

***Managing the Elements of Undercover Enforcement:
You Never Know Which Precaution Saved You, Nor Which Mistake Killed You***

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It never ceases to amaze me. I'll be in some police department, and see a poster which says, for example, "Oil your slide every 7 days! Proper care of equipment could save your life!" In this manner, officers are reminded to take care of their equipment...to keep it in proper working order. I never see anything reminding officers that their own bodies, thoughts, emotions, psycho physiological arousal levels, and actions must be cared for. It is as if the health, safety, and well-being of undercover officers are expected to be cared for by "automatic pilot."

The importance of maintaining the care and well-being of working undercover officers can be observed in how decisions are made and judgment is used; reference the management of ongoing projects cases.

Note: The repeated exposure to heightened psycho physiological arousal--often referred to as the "fight or flight" response--rapidly develops an habituated, **hyper arousal** condition in most, if not all, police officers. After four to six months of unknown circumstances, working informants, surveillance activities, high-risk entries, writing search warrants, apprehension of suspects; undercover officers' internal psychophysiology begins to react **under emergency conditions, even when no actual emergency occurs.**

The signs of this, referenced hyper arousal condition are, e.g., multiple awakenings, "antsy" moods, irritable reactions, withdrawal from normal activities or relationships when off duty.

What must be understood by commanders, supervisors, and case agents, is that the condition of hyper arousal--inescapable in the U/C--can **Dr. Lawrence N. Blum, PhD.**

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Larry was the first Honorary Member of IAUCO and shall remain so forever. He will, for a modest fee, visit your department or law enforcement organization and present a fascinating and profound analysis of what causes stress in law enforcement officers, but best of all, how to deal with the stress.

compromise officer safety. The part of the brain which recognizes threat, and the need to shift one's tactics; is shut down in the "fight or flight" response. The "zeal to do the deal" may be fueled by an internal state of arousal which occurs through habituation to a "jacked up" level; rather than the actual elements of the case. In these instances, officer safety propriety may be overwhelmed by pressures to attempt the successful completion of a case in the midst of "red flags" showing everywhere.

The call came in as an Officer-Involved Shooting. The incident had been planned as a "Reverse." The C/I was a low-level street dealer who was working off his case by turning the Case Agent on to "some real heavy dudes" who wanted to buy many kilos.

It was, actually, a rip-off from the beginning. Even though the experienced reader will shake his/her head at it, the Case Agent assigned himself the U/C duties. The supervisor had observed this agent work several deals successfully, and who wants to argue with success?

As the deal was being developed, no money was flashed to the U/C. The crooks ordered that the location where the deal would occur be changed a number of times, as did the amount of kilos they wanted to purchase.

The U/C requested that the multi-agency team be augmented by a deputy he trusted. A number of delays occurred, which included changes in the original "game plan," and unexpected demands by the crooks.

The deal went down. When the U/C was in the parking lot, he was approached by the C/I. Some unconscious, unpredicted sense told him to turn to his left. As he turned, (he remembered later) he became momentarily disoriented. The crooks began firing at him. He thought he was about to die. At this moment, he psychologically experienced his own demise.

Officers in the cover team were in the van. They were also experiencing some degree of confusion, as each received somewhat inconsistent information from surveillance officers and the U/C--some members of the team had radios, while others had telephones. They all, however, felt the same feeling: "this case is turning to s__t right in front of our eyes."

The U/C drew his weapon and attempted to bring it to bear upon the crooks firing at him. He took a round across the knuckles of his gun hand, knocking his gun to the ground. The deputy he had asked to join in this incident shot the suspect firing at the U/C. The officers in the van opened fire with automatic weapons. The crooks went down or were taken into custody. The U/C was saved.

Due to the fact that this incident involved an officer-involved shooting, a psychological debriefing was requested in its aftermath. Each officer's recounting of their involvement in this case included substantial feelings of concern about how the incident "went down." I confronted the U/C with a number of uncomfortable feelings I had. The date of this incident was approximately six months after Tomas De La Rosa, an experienced and skilled Fullerton narcotics officer, was murdered in a reverse sting incident.

