

NOPD CONSENT DECREE MONITOR
NEW ORLEANS, LOUISIANA



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File Number: 37PA-191555

Deputy Superintendent Danny Murphy
Compliance Bureau, New Orleans Police Department
714 Broad Street
New Orleans, LA 70119

Dear Superintendent Murphy:

This letter constitutes confirmation that the Office of Consent Decree Monitor (“OCDM”) has reviewed and provided comments on the revised Chapter 22.2.7 – Officer Assistance Program: Traumatic Incident Stress Management. The OCDM has no objection to the policy as revised.

We believe that the revised Chapter 22.2.7 – Officer Assistance Program: Traumatic Incident Stress Management, incorporates all requirements of the Consent Decree and sets forth clear and appropriate rules to guide officer conduct. We will continue to assess the adequacy of this policy following its implementation. If we identify any concerns following implementation, we will present those concerns to you and the Department of Justice. Additionally, we note that, pursuant to the Consent Decree, NOPD has agreed to review and revise policies and procedures as necessary upon notice of a significant policy deficiency. We also note NOPD’s obligation to review this policy after a year of implementation to ensure it “provides effective direction to NOPD personnel and remains consistent with the Agreement, best practices, and current law.” Consent Decree at ¶ 8.

We appreciate your team’s effort, cooperation, and responsiveness throughout this process.
Very truly

Very truly yours,

David L. Douglass
For SHEPPARD MULLIN RICHTER & HAMPTON LLP*
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CC: HONORABLE SUSIE MORGAN (VIA ELECTRONIC MAIL)
EMILY GUNSTON, DEPARTMENT OF JUSTICE (VIA ELECTRONIC MAIL)



NEW ORLEANS POLICE DEPARTMENT OPERATIONS MANUAL

CHAPTER: 22.2.7

TITLE: OFFICER ASSISTANCE PROGRAM: TRAUMATIC INCIDENT STRESS MANAGEMENT

EFFECTIVE:
REVISED:

PURPOSE

The purpose of this Chapter is to provide guidelines that shall be uniformly applied to the management of stress resulting from traumatic incidents. Providing support after any traumatic incident will assist in minimizing the chances that involved members will suffer from negative physical, cognitive, emotional, and behavioral reactions.

POLICY STATEMENT

1. The Officer Assistance Program provides Department members and their families with a comprehensive system of services surrounding the occurrence of traumatic incidents. This provides members with the opportunity to understand and put into perspective the emotional and/or psychological impact of a traumatic incident. The debriefing process is not a critique of any assignment or action taken by the member.
2. Law enforcement duties often expose officers and support members to mentally painful and highly stressful situations that cannot be resolved through normal, stress-coping mechanisms. These situations may cause disabling emotional and physical problems unless members are adequately treated. Traumatic incidents such as officer-involved shootings, vehicle accidents, line-of-duty deaths, and gruesome homicides may cause adverse reactions and behaviors in members.

DEFINITIONS

Traumatic incident—A traumatic or critical incident is a mentally painful and highly stressful event that cannot be resolved through normal, stress-coping mechanisms. These events may cause disabling emotional and physical problems unless members are adequately treated. A traumatic incident is defined by an individual's unique, internal reaction to an event, not necessarily the external appearance or apparent magnitude of the event. It is not necessarily a life-threatening incident. Common incidents that pose the increased potential for trauma include, but are not limited to:

- Shootings
- An actual or perceived threat to one's life or of grievous physical harm
- Suicide or suicide attempt by a colleague
- Serious injury inflicted on, or death of, a colleague
- Serious injury or death of a non-member, especially a child, under particularly tragic or grotesque circumstances
- Cruelty/abuse to a child
- Line of duty contact with friend/relative during a tragic/traumatic event
- Death or injury of a person resulting from duty operations
- Perceived "failure" during a tragic/traumatic event
- Large scale or prolonged disaster
- Events with high media exposure
- **Any** tragic/traumatic event that may have private/personal emotional significance to a member, particularly when the event is characterized by: relative surprise; intense negative emotion; and perceived helplessness.

Post-traumatic stress disorder—An anxiety disorder that can result from exposure to a traumatic event and is diagnosed as such if symptoms persist after 30 days.

