

Welcome to the NCJA Podcast. Listen to lively discussions with a variety of guests about promising criminal justice practices and programs worth taking a closer look at, your interesting ideas from around the country on a variety of important and timely topics, and learn how you can adjust or adapt your Byrne-JAG grant program for improved success. Thanks for joining us. We hope you enjoy.

Simone Greene:

Welcome to another episode of the NCJA Podcast. We are happy to welcome back Dr. Abigail Tucker. Dr. Tucker, or Abigail, as she prefers to be called, will share information about the Heroes active bystandership training. The Heroes model is based on Georgetown Law's active bystandership for Law Enforcement Project, ABLE for short, and has been adapted for the audience of corrections, fire and rescue and healthcare. The Heroes program is designed to not only be a training, but to also encourage a culture of active bystandership. Before we delve in, to learn a little bit more about the Heroes model, Abigail, can you share a little bit about yourself?

Abigail Tucker:

Sure. Thanks, Simone. Yes, please call me Abigail. Although I am a psychologist, a thing I actually like to highlight when I'm introducing myself and I know I'm going to be talking about active bystandership, is that being a psychologist doesn't mean that I don't make a lot of mistakes when it comes to humans and human behavior. And maybe actually that's why I became a psychologist, so I'll refer to myself as a human in perpetual training.

Simone Greene:

Great, I like that. Before we really dig into what the Heroes model is, I'd like to back up just a little bit to help provide some context. Let's talk about the duty to intercede. Could you describe what this Department of Justice requirement means in practical terms, and does this requirement only apply to law enforcement?

Abigail Tucker:

Great question. Often we hear about this as the duty to intervene, that's the more common language that we hear about. However, in the Department of Justice language, and they actually revised these standards in 2022, they refer to it as a duty to intercede. And if you look at those standards, it's compiled right there with use of force and lots of other policies that were revised in 2022. What I find fascinating, ultimately the duty to intercede is this expectation among individuals who have most oftenly individuals who in their workforce have either a use of force or are engaging in activities where they have a lot of authority and power and responsibility for the people and individuals that they are taking care of. That duty to intercede really states that because of that high weight of responsibility being performed by human beings, we know that humans make mistakes.

And that duty to intercede is actually that very smart check for a check and balance, if you will, that if I make a mistake, I'm hoping that my friends Simone and others will intercede and make sure that that mistake doesn't become something more detrimental, so it's that obligation that calls out. And in the Department of Justice standards, it is obviously a policy expectation. What I find super fascinating about the DOJ standards for the duty to intercede is it doesn't just talk about this being an expectation, it clarifies that there is an expectation to train. And as a psychologist, I super love that because it really

hits home something that I observe, which is that interceding is easier said than done and that it's a skill, so I appreciate that they're really calling out that you need to be trained to do it. But to your point around also just putting it into other context, I strongly suggest people look at what state legislation says in your state.

Obviously also between 2020 and 2023, there was a lot of legislative changes as it came to duty to intercede and use of force, so see what your state says. And I also am a big fan of looking at case law just so that people really can put that into the context of how that gets interpreted by the courts.

Simone Greene:

Thank you for sharing that, and thank you for bringing in the human element to this because it feels like that'll be a theme going through. I think some of our listeners may already be familiar with the term bystander effect, but how would you describe active bystandership? What are the key elements of being an active bystander and how long is the training that you provide?

Abigail Tucker:

I get excited here because I'm going to introduce a term actually by Dr. Ervin Staub. And if you're a social scientist geek or want to be geek like I am, you must know about Dr. Ervin Staub, so look him up. You could actually just Google search BBC article and Dr. Ervin Staub and you'll learn about his personal why, for decades of research about why humans intervene to help each other, why humans hurt each other and what we can do to prevent that, it's fascinating. But I'm actually going to use his definition. Dr. Ervin Staub's definition of a bystander is a witness in a position to know that there is a need for positive action and is in a position to take action, so it's a two-part definition there. And if it's all right, Simone, I'd actually like to use a personal example. As you know, I had the opportunity to work in county jails in the earlier part of my career, and I was working as a mental health professional in that setting.

And there was a day that I walked into the county jail. And for those who haven't worked in jails, hearing people scream is not incredibly uncommon in a jail setting. It's just, especially if you're walking into what was the medical/mental health unit. It's not an everyday all-day occurrence, but it's not completely out of the normal. As I'm approaching the module that I'm going into, I can hear screaming, I can hear this coming down the hallway. You wait at the door, you wait for them to open it and it opens. You walk in, it's obviously getting louder. And one of the first things that I noticed when I walked into the unit is that nobody's making eye contact with me, which is strange, not the duty nurse, not the deputy who's there. Everybody's almost pretending or acting as if the screaming isn't happening. And as I walk down the hallway, you can take a right and the medical triage area, it's actually a lot like a hospital in the sense that there are sheets for some level of privacy, but people aren't in individual rooms.

