

Montana Trooper



National Mandate & Mission

NCMEC was established in 1984 as a private, nonprofit 501(c)(3) organization to provide services nationwide for families and professionals in the prevention of abducted, endangered, and sexually exploited children. Pursuant to its mission and its congressional mandates (see 42 U.S.C. §§ 5771 et seq.; 42 U.S.C. § 11606; 22 C.F.R. § 94.6), NCMEC

- Serves as a clearinghouse of information about missing and exploited children
- Operates a CyberTipline that the public may use to report Internet-related child sexual exploitation
- Provides technical assistance to individuals and law-enforcement agencies in the prevention, investigation, prosecution, and treatment of cases involving missing and exploited children
- Assists the U.S. Department of State in certain cases of international child abduction in accordance with the Hague Convention on the Civil Aspects of International Child Abduction
- Offers training programs to law-enforcement and social-service professionals
- Distributes photographs and descriptions of missing children worldwide
- Coordinates child-protection efforts with the private sector
- Networks with nonprofit service providers and state clearinghouses about missing-persons cases
- Provides information about effective state legislation to help ensure the protection of children

MONTANA TROOPER

Missing Children

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Family Abduction



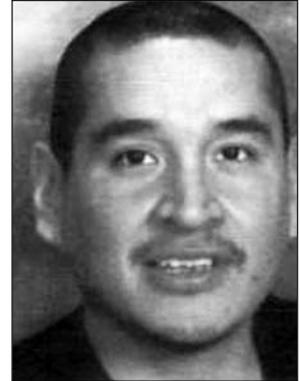
WYATT LITTLELIGHT

Born: Oct. 24, 2008
Missing: Dec. 23, 2008
Age Now: 3 months
Sex: Male
Hair: Brown
Eyes: Brown
Height: 1'7"
Weight: 15 lbs.



JULIET LITTLELIGHT

Companion
Born: June 24, 1983
Sex: Female
Hair: Black
Eyes: Brown
Height: 5'5"
Weight: 125 lbs.



TEDDY LITTLELIGHT

Abductor
Born: Feb. 10, 1978
Sex: Male
Hair: Black
Eyes: Brown
Height: 6'0"
Weight: 175 lbs.

Missing from: Billings, MT

Wyatt was last seen on December 23, 2008. He may be in the company of his mother and father, Juliet and Teddy Littlelight.

Bureau of Indian Affairs (Montana) 1-406-638-2631

Family Abduction



Abductor
DOB: 2/25/74
Sex: Female
Hair: Blonde
Eyes: Brown
Hgt: 5'5"
Wgt: 130 lbs.



PEYTON ANDERSON

Born: April 18, 2005
Missing: Feb. 18, 2008
Height: 3'0"
Eyes: Brown
Missing from: Shelley, ID

Age: Now: 3
Sex: Male
Weight: 42 lbs.
Hair: Blonde

The child was abducted by his non-custodial mother, Joan Michelle Anderson. A felony warrant for Kidnapping was issued for the abductor on June 5, 2008. The child's nickname is PJ. The abductor walks with a limp. She may use the first name Michelle.

Bingham County Sheriff's Office (Idaho) 1-208-785-1234

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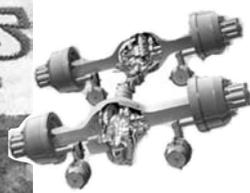
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Critical Incidents: Debriefing and Immediate Aftercare

By Keith Bettinger

In the last twenty years, there have been many positive changes in law enforcement. Years ago, officers were taken off foot posts, and placed in patrol cars. Now, officers are being returned to the community in order to get to know the people, and to work with them, so together, they can solve the community's problems.

Twenty years ago, an officer with an alcohol problem was hidden from view. Now, many departments have employee assistance programs to help the officer. Officers with marital problems could not get help from the department. Admitting that you had any type of personal problem was tantamount to saying you could not handle the job.

With the advent of kinder and more gentle police departments, assistance programs became more popular. Federal laws concerning confidentiality, protected officers that sought assistance, from misdirected supervision. However, even though many of these programs have been most beneficial to officers and their families, there is always room for improvement.

One of the areas law enforcement agencies need to make improvements is in the immediate aftercare and debriefing following critical incidents. For too many years, officers, who have experienced critical incidents, were expected to accept it as part of the job, and return to work, and function normally, as if nothing had ever happened.

