CADENCE

TRAUMA & WELLNESS

COMMANDER'S COURSE

Command Leadership & Officer Wellness

Supporting, recognizing, and responding to the human cost of the badge.

Practical tools for early recognition, supportive conversations, post-incident command actions, and CISM-aligned support systems.

FOR CAPTAINS, LIEUTENANTS, AND COMMAND STAFF

Presented by Shea Marie Phinney, LMFT · Cadence Trauma & Wellness

WHY THIS MATTERS

The Numbers Don’t Lie

1 in 4

officers report symptoms of PTSD or depression during their career

3×

more officers die by suicide each year than are killed in the line of duty[1]

80%+

of officers say they would not seek help for fear of career consequences

29

staff went out on PTSI stress leave, 2019–2025, in our agency[3]

Officers can be exposed to **2 to 5 critical incidents per month**, against 2 to 3 in an average person’s entire life.[2]

1. Blue H.E.L.P. 2. Police Chief Magazine 3. Agency figure to be confirmed against internal records before presenting.

COURSE OBJECTIVES

What This Course Will Equip You to Do

1 Recognize

Identify early behavioral, performance, and physical warning signs of stress injury in your officers.

2 Respond

Have a clean, confident command check-in. Private, direct, and without overstepping your role.

3 Refer

Know your peer support, chaplaincy, EAP, CISM team, and clinical resources well enough to make a warm handoff.

4 Reinforce

Build a command climate where seeking help is a sign of strength, and where support is implemented, not just discussed.

Simple. Repeatable. Usable on shift.

COMMAND CULTURE

The Commander Sets the Tone

What command normalizes

If wellness is discussed only after a crisis, people learn to hide until they break.

What command ignores

Small changes become big problems when the only feedback is silence or discipline.

What command repeats

The phrases supervisors use become the culture officers repeat to each other.

Do not wait for a complaint, IA issue, divorce, DUI, or use-of-force problem. Make support part of leadership, not a reaction to failure.

FOUNDATIONAL CONCEPT

The Continuum of Occupational Stress

Stress injury is progressive.

READY

Well trained, resilient, performing at baseline

REACTING

Normal stress from a shift, call, or event

INJURED

Persistent symptoms: sleep, mood, irritability

UNWELL

Diagnosable condition: PTSD, depression, addiction

The commander's job is to intervene as far **LEFT** on this continuum as possible.

THE SCIENCE OF STRESS

The Stress Reaction Cycle

What happens in your brain and body. This cycle is designed to protect you.

1 Perception

You perceive a threat or danger.

2 Brain Detection

The amygdala, your threat detector, activates and sends an alarm signal.

3 Body Response

Stress hormones, adrenaline and cortisol, are released.

4 Behavioral Response

You respond automatically to handle the threat.

5 Recovery

When the threat is over, your body and brain return to baseline.

6 Back to Baseline

Your system is ready for whatever comes next.

The cycle repeats. Step 6 flows back into Step 1. When the cycle **completes**, the body and brain return to baseline. Injury happens when it never gets to finish.

RECOGNITION

What Stress Injury Looks Like at Work

Look for changes from baseline.

Performance

Late reports, rising complaints or use-of-force reports, avoidable errors, missed details, slower decisions, avoidance of calls or training, loss of initiative.

Behavioral

Anger spikes, increased irritability or cynicism, reckless driving, sarcasm that turns sharp, uncharacteristic tardiness or absences.

Physical & Emotional

Sleep loss, fatigue, headaches, GI issues, jumpy or startled easily, constant tension, increased alcohol use, flat affect.

Social

Conflict at home, withdrawal from the team, “I’m fine” but clearly not fine, loss of humor, talk of hopelessness or being done.