Traumatic Incident Team—A group of qualified mental health professionals who are responsible for responding to traumatic incidents and providing mental health triage and assistance. The Team includes the OAP director and licensed mental health professionals, police chaplains, peer assistance specialists, and an external police psychologist.

Team leader—The team leader for a traumatic incident will be designated by the Director of the Officer Assistance Program. The team leader is responsible for identifying the members and coordinating the response of the traumatic incident team.

Peer assistance specialist (PAS)—An individual who has received training in critical incident stress management and who has been designated to provide emotional and moral support and counseling to a NOPD member who needs those services as a result of a traumatic incident in which the NOPD member was involved while acting in his/her official capacity. A peer assistance specialist may be an emergency responder, a civilian volunteer of an emergency service agency or entity, a volunteer counselor, or a mental health services provider.

Critical Incident Stress Management (CISM)—An intervention protocol, conducted by peer assistance specialists, developed specifically for dealing with traumatic incidents. It is a formal, highly structured, and professionally recognized process for helping those involved in a critical incident to share their experiences, vent emotions, and learn about stress reactions and symptoms. A PAS can refer any member to the Officer Assistance Program for further assistance if required. It is a confidential, voluntary and educational process, sometimes called "psychological first aid."

One-on-One Counseling—Counseling that occurs, after a critical incident, with at least one member of the Traumatic Incident Team.

Groups Counseling—Counseling that occurs, after a critical incident, with at least one member of the Traumatic Incident Team and a group of employee members and/or the members' immediate or extended families.

PROCEDURES

3. During any period where it is reasonable to believe that members may experience physical, cognitive, emotional, and/or behavioral reactions to a traumatic incident, the

Department shall provide members with the proper mental health services. The list of services includes, but is not limited to:

- (a) Preventative education and training in pre-incident stress-inoculation and resilience; identifying a traumatic incident and those impacted; how and why a traumatic incident impacts members at its various stages; best self-care practices; or
- (b) Traumatic incident response involving an immediate, coordinated effort by the Traumatic Incident Team to provide the appropriate response; or
- (c) Follow-up for those members impacted by the incident.

TRAUMATIC INCIDENT TEAM DEPLOYMENT

4. A traumatic incident, as defined above, will be identified by the ranking officer on-scene, and/or by the on-duty supervisor in Communications Services. That member will immediately inform his/her respective Commander(s), who will, in turn, immediately notify, or cause to be notified, the Traumatic Incident Team via Communications Services.
5. The on-duty Team Leader will coordinate response with the Traumatic Incident Team.
6. Team members will report to their respective assignments to:
 - (a) Check in with the on-scene supervisor/incident commander;
 - (b) Accompany and contact affected members as available before the officers' end of tour of duty; and
 - (c) Carryout whatever immediate interventions are indicated (e.g. support, triage, "psychological first aid," "psycho-education," "demobilization," "defusing," hotline, etc.).
7. The Team Leader will ensure the team members communicate, collaborate, and coordinate as the incident circumstances evolve. The Team Leader will require the team members to convene before the Traumatic Incident Team end of tour of duty to:
 - (a) Operationally and psychologically debrief, and
 - (b) Plan and coordinate interventions for the immediate future.

POST-SHOOTING REFERRAL TO THE OFFICER ASSISTANCE PROGRAM

8. Whenever an officer is involved in, or witnesses, a post-shooting psychological assessment shall be provided by the Department's external police psychologist. However, other non-shooting traumatic incidents may also be referred to the police psychologist for a psychological assessment.
9. The supervisor on the scene of a firearm discharge is recommended to contact Department's Officer Assistance Program director as soon as possible, while the involved officers are still on scene (unless transported for medical treatment) to assess the officer(s) for signs of post-traumatic stress reactions and to ameliorate the occurrence of preventable distress and disturbances.
10. An interview with the Department's psychologist may be conducted within 24 hours of the incident. However, before an officer involved in a traumatic incident can return to full duty, the external police psychologist must conduct a fit-for-duty assessment. The officer's Commander shall be responsible for ensuring that this interview is conducted according to schedule. The external police psychologist shall notify the officer's Commander that the member has kept the appointment and shall make known the resultant opinion concerning fitness for duty and any accompanying recommendations.
11. The content of the interview session(s) shall be confidential in accordance with this Chapter.