For many this is not necessarily so. Many suffer from various forms of Post Traumatic Stress Disorder following their involvement in critical incidents, and departments should realize they

have an obligation to this officer, to his family, to the community and to his coworkers to help him overcome the stress of the critical incident.

Annually, America loses about 150 law enforcement officers in various line of duty deaths. In Stuart Gellman's book, *COPS, The Men and Women Behind the Badge*, (a study of a selected group of Tucson, Az. officers), Gellman says for each officer killed in the line of duty, three others commit suicide, dozens develop heart disease and peptic ulcers, and three out of every four are divorced. These casualties of our own emotions are staggering.

Why does this happen? It happens because most officers do not want to admit that they are human. These same officers have to learn that there is no "ROBO" in front of the word cop. The officer on the street is as human as anyone else, and subject to the same frailties.

How can officers overcome this stress? What can departments do to reduce the stress of critical incidents?

First thing a department has to do is take a long honest look at itself and be willing to admit there is a need for change. The department is returning to community orientated policing. Why doesn't it think of itself as a community within a larger community? In Webster's Seventh New Collegiate Dictionary, community is defined as; "d: a group of people with a common characteristic or interest living together within a larger society". That also seems to adequately describe a police department.

When an officer, a member of this community, does not function properly, his or her well being can become a problem that must be addressed by the community, namely the department. If the problem is not addressed, than the offi-

cer will continue to be dysfunctional, and the department too, will suffer.

In 1963, the Kennedy Administration returned a large segment of mental health programs to the community. It was believed since institutionalization did not work, the public would be better served by treatment programs involving crisis intervention and prevention, and were orientated around the community. If the department wants it's officers to be able to cope with critical incidents it has to have a program orientated towards this philosophy of crisis intervention.

A department has to know not only what is a critical incident, but also what is a debriefing. Calibre Press, Inc. of Northbrook, Illinois defines a critical incident as any situation that forces you to face your own vulnerability and mortality, or potentially overwhelms your ability to cope. A critical incident is characterized by being sudden and unexpected, and disrupts your sense of control, and beliefs in how the world works.

The problem with debriefings is that many administrators do not know what a debriefing is, and use the title in general terms. One dictionary defines a debriefing as an interrogation to gather information. Another dictionary says it is the receiving of information regarding a completed mission. The latter seems to be the direction departments should take when conducting debriefings. A positive debriefing should generate a cathartic experience for the officer. He should mentally walk through his incident again with the assistance of a debriefer. He should reexamine his actions, and realize that even if a mistake was made, he was working with the best information that was available to him at the time.

Once a department realizes what a critical incident is, the sooner it will ►

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be able to deal with the aftermath in a realistic manner. This can be done with two groups who have experience in dealing with critical incidents. The first is the mental health professional, and the other is the peer counselor, an officer who has been through a similar incident. Before becoming a peer counselor, the officer should receive some training from a facility that teaches crisis intervention techniques.

If a department is going to provide immediate aftercare and conduct debriefings, it has to have a written policy, with rules and procedures, that clearly define what is a critical incident, what events will be covered as critical incidents, and also must clearly state the roles of both the professional and the peer counselor.

The departmental guidelines should assure that members of the department's employee assistance unit are notified when an officer is involved in a critical incident that results in death or serious physical injury to someone. If this event is the direct result of actions of the involved police officer, someone should respond immediately to the scene to help the officer through the initial interviews. This situation can best be served by the peer counselor, who has had a similar experience, and can gently explain to the officer what will take place and what to expect. Even though investigators can do this, it will mean more coming from someone who has shared a similar experience.

This on scene intervention, does not preclude the involved officer from being debriefed by a professional. The officer should be contacted by the employee assistance unit, and an appointment should be set up for the mandatory debriefing. If the debriefing is mandatory, the stigma of having to see a mental health professional is removed.

All too often during an investigation, a role reversal takes place. An officer who has been involved in a critical incident, especially a shooting, goes from being the officer in charge, to being questioned by supervisors and investigators as if he was a suspect. As part of the

department's policy regarding such events, investigators and supervisors should be instructed to treat the officer as a victim. All the same respect and courtesies that are extended to any other crime victims should be afforded to the involved officer.

