Cop 2 Cop Program

- First program of its kind in the country
- Legislative law was passed (Bill 1801)
  In July 2000, an agreement was signed between NJ DOP and UMDNJ-UBHC
- Program “went live” on November 1, 2000 at 1-866-COP-2COP
- Over 34,000 calls
Tough Cops

Ask For Help

Don’t remain silent
Don’t let stigma stand in your way

Depression, Anxiety, Substance Abuse, Post-Traumatic Stress Disorder and other Mental Health Care Needs
Help is available for you and your loved ones

1-866-COP 2 COP
1-866-267-2267
Cops helping Cops – confidential, 24/7, free

PEER SUPPORT - Provided by retired law enforcement officers

POLICE CLINICAL ASSESSMENT - Provided by a Cop Clinician, or UMDNJ staff clinician to establish a level of care and service needs

POLICE CLINICAL NETWORK REFERRAL - Provided by our Cop 2 Cop Police Network comprised of psychiatrists, psychologists, and counselors trained to work with cops

CRITICAL INCIDENT STRESS MANAGEMENT SERVICES - Critical Incident Stress Management Teams are deployed to respond to police officers who have experienced a critical incident. Cop 2 Cop maintains CISM teams and offers mutual aid throughout N.J.

Created by the NJ Police Suicide Task Force
Cop 2 Cop
Hotline Statistics 2000-2017

- 50+, 000 Cop 2 Cop Calls
- 10/1/00 - 9/10/01 = 1,762
  9/11/01 300% call increase

- 9/11/01 – To Date = 50,000+
  Approx. 3,000 calls ANNUALLY

- CISM Responses : 10/1/00 – To Date = 750+
- 296 Suicide Calls –
- 282 Cop 2 Cop Suicides Averted
- 136 completed suicides since 1998
- Gender breakdown: 70% - male, 30% female
Cop 2 Cop - Who is it for?

1-866-Cop 2 Cop
(1-866-267-2267)

Free and Confidential

51,500+ Active NJ Law Enforcement Officers and their families
Retired/ Disabled NJ Law Enforcement Officers

Cop 2 Cop is answered **live** 24/7

- Retired law enforcement officers available and on call for the “Cop 2 Cop” experience
- COP 2 COP Mission – Support Cops/STOP Suicide
COP 2 COP STAFF - 2017

1 Program Coordinator (Police Wife)

1 Mental Health Specialist Supervisor (Retired Law Enforcement officer/clergy/corrections)

2 Mental Health Clinicians (Retired Law Enforcement Officer)

8 Cop Peer Consultants (all Retired Law Enforcement officers)

1 Secretary/Administrative Coordinator

5 Volunteer Peer Supporters-Retired Law Enforcement Officers
Cop 2 Cop has become a national model. Peer/Clinicians Working Together
4UNJ911
VET 2 VET
1-866-838-7654
COP SLEF
New Orleans Suicide Response
NJFDEMS
MOM2MOM
1-877-914-6662
Vets4warriors
855-838-8255
CARE2CAREGIVERS
1-800-424-2494
Governor Corzine’s Task Force on Police Suicide Report Summary 2009

1. COP 2 COP is a national “Best Practice” in Suicide Prevention
2. Suicide Prevention Training Essential/PTC & Peers
3. Policies Needed – SOPs can foster service provision
4. Law Enforcement High Risk for Suicide - Corrections Officers, Wounded/Disabled, Retired, Hx of MH problem, IA, Alcohol, relationship problems
5. 90% of NJ Cop suicide used firearms in analysis
6. Mental Health Stigma must be confronted
Law Enforcement Suicide
The Problems....

Mental Health Stigma about officers asking for help
Corrections Officers
Wounded/Disabled Officers
Retired Officers
History of Mental Health problems
Internal Affairs/ Departmental charges
Alcohol & Drug Abuse
Relationship problems- marital discord
Access to weapons-90% NJ Cop suicide used firearms
Cops Report to Cop 2 Cop
Top 10 Problems (50,000+ calls)

• #1 – Depression
• #2 – Anxiety
• #3 – Marital Issues
• #4 – PTSD
• #5 – Substance Abuse
• #6 – Family Problems
• #7 – Legal Problems
• #8 – Medical/Somatic
• #9 – Suicidal Ideations
• #10 – Recent Loss
Cop2Cop Top Ten Counties 2000 – 2017 (Unknown #1)