And there is this incarcerated person laying into what I knew was a brand new medical assistant. This person had started here less than a month ago, and he was screaming at her using curse words, calling her every name in the book, saying dreadful things about her and the care that she was providing. And she looked completely frozen, almost as if she couldn't even move or speak. And again, I look around and nobody seems to be doing anything. And Simone, I am embarrassed to say that I didn't do anything either. I walked right by, I went to my office and I pulled up my work and I started seeing clients. I later checked in with that individual and she was pretty clear to say that she felt horrible and she was questioning whether or not she wanted to ever work here again. And I'm really sorry to say that she ended up leaving about a week or two later.

Now, I have learned from my work with Dr. Ervin Staub and in the work that we do with ABLE and Heroes about why I didn't intervene that day or why many other people didn't intervene that day. But I really want to highlight that one of the things that, the other definition, that Dr. Irvin Staub calls us to is that remember that bystander is a witness who's in a position to know that there's a need for positive action and to take action, and then you can be active or passive. And in that example, Simone, I was a passive bystander. I did not take action. The harm continued and worse off I might've communicated, in fact, I think I did communicate by my lack of action that it was okay that there was nothing wrong, that maybe she should just be tougher. And that's not the case.

And active bystandership is really about taking action to prevent harm, to stop the harm, to reduce it from happening again. We're not here talking miracles that active bystandership prevents all harm, but it does reduce the harm when we take action to intercede. That's a definition that I find helpful. And I think to your other question about how long is the training? The training itself is an eight-hour curriculum, and that's because we're not here to rubber stamp people through. This is not a policy attestation training. I know as a psychologist that insight alone is not enough to change behavior. It's a fantastic start though, so in our eight-hour training curriculum designer, Karen Collins Rice, we start by bringing people in with why is this important, connecting to people's values. And then from there we really talk about the social science behind it, and we're really trying to bring people along. But the back half of the training is all about skills because active bystandership is a skill that can be learned.

Simone Greene:

Thank you for that definition, and thank you for sharing that story. I think it really helps to frame that definition as well in a way that I think people can really understand. And I'm sure many people have been in similar situations in which they maybe were a passive bystander as opposed to an active bystander. You are one of the co-founders of Heroes, so congratulations on that. Heroes is a training program that uses active bystandership as a path to understanding the duty to intercede. Would you mind telling us the story of how Heroes came to be, the Heroes' origin story, if you will?

Abigail Tucker:

Of course I would love to do that. I think actually it really, we got to go all the way back to in mid to latter part of the '22 thousands and New Orleans police department is under consent decree and they're under consent decree for some significant harms that were happening to the community, and those harms are valid. And there was also a lot of harms happening within that department, so they're under consent decree. And for folks who don't know what that means, it means a federal monitor is appointed to really essentially help them not lose total financial control of their institution. The New Orleans PD had been sued many a times by advocates, by civil attorneys. And actually I think this is a really fantastic part of the story that often gets missed, it was activists and attorneys and psychologists and police officers and the activists really got together with these group and said, "We don't really want to do this. We just want the harm to stop."

And that's when they started engaging Dr. Ervin Staub and Dr. Joel Dvoskin. And the federal monitor here, Jonathan Aronie really was visionary and said, "Why don't we create something that helps prevent the harm instead of just chasing that small percentage of people in any profession, including in law enforcement and corrections." And I'm here to tell you, in psychology, there's a small percentage in any profession, people who are morally challenged, but there is a much larger percentage of people who just would benefit from active bystandership training to intercede and prevent harm. New Orleans PD

created a program and it was called EPIC, Ethical Policing Is Courageous, and it was wildly successful. And as is very common in law enforcement, they got calls from across the country sharing, and of course they were very willing to share to do that.

And then after the death of George Floyd, they were inundated with those calls. Inundated with, "Can you share your training? Can you train us?" And they cannot keep up with that. They were certainly still attending to their own needs. And so one of the things that they did is that at that point in time, they partnered with George Washington Law School and created a national platform called ABLE, Active Bystandership for Law Enforcement. Again, wildly successful. In fact, most Americans today, especially in metro cities, are served by a police department that has been ABLE trained. I think almost most large metro cities now have at least one, if not multiple ABLE-trained police departments. ABLE made the decision not to do corrections, not to do jails, not to do Department of Corrections. And I really want to acknowledge, sometimes it's really rare in our society where people say, we're actually going to do one thing and we're going to do it really well.