The officer should be treated with respect. No one should make light of what he has just gone through. His personal needs should be attended to, such as making sure he notifies his family that he is alright. Supervisors or investigators should be sure that the officer is taken to a hospital, and given a physical examination to ascertain that his heart and blood pressure are within acceptable limits, and that he didn't receive any physical injury of which he is not aware.

Take the time to ask would he like a glass of water or some nonalcoholic beverage. Under no circumstances should the officer be given any alcoholic beverages. This will only cloud his thought process, and either delay the stress of the event, or compound it.

During the investigation stage, consideration must be given to the officer's right to counsel, and should be included in the written policy. It should be the officer's union that provides him with legal services. Some anxiety can be caused for the officer by suggesting that he have a lawyer present during the investigation. However, the officer is entitled to the same rights and privileges any other citizen has. The attorney can also help to explain any of the legal technicalities of the investigation, and ease the officer's stress.

If an officer is involved in a shooting, many departments have a policy of taking the officer's firearm. After it is taken, the weapon becomes part of the chain of evidence as it is tested, and remains in the custody of the department. If an officer's critical incident is his involvement in a shooting, and the shooting is justified, consideration should be given to replacing the officer's weapon before he leaves work. Psychological harm can be done if the officer is sent home unarmed. It raises questions of doubt in the officer's mind. He won-

ders if the department suspects him of wrongdoing, or doubts his capabilities as an officer. If, at all possible, provisions should be made to rearm the officer. The method of providing the officer with a replacement weapon, should be part of the department's documented policy regarding critical incidents.

Employees assistance units do not normally work twenty four hours a day. Departments that experience the luxury of having such units, usually have the unit members working during normal business hours. If an emergency should arise, the duty officer should have a notification list available so he may contact the member of the employee assistance unit, who has the standby duty. Once this is done, the unit member can respond from home.

If a critical incident happens, that results in the death or serious physical injury of an individual, or is some other horrific event, and it is not the result of action taken by a police officer, or acted out against the police officer, then, the situation can be handled somewhat differently. The employee assistance unit can be notified during business hours. They can contact the involved officer, and schedule the mandatory debriefing. The involved officer can also be put in contact with a peer counselor who can discuss the event with the officer, and help to relieve any anxiety he might be suffering.

When an officer is to meet with a mental health professional for a debriefing, that professional should specialize in victimology. This meeting, separate from any meetings with peer counselors, should be conducted within three days of the event. This appointment should be paid for by the department.

After an officer attends the required meeting with the debriefer, he should have the option to meet with another professional, for a second opinion. If the officer wants to meet with another specialist, this session should also be paid for by the department.

Should the officer not know who to consult, the employee assistance unit should have a list of care providers who

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are willing to meet with the officer, and provide him with the second opinion. The employee assistance unit should tell the officer why they recommend victimology specialists, but advise him he is free to see whomever makes him feel comfortable.

All the professionals on the list to provide care, should be aware of what services are offered by the employee assistance unit and the peer counselors, and how these departmental programs might help the officer and his family. The professional, should encourage the officer to voluntarily participate in any self help programs that the department might offer.

After the debriefing has been completed, the officer's return to duty must be examined. As part of the department's policy on aftercare following critical incidents, the department should also have written guidelines regarding the officer's return to duty. If the critical incident involved the officer causing death or serious physical injury to someone, he should be excused from patrol duties on a mandatory basis, and assigned to less stressful duties. This should be done at least until that week's tour of duty is completed. If this is done on a mandatory basis, the department relieves the officer of any stigmatization of wrong doing, or inability to function properly as an officer.

As part of the department's policy on debriefings and aftercare, consideration has to be given to the officer's return to duty. The officer should be allowed to make a paced return to duty. No two people react the same way to similar incidents. If an officer no longer wants to work in the same area where the incident took place, if it is at all possible, his request should be granted. If he wants a temporary change of assignment to clerical duty, and such an assignment is available, give him the opportunity.

The department should also consider allowing the officer at least three days administrative leave if the officer caused the death or serious physical injury of another person. This administrative time should be available to the officer for at

least a month following the event. This time allows the officer and his family to make adjustments to the life changing events that can effect the entire family.

In the department's written policy, it should be clearly stated that the department is aware that stress takes it's toll on the involved officer and his family. Since this critical incident has possibly affected the officer and his family, they should be afforded the opportunity, as a family, to make adjustments to this life changing event. The time off should not be considered a reward. It is merely an opportunity to adjust to the stress of the situation.