- #1 – Unknown
- #2 – Essex
- #3 – Middlesex
- #4 – Ocean
- #5 – Bergen
- #6 – Union
- #7 – Camden
- #8 – Hudson
- #9 – Monmouth
- #10 – Mercer
COP 2 COP Recognition
Governor’s Proclamation 12/01
AG Recognition Award 12/01
NY Times Feature 2/02
PAPD Rescuer Award 5/02
ICISF World Congress Award 2/03
Governor’s Excellence Award in Volunteerism 4/03
Jersey City Community Service Award 6/03
9/11 Emergency Service Delegation 6/04
Re-certification in A.A.S 7/05
NOBLE Public Safety/Enforcement Award 11/06
Independent Film Festival Award “A Call to Valor” 1/08
Governor’s Task Force on Police Suicide 10/08
Governor's Council on Mental Health Stigma Ambassador Award 5/10
NOBLE Community Service Award 6/11
State Trooper’s Coalition Award 10/12
NOBLE Community Service Award 6/14
Award winning Website www.cop2coponline.org
Cop 2 Cop Q.A. Survey
90% Overall Satisfaction

1: 96% of our clients stated they got through the line easily
2: 99% of our clients indicated they felt listened to on the phone
3: 70% of our clients used the referral they were given
4: 82% stated they will continue in treatment.
5: 98% of our clients stated follow up calls and services were done to their satisfaction
6: 99% of our clients advised they would recommend Cop 2 Cop to other cops
Wounded Officers Support Group

- July 2004-6 officer shot in 2 weeks/Support group
- “The Blue Heart Law Enforcement Assistance Program”
  - To provide support and counsel to the injured and emotionally distressed
  - Opportunity for members to discuss common problems and offer solutions.
  - Legislation (S1374/A2878) The Blue Heart Law Enforcement Assistance Program signed into law March 21, 2007
- Ongoing group meetings
- Create a registry of wounded cops in NJ
- Clinical case management services & family support
- Annual services to honor officers wounded
Cop 2 Cop
2016 Initiatives

• **High Risk Officer Programs** – Wounded Officer’s, Tactical units, IA & Corrections
• **Suicide Prevention** – QPR, outreach
• Bottles and Badges AA meetings
• Psychological First Aid
• Cop2Cop Crisis Unit
• CISM- SOP’s & Policy
How Do I Begin To Be My “Brothers And Sisters” Keeper In Law Enforcement?

• CARE- AVOID CYNICISM, BETTER NOT BITTER
• BELIEVE IN A HIGHER POWER THAN YOURSELF
• TRUST THE “POWER OF PRESENCE”
The “Cycle” Of The Job

(I Love A Cop) Ellen Kirschman PhD

- Applicant Phase / Family-Hopeful
- Academy/ Family- Alone
- Honeymoon / Family- Proud
- Settling Down / Family- Routines
- Disillusionment/ Family- Victims?
- Coming to a crossroad/ Family- Guarded
- Retirement/ Family- Hopeful Again!
Resource Materials

EMOTIONAL SURVIVAL for LAW ENFORCEMENT
By Kevin M. Gilmartin, PhD

- Dr. Gilmartin is a behavioral scientist who specializes in issues related to law enforcement. With twenty years of police experience under his belt, he currently provides service to the law enforcement community as a consultant. In writing this book, it was his goal to aid officers and their families in maintaining and/or improving their quality of life both personally and professionally. Deputy Kevin Ortiz

- Taken from Command Magazine :: The Journal of the Texas Tactical Police
Personal Awareness

**WHO ARE YOU?**

- AUTHORITATIVE
- IN COMMAND
- NO MISTAKES
- IMAGE ARMOR
- NEEDS ACTION
- RISK TAKER
- HYPERVIGILANT
- CYNICAL

- LESS WILLING TO SOCIALIZE
- NEGATIVE ATTITUDE ABOUT PEOPLE
- MORE SUSPICIOUS
- MORE PESSIMISTIC
- LESS TALK ABOUT FEELINGS
“High Alert” for Police Family Domestic Violence

- Tremendous risk for Anger, Substance Abuse, & Marital Issues to escalate
- Anger Management Programs essential
- Patterns may emerge- react instantly
- Couples counseling is effective....
Domestic Violence & Cops

1992 Survey found-
24% (891) of Cops were physically aggressive to mate

Consider *Use of Force Scale* (Honig & White)
Workplace Roles may impact Police family life
LA County Sheriffs Office looked at 1-10 @ work
Different from family interpretation (pushing, shoving)

Solution-Families must adapt a zero tolerance for family violence, stop verbal abuse, Substance Abuse, therapy-anger management
LESSONS LEARNED