The command question is always: **what is different about this person compared to their normal?**

UNDERSTANDING THE MECHANISM

Why Good People Start Acting Different

1

Threat Load

Calls, conflict, violence, loss, criticism, fatigue

→

2

Activation

Body shifts into survival mode

→

3

Less Bandwidth

Less patience, less flexibility, less recovery

→

4

Job Impact

Mistakes, conflict, avoidance, shutdown

Command use

- Do not excuse poor conduct. Understand what may be driving it.
- Address job impact clearly and connect the person to support.
- Recovery requires sleep, decompression, connection, and targeted help when needed.

THE CULTURE BARRIER

Why Officers Don’t Ask for Help

Officers do not lack awareness of resources. They lack confidence that using them is safe.

1. **Mental health stigma within the culture**
2. **Confidentiality concerns**
3. **Lack of familiarity with available resources**
4. **Fear of judgment or negative career impact**

Every one of these is answered directly by visible, consistent command staff support.

COMMAND RESPONSIBILITY

From Bystander to First Responder

Your officers respond to crises for the public. Someone has to respond when it is their crisis. That starts with you.

1 Model

Speak openly about stress, therapy, and recovery as normal parts of a career.

2 Watch

Know your people well enough to notice change early, not just at review time.

3 Engage

Have the direct, private conversation instead of hoping it resolves itself.

4 Connect

Bridge the officer to the right resource and remove friction from getting there.

5 Protect

Shield the help-seeking officer from stigma, gossip, or informal career penalty.

6 Follow Up

Check back. Once is not enough. Sustained support prevents relapse.

PRACTICAL SKILLS

Having the Conversation: A Six-Step Framework

A more detailed model for the harder conversations.

1 Notice

Name the specific change you have observed. Behavior, not diagnosis.

2 Approach privately

Choose a neutral, confidential setting. Never in front of peers.

3 Listen first

Ask open questions. Let them talk more than you do.

4 Express concern, not judgment

"I've noticed... I'm concerned... I want to help."

5 Offer the path

Name specific resources and offer to help make the first contact.

6 Follow up

Check in again in days, not months. Support is ongoing.

COMMUNICATION

Use Clean Language: Say This, Not That

HELPFUL

- “I noticed a change and wanted to check in.”
- “You do not have to give me details. I do need to know you are safe.”
- “Let’s get you connected before this gets bigger.”
- “I’ll follow up with you on Friday.”

AVOID

- “Are you losing it?”
- “Everyone deals with this.”
- “Just take a few days and get over it.”
- “Don’t make this a thing.”

Command principle: be direct, respectful, and specific.

PRACTICAL SKILLS

Do’s and Don’ts of the Approach

DO

- Speak to them one-on-one and in private
- Use “I” statements and specific observations
- Reassure them this conversation is not discipline
- Give them time and space to respond
- Document only what policy requires, no more

DON’T

- Diagnose, label, or speculate about a condition
- Raise it in front of other officers or in email
- Threaten fitness-for-duty as a first move
- Let the conversation become a performance review
- Disappear after the first conversation

DECISION SUPPORT

Green / Yellow / Red: Command Decision Map

GREEN

Normal stress response

- Irritable after a hard call
- Tired but functioning
- Open to support

Command action: normalize, encourage recovery habits, follow up informally.

YELLOW

Concerning change

- Pattern lasts 2+ weeks
- Team or family impact
- Sleep and fatigue problems
- Performance slipping

Command action: private check-in, peer / EAP / clinician referral, supervisor follow-up.

RED

Immediate risk

- Suicidal statements
- Unsafe behavior
- Intoxication at work
- Threats, violence, weapon concern

Command action: do not leave alone. Follow policy. Activate emergency support.

When unsure, consult early. Waiting removes options.

CRITICAL INCIDENTS

After a Critical Incident: What Command Should Do

Officer-involved shootings, in-custody deaths, line-of-duty injuries, and mass-casualty calls require a standing protocol, not improvisation.

FIRST HOUR

Stabilize and remove the officer from continued exposure to the stressor when possible. Meet basic needs, limit unnecessary details, identify a support person.