Any services that have been provided to the officer should also be made available to the family. Many times they endure criticism and abuse from community members. Sometimes, in order to protect the officer, they do not tell him of their experiences. Too often, they silently endure, and the family suffers.

Police departments generate volumes of paperwork. All cases are written documentation of what has occurred, and what conclusions the investigating officer has ascertained. When an officer is confronted with a critical incident, his thought process can become confused. Some facts seem very important following the incident, while others can be easily forgotten. His thought process can be further interfered with by hours of necessary interviews. With this in mind, the department should develop a policy of allowing an officer at least two to three days, following the incident, to submit his written reports.

Some supervisors and investigators might question the logic of such a policy, but it is in everyone's best interest. If the officer is allowed the time to relax and think, he will be able to write a clear, concise, and chronological report documenting the event as it happened. If he is forced to submit a report immediately following the event, any additional information will have to be submitted on a supplementary report. At a grand jury or a civil suit, this might give the impression that the officer was remiss in his actions, and was given information to submit, in order to cover his actions so

they appear correct. The minor delay in report writing is beneficial to both the officer and the department.

After an officer has survived a critical incident, it is very important that the Chief visit with the officer, to let him know that the department is supporting him. All too often, the officer is left to fend for himself, wondering if he was right or wrong. A personal visit from the Chief is a sign of solidarity, showing that the department is standing with the officer.

After a critical incident has been investigated, it is beneficial to the department as well as the involved officer, for the department to have a method of providing pertinent information to the department members. By having something, similar to a press release, but for department members only, a great deal of gossip could be curtailed. The officer can escape being questioned by fellow officers if they are provided with correct information. It would be in the department's best interest to incorporate such a procedure into their guidelines.

It should be remembered that this memo for departmental information purposes should be truthful, and not written in a manner that builds the incident beyond what actually has taken place. It has to be remembered that should any civil suit be brought against the department or the officer, all notes and material can be subpoenaed and introduced as evidence. If an attorney for the defense sees discrepancies in the officer's and the department's statements, it can be enough to raise doubts in the defendant's favor.

These simple steps will help instill a sense of community within the department. This is not something that can be instilled overnight. However, the department can start by implementing training that shows all officers the benefits of such a program. The training should begin with recruits in the academy, It should also include senior officers brought back for in service training, and supervisors who are receiving supervisory instruction.

As officers learn how to deal with fellow officers who have been ►

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involved in a critical incident, the stress will be reduced, and a positive attitude towards coworkers and the department should develop. The sense of community should become stronger.

If the department is not prepared to deal with critical incidents, it's sense of community will be weakened. If an officer is involved in a critical incident, he should be able to turn to his coworkers

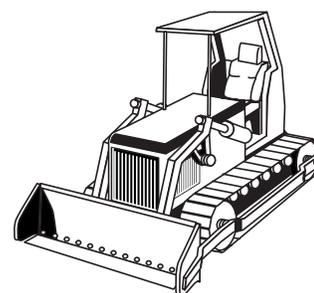
for support in his time of crisis. If the administration and fellow officers are not supportive, then the officer will be further traumatized, and his thought process weakened further. This could lead him to make a decision to reduce his stress. His decision could include leaving the department. If this happens, the stress of the incident will still remain with the former officer. A valuable asset

to the department will be lost, and a moral obligation to the employee, will not be fulfilled. □

Keith Bettinger may be reached at 9669 Vista Crest Ave., Las Vegas, NV 89148, by phone at 702-795-8616, or by email at keithbett@cox.net. He is second vice president of the Public Safety Writers Association and author of Fighting Crime with "Some" Day and Lenny.

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- 887—Unbelted vehicle occupants hospitalized after crashes in Montana every year.
- 819—Estimated number of annual hospital admissions that could be prevented by seat belt use.
- 71—Percent of people who die in Montana car crashes who were not buckled in at the time of the crash.
- 58—Percent of crash victims who need hospitalization who were not wearing a seat belt.
- \$36.7 million—Amount spent in Montana every year for medical costs directly related to unbelted crashes.
- \$14 million—Portion of that amount that is incurred by people with Medicaid or who do not have insurance.
- 5.7 days—The average belted crash victim stays in the hospital.
- 8 days—The average unbelted crash victim stays in the hospital.
- \$36,420—Medical bills incurred by the average belted crash victim.
- \$52,993—Medical bills incurred by the average unbelted crash victim.