Anger Management

Domestic Violence & Cops

Anger, Substance Abuse, & Marital Issues can escalate. Anger Management Programs essential - Couples counseling Patterns may emerge - react instantly

ZERO TOLERANCE FOR DOMESTIC VIOLENCE

Consider *Use of Force Scale* (Honig & White) - Workplace Roles may impact Police family life Different from family interpretation (pushing, shoving)

LA County Sheriffs Office looked at 1-10 @ work

Solution - Families must adapt a zero tolerance for family violence, stop verbal abuse, Substance Abuse, therapy-anger management
Test Yourself for Signs of Stress / Alcohol Abuse. An indication of stress is an increased use of alcohol. This simple test that takes less than 3 minutes and consists of these 4 questions:

<table>
<thead>
<tr>
<th>C</th>
<th>Have you ever felt you should <strong>Cut</strong> down on your drinking</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Have you ever been <strong>Angry or Annoyed</strong> by anything anyone said about your drinking?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>G</td>
<td>Have you recently felt <strong>Guilty</strong> about your drinking?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>E</td>
<td>Have you ever needed an <strong>Eye Opener</strong>? An eye opener is a drink taken usually early in the morning following a binge to avoid withdrawal.</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

The sensitivity of the test (ability to detect true alcoholism given a certain number of positive responses) DECREASES as the number of positive responses increases. For example, if someone answers 1 question positively, the test has a sensitivity of 85% for alcoholism. However, if one answers all 4 questions negatively, the probability of that person NOT being an alcoholic is 89%. In other words, the specificity of the CAGE is about 89%. *(Dr. John A. Ewing, 1970)*

**Scoring:**
- If you answered yes to 3 of the 4 questions you are highly likely alcohol dependent.
- If you answered yes to 4 of the 4 questions, you are virtually guaranteed to be alcohol dependent.
LESSONS LEARNED

Family First

“The Ultimate Backup”

Law Enforcement Family Code of Ethics-handout
Recognize family’s sacrifice to police career
Reinforce “family first” life style
Adapt stress management techniques to include family
Utilize CISM teams / Policy to mitigate PTSD
Resiliency research = Family & Faith as key components
COP 2 COP
Positive Outcomes/Positive Growth Model

- Posttraumatic growth - 3 categories
  - Sense of Self, Relationships, Spiritual/religious
- Individuals do not simply survive w/out negative effects, they experience themselves as better then they were before the traumatic event - Calhoun and Terdeshi (2000)
- Trauma allows an opportunity to grow as a person
LESSONS LEARNED
High Risk
Psychological Impact of Officer-Involved Shootings

Two distinct issues related to the effects of shootings:

• What officers experience during shootings.
• What they experience after incidents in which they shoot.

POLICE RESPONSES TO OFFICER-INVOLVED SHOOTINGS (Klinger, N.I.J.)
Post-shooting Data Summaries...

- Officers experienced a psychological, emotional and physical reactions to being involved in shootings.
- Most commonly experienced reaction was recurrent thoughts.
- Most shootings led to short-term disruption in the involved officers lives. Negative reactions dissipated within three months.
- Officers’ post-shooting reactions are influenced by how third parties responded to shooting events.
- Officers’ post-shooting reactions are related to the thoughts, feelings and physical reactions they experience during shooting events.
Psychological Risk Factors of Law Enforcement Work

Paradox of law enforcement work:

- Officers are taught to trust their instincts, yet to deny or hide their feelings.
- Officers must maintain control of their emotions and behavior while simultaneously dealing with out of control people and situations.
- Officers enter situations to be of help and service, and yet can be mistakenly viewed as agents of excessive force and even danger.
Critical Incident Stress

- Highly publicized event
- Death or injury of a fellow officer
- Threat of injury or death to self
- Mass casualty incident
- Death of a child
- Shooting incidents
- Exposure to AIDS/HIV or hazmat
- Officer suicide / inmate suicide
Critical Incident Stress & Traumatic Exposure

How people respond during traumatic exposure emotionally, cognitively, behaviorally can physiologically may be viewed as NORMAL responses to an ABNORMAL event.
Critical Incident

Signs of Obvious Distress

Physical — Sweating, dizzy spells, increased heart rate, elevated blood pressure, rapid breathing

Behavioral — Appetite changes, decreased personal hygiene, withdrawal from others, prolonged silences, uncontrollable crying spells, other changes in ordinary behavior patterns

Emotional — Shock, anger, grief, depression, hopelessness and helplessness

Cognitive — Confused thinking, difficulty making decisions, disorientation

Beware- Burnout/Compassion Fatigue
Post Traumatic Stress Disorder - PTSD

- PTSD. The symptoms interfere with your work and daily living. They affect your behavior, emotions, cognitions, or physically impair you.