48 TO 72 HOURS

Confidential Critical Incident Stress Debriefing with peer support, chaplain, and clinician involvement.

FIRST WEEK

Structured follow-up. Peer, chaplain, and clinician options. Monitor sleep, isolation, anger, substance use. Plan a return-to-duty rhythm.

2 TO 4 WEEKS

Look for delayed impact. Encourage support before symptoms harden. Watch anniversaries, court dates, media, and investigations.

Do not over-process on scene. Stabilize first, process later. Commanders own the decision to activate this protocol. Do not wait for the officer to ask.

NEW SECTION

Critical Incident Stress Management

A closer look at the CISM model developed by the International Critical Incident Stress Foundation, and how it fits into your referral network.

CISM & ICISF

What Is CISM?

CISM is a comprehensive, integrative, multi-component crisis intervention system. Not a single technique, and not a one-time debrief.

Where it comes from

CISM was developed by Dr. Jeffrey T. Mitchell and Dr. George S. Everly and is promoted through the International Critical Incident Stress Foundation (ICISF), which trains and certifies peer-support teams worldwide. The model is used by hundreds of registered CISM peer-support teams across North America and beyond, largely in fire, EMS, law enforcement, military, and healthcare settings.

Key distinction

CISM is peer-driven crisis support. It is not therapy, and not a substitute for clinical treatment. It normalizes reactions, stabilizes people in the acute window, and bridges them to EAP or clinical care when symptoms are more than a normal stress reaction.

Goal: mitigate the impact of a critical incident, accelerate recovery, and identify who needs a higher level of care.

The Seven Core Components of CISM

ICISF describes CISM as a systems approach. Components are combined for maximum impact, not used as one-off events.

1 Pre-Crisis Preparation

Stress education, resilience building, and readiness training before an incident occurs.

2 Large-Scale & Community Support

Demobilizations, informational briefings, and organizational advisement after major or disaster-scale events.

3 Defusing

A brief, small-group discussion held shortly after an incident to stabilize and provide information.

4 CISD (Debriefing)

A structured group process, typically 24 to 72 hours out, to review the event and normalize reactions.

5 One-on-One Support

Individual crisis intervention. The most frequently used CISM component.

6 Family & Organizational Support

Extending crisis intervention to families and the organization, who absorb stress alongside the officer.

7 Follow-Up & Referral

Assessing ongoing need and connecting people to EAP or clinical treatment when appropriate.

RESOURCES

Build a Referral Network with Clear Lanes

A referral only works if you can make it in under a minute, without hesitation.

Peer Support / CISM Team

Credibility, normalization, practical support. ICISF-trained peers deliver the first line of CISM response.

Chaplaincy

Spiritual support, family presence, grief and meaning-making.

EAP / Licensed Clinicians

Confidential counseling, assessment, and trauma-focused treatment for first-responder culture.

Crisis Lines

24/7 immediate support, including responder-specific lines, for acute situations.

Family Resources

Support extended to spouses and families, who absorb stress alongside the officer.

Emergency / Policy

Immediate safety, risk response, and the fitness-for-duty pathway as required.

Use the right lane for the right problem.

CONFIDENTIALITY LAW

SB 459: Group Peer Support Confidentiality

California law now extends peer-support confidentiality to group sessions, including CISM defusings and debriefings, not just one-on-one conversations.

The existing protection

Under the Law Enforcement Peer Support and Crisis Referral Services Program (Gov. Code §§ 8669.1–8669.7), an officer could refuse to disclose, and prevent a peer supporter from disclosing, confidential communications from a one-on-one peer support contact.

What SB 459 adds (2025, Sen. Grayson)

Extends that same confidentiality to communications made during group peer support sessions, and protects a participant from being compelled to disclose what another group member shared, without that person's consent.

Exceptions still apply

- Criminal proceedings
- Disclosure necessary to prevent death, substantial bodily harm, or a crime
- Written consent of the officer
- Juvenile delinquency proceedings (new under SB 459)

For command: do not ask peer team members or attendees what was discussed in a defusing or debriefing, and do not compel an officer to disclose what someone else shared in group support without that person's consent.