And that's what ABLE made that decision to do. For myself though. And my co-founders, my co-founder, Joel Dvoskin and I have both worked in correctional settings. And my co-founder, Karen Collins Rice had heard from correctional the need for this, so we developed Heroes, which is active bystandership for corrections, fire and rescue and healthcare. And in that setting, what's been really fantastic, we were really fortunate to have, I think, the two best possible clients you could possibly have in your first year. One was our first state correctional agency, the California Department of Corrections, and one was our first county jail, and that's Anne Arundel County in Maryland. And we're really grateful to both of those agencies for teaching us and helping us make Heroes the best that it could possibly be.

Simone Greene:

Thank you for that backstory. And as a New Orleans native, it is nice to hear New Orleans role in ABLE and the origin story of Heroes as a whole. Heroes conducts training for corrections, fire and rescue and healthcare workers. Is the approach similar for all three of these domains or how does it differ?

Abigail Tucker:

No, it is not, so thank you. A great question, and I would actually encourage listeners to think about, have you ever sat in a training and realized either before, early on or halfway through that you were in a training that was clearly developed for somebody else and they just decided to rubber stamp it for you? We know that that happens and we don't want that at Heroes, that's not fun. Our corrections training was completely developed with for and by correctional folks from both state corrections, parole, probation, as well as county detention facilities. We are really grateful to Texas Christian University, TCU School of Medicine, and they are helping us develop the healthcare curriculum.

And again, what we're doing there, just to give an example because knee-deep in that right now, is that we are meeting with medical students, with professors and really asking them, "Tell us about what are the harms of an action? What does this look like? Give us examples and stories and what's the language that would land best for you? What tools?" As a social psychologist, I know some of the basic tools to help people learn how to be an active bystander, but the goal that they're tailored in a way that they feel as if they are yours. And that's what we do with each culture. We're doing the same with fire and rescue, just as we did with corrections.

Simone Greene:

It's so nice to hear that you tailor these trainings for the audience because you're right, many times that is not the case and that stakeholder experience is so, so important. Can you share a little bit about your experience and training in the correction space? Do you struggle to get buy-in from staff and other stakeholders?

Abigail Tucker:

Yes, we definitely do. In fact, I often ask people if they've had the experience of training correctional agencies, and I know when people have because they give me a smirk that knowingly says, I know what it's like to have people put their feet up on the table and read the newspaper while you're trying to train them on something that you think is really important. We do struggle sometimes to get buy-in, but there's a couple of aspects that we have used to shift that. Starting with staff, one of the things that, again, our curriculum design, and so thank you to Karen Collins Rice for bringing us that awareness that adults learn in a way that is dynamic. Nobody wants to be talked at. And so our curriculum is very interactive. And so oftentimes people start in the beginning of training with arms crossed and they're like, "I'm too cool for school."

Then we start getting hands raised by mid-morning and by lunch there's laughter because even though we're talking about really serious things, we know that people learn best in an element that is light and fun. And people who work in corrections, that is hard work, really hard work. And we want people to feel valued and feel like their training is giving them that moment to connect really important concepts in a fun engaging way. And by the end, people are coming up with stories of, "I wish I had this when..." That's how we know that we're attending to that potential resistance and we're getting buy-in from folks. I also know that we're getting buy-in when people contact us later and say, "Hey, I made a Heroes playlist and I play it in my trainings." And telling about all the cool ways that they have made it uniquely theirs.

You mentioned stakeholders, and I actually want to break that up into leaders and stakeholders because those are two different audiences and they're both equally important. As far as leadership, I would actually really highlight Director Klein and Sherris Mundell at the Anne Arundel County in Maryland. They really have modeled what excellent leadership is when you're bringing in a training of any kind. One of the things that we don't want people to do is show up in a training and say, "Why am I here?" And we also don't want them to get done with the training and say, "Well, this is great doc, but I don't think my leaders are on board." And that is not at all what we experienced and observed. They're fantastic leaders. They made sure that everybody knew about the training in advance, they attended the first training and modeled, actively participating. They walk the walk and talk the talk.

Certainly, I would say that the folks there are very innovative, but the other thing that I would say is that they can tell you very clearly why, why it's important to them. For me personally, my true why is to reduce the rate of death by suicide of people working in corrections. It is unacceptably high, and we know that when people can engage, our pillars and hero are health and wellness. We want to reduce mistakes and prevent misconduct. But I believe strongly that if you attend to the health and wellness of people working in corrections, you will reduce mistakes and you'll likely reduce those misconduct allegations. And leaders know that, so connecting to their why, whatever that is, and for some folks, it's even broader, "I want to stop getting sued. I want to stop spending tons and tons of money on all these



lawsuits where somebody had the worst day of their career and worse off four people saw it happening or saw the buildup to it and didn't intervene."