- **A partial list of these symptoms:**
  - Fatigue
  - Anger
  - Sleep problems
  - Changes in appetite
  - GI problems
  - Vomiting
  - Inability to focus
  - Intrusive thoughts
  - Nightmares
  - Shame
  - Depression
  - Headache
  - Social behavior
  - Isolation
  - Withdrawal
  - Confusion
  - Shakes
  - Panic attacks
  - Flash backs
PTSD (cont.)

• If you persistently suffer from some of these symptoms for a long time after a critical event, seek professional help.
• You are not crazy, but you do need a check up from the neck up. The treatment need not be prolonged or in depth but could be resolved very quickly by Therapy/Counseling.
Beware!

Law Enforcement Family Predators-
Anger
Alcoholism
Workaholic
Cynicism
Love Triangles
Mental Health/Suicide
Law Enforcement Officers Family Survival
Rules to serve them well -

• There is more to life than the badge
• Families must come first
• What is risky is rewarding, what is rewarding is risky
• Recognize constantly that you and your family sacrifice for our country
• Families pray together, & stay together
• At the end of the day, your police family is your greatest blessing
Ways to move from Anger to Acceptance:

- Accept the fact that you are angry and that it is a natural reaction.
- Understand that you are helpless in terms of undoing that which has been done.
- Define your anger so that it has a place to attach itself.
- Allow yourself to be upset.
- Be angry that you witnessed suffering.
QPR for Law Enforcement

Question, Persuade, Refer
Like CPR it is an intervention for suicide prevention that stands for:

- **Question**
- **Persuade**
- **Refer**
QPR

- QPR is **not** intended to be a form of counseling or treatment.
- QPR **is** intended to offer hope through positive action.
Statistics

- Suicide is the 8th leading cause of death
- Suicide rate in Law Enforcement is 3:1 Line of Duty Deaths, approximately 90%. Law Enforcement suicides are often, in a sense, Line of Duty.
- Cops commit suicide utilizing their weapons.
- Often alcohol and marital problems are evident.
Study of Police Suicide
2008-2009

• 2009 there were 143 law enforcement suicides an increase from 2008 law enforcement suicides of 141
• California, New Jersey, and New York led the nation both years in law enforcement suicides.
• Source (O’Hara AF, Violanti JM)
Who is at Risk?

• Ages 35-39 are at highest risk of suicides

• Service time at highest risk was 10-14 years

• 64% of suicides were a surprise

• Source (O’Hara AF, Violanti JM) (2008)
Who is at Risk?

• In 2009 there was an upward shift in terms of results:
  • 40-44 years was at the highest risk of suicides.
  • Service time shifted upwards from 10-14 years to 20 years and above.

• Source (O’Hara AF, Violanti JM) (2008)
National Suicides stats

• 2008 police suicides: 141
• 2009 police suicides: 143
• 2012 police suicides: 126
• Average age, 2012: 42
• Average yrs on job: 16
### Completed Suicides 2015

<table>
<thead>
<tr>
<th>SEX</th>
<th>AGE</th>
<th>DEPARTMENT</th>
<th>COUNTY</th>
<th>PLACE</th>
<th>DATE OF SUICIDE</th>
<th>C2C?</th>
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<tbody>
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<td>N State Correction</td>
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<td>Y Ocean County Prosecutor</td>
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<td>2/13/2015</td>
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<td>M</td>
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<td>Hudson</td>
<td>Jersey City</td>
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<td>Martin Natale Jr</td>
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<td>52</td>
<td>Middlesex</td>
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<td>gun shot</td>
<td>12/4/2016</td>
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</table>
C2C SUICIDE TRACKING 2000-2016

Years

Total Suicides  State Corrections  County Corrections  Retired  C2C Contact
Feelings about Suicide

Your feelings about suicide affect this intervention - reluctance to get involved, fear, denial, shock & anger and lack of understanding.

In simple terms suicidal people see suicide as the solution to their problem.
Suicide Myths and Facts

- **Myth:** No one can stop a suicide, it is inevitable.
- **Fact:** If a law enforcement officer in a crisis gets the help they need, they will probably never be suicidal again.