THE EVIDENCE BASE

What the Evidence Shows

Wellness investment is not guesswork. Agencies that implement evidence-based programs see measurable change.

20–30%

typical reduction in sick-leave usage after agencies invest in evidence-based wellness programs, per multi-department research reviews

10–15%

estimated improvement in officer retention linked to sustained wellness investment, alongside reported ROI in the range of 3:1 to 6:1

81%

of those who received a debriefing found it beneficial, contrasted against personnel who received none and reported far more stress and anxiety[1]

ICISF points to studies showing trained interventions reduce depression, alcohol dependence, and anxiety, and mitigate post-traumatic stress injuries when delivered by trained operatives. Effective CISM programs pair early support with structured, ongoing follow-up.

1. Polk, 2018

HOW WE SUPPORT YOU

Four Pillars of Support

1 Wellness Check-Ins

Confidential one-on-one consultations addressing cumulative stress, operational fatigue, and work-life impact, before issues escalate.

2 Critical Incident Support

On-scene defusings and follow-up debriefing after officer-involved shootings, line-of-duty deaths, and major traumatic incidents.

3 Education and Training

Field-applicable training on stress physiology, nervous system regulation, and maintaining clarity under pressure.

4 Leadership Consultation

Command staff support for personnel wellness concerns, program development, and building a psychologically healthy agency culture.

PRACTICAL SKILLS

Tools to Model, and Handling “I’m Fine”

REGULATION TOOLS

Box breathing

4 in, 4 hold, 4 out, 4 hold. Use before briefings or hard conversations.

Orienting reset

Name 5 neutral objects. Tells the body: I am here, not back there.

Transition ritual

Before going home: breathe, unclench, name one thing done and one thing left at work.

COMMON RESISTANCE

“I’m fine.”

“I hear you. I’m still seeing a change, so I’m going to check back Friday.”

“Don’t document this.”

“I’m not asking for private details. I do have to address job-related safety concerns.”

“I don’t trust EAP.”

“Then let’s identify another approved option. The point is support you can use.”

Command script: “Take 60 seconds before we walk into this next thing. Regulate first. Then we move.”

COMMAND CULTURE

Commanders Need a Plan Too

You cannot lead regulation if you are running on fumes. Policy changes minds slowly. Command behavior changes minds immediately.

Watch yourself

- Command exposure is real: decisions, liability, politics, grief, media, and personnel problems.
- Watch your own signs: cynicism, impatience, isolation, sleep loss, over-control, emotional numbness.
- Use consultation early. Command is not meant to carry every hard thing alone.

Model the culture shift

- **Staffing and scheduling.** Build in recovery time after high-acuity calls. Do not reward burnout with more overtime.
- **Model help-seeking.** Let your own use of EAP, therapy, or peer support be known where appropriate.

Model the behavior you expect your people to trust.

COMMITMENT

Operational Wellness Plan

1 Map Resources

Identify peer support and CISM team, chaplain, EAP, culturally competent clinicians, crisis lines, HR and legal contacts, and after-hours options.

2 Leadership and Supervisor Training

Train command staff to support personnel wellness concerns, develop programs, and build a psychologically healthy agency culture.

3 Normalize Wellness Visits

Announce the purpose, confidentiality boundaries, access process, and command support.

4 Build a Follow-Up Rhythm

Immediate intervention after critical incidents, family education workshops, and ongoing support and referrals.

Small, consistent command actions create a safer culture than one large program nobody uses.

FINAL COMMAND MESSAGE

Notice early. | Talk clearly. | Connect quickly. | Follow up.

That is command wellness in practice.

“The strongest agencies protect their people with the same discipline they protect the public.”

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Shea Marie Phinney, LMFT 50023 · cadencetraumawellness.com
916-235-0889 · New referrals 279-244-5386