Connect to your why I think can be helpful. But I think it's also important to keep in mind that stakeholders are broader. A huge stakeholder in the work we do with corrections is incarcerated people. They have a huge benefit to making sure that the individuals who are working there are their healthiest and best selves and have been trained on the perishable skill of active bystandership, and they have a culture of active bystandership. And keep in mind that well over, I believe it's well over 90% of people who are incarcerated will return to their communities, so there is a direct link there in making sure that their experience, while they are under the custody and care of that workforce is a positive one because they're going to take that back home to their communities as well. Your stakeholders could be your risk management company, it could be your incarcerated persons, it could be the community at large, but hopefully it also includes leaders and staff.

Simone Greene:

Thank you. What do you think SAAs should take away from the stories of Heroes and the great work that you all are doing? How can SAAs support corrections professionals in their states to help ensure they meet the requirements of duty to intercede?

Abigail Tucker:

You know what? I'm going to do a classic Abigail. I'm going to do a one, two, three because I like to simplify my own learning, so I'll share that in the same way. If I'm putting myself in the position of SAAs, first and foremost, knowledge is power. Understand, get to know the duty to intercede, get to know it from the DOJ's perspective, understand what it is in your own state. Understand how that is being implemented and inquire and find out if it does include, if your state's duty to intercede also includes the expectation to train, as does the DOJ's expectation, so get to know. The second thing I would say is ask, and specifically what I would do is ask your stakeholders, as an SAA, ask your stakeholders what are the harms of an action? That's twofold for me. First, as a psychologist, I know that when people have to really think through the potential harms of inaction, they are more likely to intervene.

I'm just sprinkling in active bystandership training, but in answering the question. But the other thing that I think it will bring SAAs is a real awareness on a personal level, and they'll immediately start to help people connect to their why's. Number one is get to know what it looks like in your state duty to intercede in the train. Number two is ask your stakeholders what are the harms of an inaction and really allow that conversation to have time to really think and reflect and be with that. The third one is that I would really have people connect to why this helps with health and wellness resources. I don't know if your SAAs can relate, but many leaders that I talked to in corrections and public safety lament that they feel as if they have more and more, never enough, which I completely agree and support, but they feel that they've had more and more funding and support for the health and wellness of their staff, trainings other types of services and supports, but that they're not always being utilized to their full extent.

You invest as a criminal justice agency. You invest in a health and wellness app or in a new suicide prevention training, or you develop a brand new peer support team, do these really cool things to invest in it, but it's not getting utilized the way that you know it's needed. Think of active bystandership as an operating system for that. Many people still do not use resources that are available because of the stigma that applies to reaching out to those. And we know that peers can be a powerful influence on

that. As a psychologist with a very tiny private practice, what I would say is that in the field of public safety including corrections, many individuals end up coming to see me because a friend or a colleague said, "Hey, maybe you should get some help," so see if people can make that connection. Get to know what the duty to intercede is. Is there an element of training? Ask your stakeholders what are the harms of inaction and inquire if people are observing the same need for an operating system, if you will, for the health and wellness resources that already exist.

Simone Greene:

Thank you for that. And I too love tangible tips, so we have the get to know the duty to intercede is, ask stakeholders about the harms of an action and then helping people to connect to the why and why it helps with health and wellness. That's so helpful. What would you say have been some of the greatest successes so far of Heroes? What kind of impact have you seen on corrections staff from your trainings?

Abigail Tucker:

My mentor friend and co-founder, Dr. Joel Dvoskin often reminds me and anybody who asks that it's actually really difficult to measure the success of preventing harm. If you look at just prevention of harm across all industries, not just including active bystanders, you'll know what we mean there, but it doesn't mean that it's impossible. First, super excited to share that we've been doing some collection of participant feedback and we've had some wildly successful feedback in the eighties and nineties percentile that after our train the trainer session, because we use a peer-based model, active bystanders is all about peer intervention, so we actually do a peer-based train the trainer model, people are walking away from that training telling us that they feel empowered to be able to be active bystanders, that they found value in the training and that they know how to take it forward.