Source: Harborview Injury Prevention and Research Center.

By **DIANE COCHRAN**
of The Gazette Staff

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Reprinted with permission.

For Montana seat belt advocates, the fifth time could be the charm.

A bill that would enact a primary seat belt law will be considered for the fifth time by Montana lawmakers, who convened Jan. 5 in Helena for the 61st session of the state Legislature.

"I think we can get it through this time," Sen. Gary Branae, D-Billings, said during a press conference where he also talked about escaping with only a scratch after rolling his pickup truck on the interstate. Branae and his passenger, another lawmaker, were wearing seat belts.

"I will strongly encourage the governor to sign it," Branae said of the proposed bill.

A similar bill passed the Senate in

2007 but failed by 10 votes in the House of Representatives.

A primary seat belt law would give law enforcement officials the authority to stop vehicles carrying unbelted occupants. Under current state law, drivers or passengers can be cited for not wearing a seat belt only after a vehicle is stopped for another reason.

Research in other states has shown that seat belt use climbs after a primary law goes into effect. Eighty percent of Montanans already buckle up.

Montana is one of 23 states without a primary seat belt law and the only state that does not require infants and small children to be secured in child safety seats.

"We are really killing and injuring way too many people on our streets and highways in Montana," said Bette Hall-Munger, executive director of the state's Healthy Mothers, Healthy Babies Coalition.

Hall-Munger spoke at a legislative breakfast at Billings Clinic that focused on children's health care.

Later in the morning, seat belt advocates gathered at the trucking firm Whitewood Transport to promote the passage of a seat belt law.

Montanans spend almost \$37 million annually on medical care for injuries suffered in unbelted vehicle crashes, according to a study by Harborview Injury Prevention and Research Center in Seattle.

Some \$14 million of that is incurred by people with Medicaid or who do not have health insurance.

"It's no longer just about death or injury," said Denice Harris, manger of public affairs for AAA Mountain West. "It's also about the money. This is costing Montanans money."

"When people die in motor vehicle crashes is when they're cheap," Harris said. "When they don't die is when they

cost Montanans money."

Unbuckled vehicle occupants in crashes spend an average 2.3 days longer in the hospital than do belted occupants and rack up almost \$17,000 more in medical bills, according to the Harborview study.

"Belted passengers still get in crashes, but they don't get injured as often," said Dr. Dennis Maier, medical director for the St. Vincent Healthcare trauma department. "When they do get injured, it's not nearly as severe."

About 58 percent of vehicle occupants who need hospitalization after a crash were unbelted. More than 70 percent of people killed in crashes in Montana were riding or driving unbuckled.

"I believe each of us has a personal responsibility for ourselves and for others," said Rep. Ken Peterson, R-Billings, who supports a seat belt law. "If we don't take that personal responsibility, then the government has to interject itself."

A seat belt law is one of two children's health issues the Montana Council for Maternal and Child Health will lobby lawmakers to support during the 2009 session, said the group's Steve Yeakel.

Also on the agenda is securing funding for Initiative 155, a voter-approved initiative that would expand health insurance to 30,000 Montana children.

I-155 could be funded with up to \$22 million that is already collected annually by taxing health insurance premiums, Yeakel said.

"It's going to close the gap and insure so many kids who currently don't have insurance," said Virginia Summey, an assistant in the state auditor's office. "It'll get them preventive care and prevent visits to the emergency room." □

Contact Diane Cochran at
dcochran@billingsgazette.com or 657-1287.



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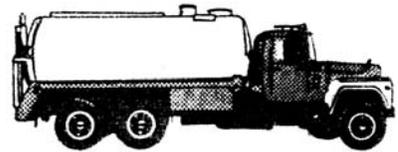
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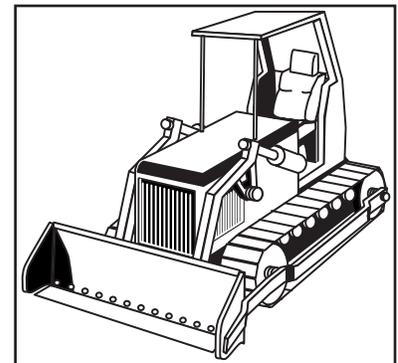
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