12. The interview session(s) shall not be construed or treated as part of any criminal or administrative investigation or official Department inquiry.
13. Referral to the Officer Assistance Program for continued services can be offered by the external police psychologist.

CRITICAL INCIDENT STRESS MANAGEMENT PROCEDURES

14. If a CISM is deemed appropriate by the Director of the OAP, all Department members involved in the related critical incident/situation will be encouraged to attend the convened CISM. Although attendance is recommended, participation in the discussion is not. Follow-up resource information will be provided during the CISM. Attendees are free to make their own decisions regarding pursuit of any follow-up support.
15. The CISM can be conducted in any location providing ample space, privacy, and freedom from distractions. The site selection is subject to the approval of the OAP Director, who may request an alternate location if he/she determines the site to be unsuitable.
16. A CISM is not a critique of operations and/or performance or an investigative tool. It is designed to provide an opportunity for personnel to discuss their feelings or reactions to the stress resulting from exposure to a critical incident and to accelerate the normal recovery process.
17. The type of counseling conducted will depend on the circumstances of a particular incident. The most commonly utilized types include:
 - (a) One-on-one;
 - (b) Group;
 - (c) Critical Incident Stress Management (CISM)
18. A Department member may refuse the participation in his or her individual CISM session.

DEPARTMENT REFERRALS TO THE OFFICER ASSISTANCE PROGRAM

19. Department command and supervisory members shall make members under their supervision aware of the Officer Assistance Program when appropriate.
20. Department members shall be advised that any consultation with the Officer Assistance Program will remain confidential.
21. Recommendations or referrals to the Officer Assistance Program shall not be used as a substitute for the disciplinary process.
22. Unit commanding officers and/or supervisors may contact the Officer Assistance Program for information about the counseling program or the referral process.
23. The procedures contained in this directive do not relieve unit commanding officers and supervisors of their responsibility to counsel members as set forth in existing Department regulations.

CONFIDENTIALITY

24. The Officer Assistance Program will provide a trained mental health professional to advise the Department members and the members' immediate or extended families of any limitations to confidentiality with the mental health professional prior to the start of counseling if a family member or significant other of a Department member is in counseling with the Officer Assistance Program.
25. Counseling notes shall not be maintained by any member of the Officer Assistance Program on any member in counseling unless prior written approval has been obtained from the member.
26. No personally identifying information will be shared with the Department. No audit or review by the New Orleans Police Department can be conducted of the counseling documents maintained by the Officer Assistance Program. Member and members' family members will be provided with a confidentiality form, including the protections afforded to them before receiving counselling services with the Officer Assistance Program.

Confidentiality is protected according to the following laws:

- (a) Federal Rule of Evidence 501 (Fed. R. Evid. 501) is a general rule of evidence which states that no federal rule of evidence will modify or supersede existing law relating to the privilege of a witness, person, government, state, or political subdivision.
 - (b) Louisiana Code of Evidence Art. 518 (La. Evid. Code art. 518) provides that a trained peer assistance member shall not be compelled to testify about any communication made to the trained peer assistance member by another officer.
 - (c) Louisiana Revised Statute Title 37 Section 2718 (La. Stat. Ann. § 37:2718) provides a confidentiality privilege protecting social workers from being required to disclose any information acquired from persons consulting the social worker in his or her professional capacity.
27. The exceptions to confidentiality for the Officer Assistance Program imposed by law or by professional regulation on all psychologists, psychiatrists, family therapists, and psychotherapists include:
 - (a) **Threats of physical harm**—If any individual in counseling threatens to harm another person, the mental health professional is required by law and professional regulation to notify the threatened person and the Police Department.
 - (b) **Suicide**—Any mental health professional who reasonably believes that a client is seriously contemplating suicide is required by law and professional regulation to do everything possible to prevent such an attempt, including making whatever notifications are necessary to stop the attempted suicide.
 - (c) **Child, domestic, and elder abuse**—If a client discloses participation in abuse of a child, domestic partner, a person with disability, or an elderly person, the therapist must notify the appropriate agency of such abuse.
 - (d) **Malpractice**—A therapist may use counseling material in defense of malpractice allegations.