That's really important to us because confidence is on the pathway to competency, so we appreciate that feedback. We're also really grateful to some partners that we have, some researchers in criminology and social justice and psychology spaces who are taking up actual research on this. The early stages of that, but excited there's been an interest. I think what I would say if I want to... When you said about success stories, my brain instantly skipped to, part of our model is that we do site visits, so after we do the train the trainer and then people are out training their own agency, we go out and visit. This is my favorite part. I think if I could just do that, I would just do site visits because I absolutely love going to sites. I love hearing about what's working and what's not working. And huge shout out to the IST leaders and the warden and all the folks, the Heroes team at Corcoran, which is a correctional facility in California. And I recently did a site visit there and they blew me away, absolutely blew me away with their adoption.

They are really getting understanding and building a culture of active bystanders. They understand that it's not just a training, that you need to just build it into your everyday interactions. They have personal stories that I think just... I'm standing here, I'm getting goosebumps just thinking about their personal stories that they share, but they share personal stories of a failure to intervene and how that has resulted in really serious outcomes. And then they share stories about since adopting that Heroes' mindset where harm has been reduced and they're powerful. And I think the success story there is, what you're seeing is that people really connected to their personal why and they found the reason. Most of the people in IST team there, their personal why is that they want all their peers to go home safely every single day. They want to get to the end of their career. They want to be there for their families. They

want to enjoy their retirement and not be the statistics of people who die early after retiring from working in this very challenging field.

But the other success story there is truly the warden. She is a dynamo individual who really truly spends time connecting with her staff. She steps into every single one of those trainings and says out loud for everybody to hear, talking about thousands of staff there, she states very clearly, "I want you to intervene on me. I am a human too. And if I make a mistake..." And you got to know Simone, there's a real hierarchy culture there, huge, massive. In fact, the number one question I get in a training is, "This is really great, but we can't intervene on our leaders. We can't do that." That's not true, you can. We teach skills. We want to develop that active bystandership, but she is really modeling how people make that change and difference, is what they do is they create a culture of permission to intervene, so I would say those are our success stories. It's hearing from folks with the tears in their eye and the smiles on their face that this has been life-changing for them. It certainly fuels me to keep doing this work.

Simone Greene:

It sounds incredibly impactful. And again, thank you so much for this work that you're doing. Is there anything you want to share about the future of Heroes, any exciting developments and the works that you'd like to highlight?

Abigail Tucker:

Lots of exciting things. I'll do two. First, well you know, from the beginning of this, I have my prior experience in jails, which for most people know is going to be county, County Sheriff's Office, so there's that. And I just have a real heart and a passion for rural frontier and those County Sheriff's Offices who are doing everything under the sun and most likely always understaffed to do so, including running jails. What I'm excited to talk about is that ABLE and Heroes have really started partnering. We worked side by side, we support each other, but we're actually now developing a model whereby sheriff's offices who by law have to provide some form of detention and many, but not all of them also provide road patrol, law enforcement. We are developing a model by which an agency can become both Heroes and ABLE certified and trained without it feeling like two separate trainings, double of everything, double the admin, the time and the training.

We heard loud and clear that that is going to be no bueno when it comes to making this successful for sheriff's offices. We heard, we listened, we responded, so really excited about that model we're developing. And specifically what we're looking to do, we'd love to hear from other states who are interested is a statewide model. A statewide model where sheriff's offices get statewide trainers in ABLE and Heroes and they support all of the sheriff's offices in that state. It really leverages the existing collaborative nature that I observe already exists in states between sheriff's offices and really helps those rural agencies. We've got rural agencies here in Colorado Sheriff's Offices who are 10 or less staff covering a distance and a geographical region that defies that, if you think about it numerically, so really leverages that collaboration. I'm super excited about that.

And the other thing is that Heroes also has a correctional leadership training. And the reason that we are really excited to start talking about this is that we talk about the importance of strong leadership when it comes to creating a culture of active bystandership. And we know, I don't know about you all, but I've certainly had the experience where people are like, "Oh, look, you look like you're a pretty good clinician. Let's make you a clinical supervisor." Like, "Oh, look, you look like you're a pretty good clinical



supervisor. Let's make you a manager." And that happens in many fields, and it definitely happens in corrections. And it wasn't until I got trained in quality leadership and what is quality leadership that I probably was a decent, not horrible leader in that sense. And so we want to bring that to corrections, and I think we're really curious to hear from people, chicken or the egg. Is it leadership training and then active bystanders training? Is it active bystanders training and then leadership training? Would really be curious as to people's thoughts.

Simone Greene:

Those were exciting developments. Well, I think that that is a good place to end. Thank you so much, Abigail, for the work you're doing. Thank you for joining us on this podcast. It's always a pleasure, and it's been really, really nice to learn more about the Heroes model.

Abigail Tucker:

Thank you so much. Such a pleasure to be here.