechanisms, (2) self-help tools, and (3) trauma awareness and post-traumatic growth.

4. Post-Traumatic Growth

There is a mistaken perception that a personal crisis ceases when the actual crisis comes to or approaches its end. When the crisis ends, however, the “dark hours” sneak in. Without the awareness of these symptoms or the tools to cope with them, many first responders are susceptible to facing breakdowns. While managing the crisis, they are able to maintain their emotional strength, but the moment they let their guard down, the weight of what they endured comes to light.

A crucial component of OSM, taught both in times of routine training and woven throughout crisis communications, is post-traumatic growth.

The first step is to identify the tools that worked during the crises and to find the abilities and knowledge of how to cope. The goal is to promote learning from success, raise awareness of successful self-coping mechanisms, and emphasize that a crisis yields the ability to restart.

The process of post-traumatic growth allows for the occurrence of growth without underestimating reality. It requires an understanding that health and productive functioning can live in congruence with a person’s abilities to digest and cope with emotions. OSM highlights this process, empowering the individual both personally and professionally by a process of reflection. The result is healthier responders who have the confidence and ability to implement self-help tools in their daily operational lives.

IACP Resources

- Employee Mental Health and Wellness – policy documents
- *National Consortium on Preventing Law Enforcement Suicide: Final Report*

theIACP.org

- Implementing Mental Health Reform in the Israeli Police: Objectives, Internal Challenges, and ROI (conference workshop)

learn.theIACP.org

Comments for the Future

Understanding police officers means recognizing that those who need help might never admit their need and seek it. Therefore, police agencies have the responsibility to not only offer help and make tools available to those who need them, but to also become proactive and reach out to every officer, ensuring that stress management tools are present in the toolbox of every police officer, thus, creating cultural change through the chain of command.

In-depth information about the Israeli Police reform was detailed as part of the IACP 2020 workshop “Implementing Mental Health Reform in the Israeli Police: Objectives, Internal Challenges, and ROI.” The workshop is available to IACP 2020 registrants at no cost, as well as for purchase by IACP members.

Notes

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