I was still working with some of the surviving officers who had participated in the case which had killed this excellent individual. As little as I knew about tactics in narcotics enforcement, something smelled "fishy" to me about the planning and undertaking of this "reverse."

The U/C was an experienced, successful operative who had many "trophy" pictures with his arms around smiling, handcuffed, Colombians. He appeared initially angry at my questions to him regarding his ignoring multiple signals that something was wrong with this case; but, then, made the following acknowledgment to me: "Sure, I knew it was a rip...but, I'm so totally bitchin', I knew I could pull it off."

I still remember how helpless I felt at that moment. How do you communicate to a working undercover cop that the early successes which often can make officers feel invincible and unstoppable--may, over time, result in their ignoring the need for precautions that could mean the difference between life and death.

If you stop to think about it, the first number of times a new undercover officer develops the elements of a case, he/she will likely experience considerable concern that other officers perceive them "doing it right," and not think of them as clumsy or inadequate. In order for this task to be achieved, officers' experience of fear and anxiety must be "stuffed down" so that only aggressive, confident and professional demeanor is demonstrated to others. Very few patrol officers and deputies get much experience in acting like a crook.

Then, when nothing bad happens for the first number of cases undertaken, the officers' fears and insecurities are replaced by a set of perceptions and emotions called, in psychobabble, "**medalist syndrome.**" Medalist syndrome (just like it sounds, medalist syndrome refers to an individual thinking that he/she deserves a medal, reward, compliment, reassurance that their work is appreciated, or recognition of successful efforts) begins as an increased self esteem in an officer who has successfully bought dope or "turned" a street level dealer for greater potential cases. Later, medalist syndrome is observed in anger and irritability at loved ones, supervisors, and department commanders for not appreciating the officer's efforts enough, taking them for granted, or just not caring: "...don't they realize how hard I worked, how much I give? Why, I'm just a paycheck or a workhorse for them!"

Finally, medalist syndrome is observed in an exaggerated sense of importance--of making the case regardless of the "red flags"--or the perception of invincibility, thinking that nothing bad can happen to them. The importance of managing medalist syndrome in undercover officers can most easily be observed, first, in the numbers of damaged relationships which occur when an officer has been in U/C assignments for about 1 to 2 years. Don't think that these problems are just the hours and phone calls of, "sorry, honey, I can't make our child's birthday party, I'm on my way to Las Vegas following a truck filled with cocaine."

Medalist syndrome most often affects officers by their development of irritable, angry feelings; a "dead" or numb feeling with family members; and withdrawal from loved ones who just don't seem to show an understanding nor appreciation for all the officer is doing for them by his/her hard work.

Later, medalist syndrome lies hidden in the motivation of U/C operatives feeling pressure to make a deal with questionable or dangerous elements to go to completion "as planned." The only part of the "game plan" which is remembered--when the U/C experiences medalist syndrome--is the part about how to do the deal. The part of the game plan which states that the deal will be shut down if unexpected or unusual circumstances develop may not be considered.

Medalist syndrome is a reaction to undercover stresses. It develops because the mental, physical, and emotional impacts of narcotics enforcement activities upon officers has been traditionally ignored in supervisory and command priorities. Supervisors may be reluctant to "mess with success," and may experience resistance to performing pre-emptive and incident debriefing after **each and every high-risk entry, buy-bust, sting, or "reverse."**

Proper psychological debriefings will prevent medalist syndrome from compromising officer safety and family survival. The technique identifies the existence of mental, emotional, physiological, and behavioral changes occurring in undercover officers in the course of their work; and, individually prescribes balance behaviors and strategies to maintain officer health, self-discipline and control; and well-being.

It has often astounded this writer that officers will expend substantial effort and attention maintaining their service equipment in excellent condition; but, ignore their mental, emotional, and physiological condition--even though officer safety, decision-making, judgments, and analytic ability depends upon each officer's analysis, vigilance, and **self-discipline** in these areas.

This article is the first in a series of efforts by the I.A.U.O. and Dr. Blum to provide important insights into the health, well-being, and survival of undercover officers. Subsequent efforts will discuss psychological debriefing techniques, compromises to undercover officer safety, and wellness in officers and families.

P.S.

No I.A.U.O. member can deadlift more than me.