- **Myth:** Confronting an officer about suicide will only make them angry and increase the risk of suicide.
- **Fact:** Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
Suicide Myths and Facts

• **Myth:** Only experts can prevent suicide.
• **Fact:** Suicide prevention is everybody’s business, and anyone can help prevent the tragedy of suicide

• **Myth:** Suicidal officers keep their plans to themselves.
• **Fact:** Most suicidal officers communicate their intent sometime during the week preceding their attempt.
QPR
Suicide Myths and Facts

• **Myth:** Those who talk about suicide don’t do it.
• **Fact:** People who talk about suicide may try, or even complete, an act of self-destruction.

• **Myth:** Once an officer decides to complete suicide, there is nothing anyone can do to stop them.
• **Fact:** Suicide is the most preventable kind of death, and almost any positive action may save a life.

How can I help? Ask the Question...
QPR
Suicide Cues & Warning Signs

The More Clues and Signs Observed, the Greater the Risk.

Take All Signs Seriously.
Signs/Cues to look for:

- **Warning Signs** - despair, hopelessness, depression

- **Direct verbal Cues** - I wish I were dead, If x doesn’t happen I’m going to kill myself

- **Indirect verbal Cues** - My family would be better off without me, Soon you won’t have to worry about me anymore, Here take this-I won’t be needing it.
Signs/Cues to look for:

- **Behavioral Cues** - Making or changing a will, giving away possessions, sudden interest or disinterest in religion, relapse into substance abuse

- **Situational Cues** - Rejection by a loved one or divorce, anticipated loss of financial security, death of spouse, friend (especially if by accident or sudden)
Warning Signs

- Previous suicide attempt
- Previous suicide by loved one, friend, colleague
- Despair
- Hopelessness
- Depression
- Increase alcohol
- Marital/family issues
- Financial crisis
- Departmental charges
Warning Signs, Continued

- Making a will
- Giving away possessions
- Sudden change in religion
- Increased anger
- Co-worker complaints
- Citizen complaints
- Change in work habits
- Any change that is out of the ordinary
Direct Verbal Cues

• “I’ve decided to kill myself.”
• “I wish I were dead.”
• “I’m going to commit suicide.”
• “I’m going to end it all.”
• “If (such and such) doesn’t happen, I’ll kill myself.”
Indirect Verbal Cues

- “My family would be better off without me.”
- “Soon you won’t have to worry about me anymore.”
- “Here, take this- I won’t be needing it.”
- “They’ll be sorry.”
- “I can’t take it much longer.”
Indirect Verbal Cues (cont.)

- “I’m tired of life, I just can’t go on.”
- “Who cares if I’m not around anymore.”
- “I just want out.”
- “I won’t be around much longer.”
- “Pretty soon you won’t have to worry about me.”
Situational Cues

• Being fired or suspended
• A recent unwanted move
• Loss of any major relationship
• Death of spouse, child, or friend, especially if by suicide
• Diagnosis of a serious or terminal illness
• Sudden unexpected loss of freedom/fear of punishment
• Anticipated loss of financial security
• Loss of a cherished therapist, counselor or spiritual leader
• Fear of becoming a burden to others
Tips for Asking the Suicide Question

- If in doubt, don’t wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; QPR Card, phone numbers, counselor’s name and any other information that might help

Remember: How you ask the question is less important than that you ask it
QPR

Ask A Question, Save A Fellow Officer
QUESTION

Less Direct Approach:

- “Have you been unhappy lately? Have you been very unhappy lately? Have you been so very unhappy lately that you’ve been thinking about ending your life?”

- “Do you ever wish you could go to sleep and never wake up?”
Direct Approach:

• “You know, when people are as upset as you seem to be, they sometimes wish they were dead. I’m wondering if you’re feeling that way, too?”

• “You look pretty miserable, I wonder if you’re thinking about suicide?”

• “Are you thinking about killing yourself?”

NOTE: If you cannot ask the question, find someone who can.
HOW TO PERSUADE SOMEONE TO STAY ALIVE

- Listen to the officer and give them your full attention
- Remember, suicide is not the problem, only the solution to a perceived insoluble problem
- Do not rush to judgment
- Offer hope in any form
Then Ask:

• Will you go with me to get help?”
• “Will you let me help you get help?”
• “Will you promise me you won’t kill yourself until we’ve found some help?”

YOUR WILLINGNESS TO LISTEN AND TO HELP CAN REKINDLE HOPE, AND MAKE ALL THE DIFFERENCE.
Suicidal officers often believe they cannot be helped, so you may have to help them get the help they need.

The best referral involves taking the officer directly to someone who can help.

The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.

The third best referral is to give referral information and try to get a good faith commitment not to attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.
Important!

• If you are dealing with an officer that is not open to referral of any sort and you believe significant risk for suicide, it is very important that you initiate the proper departmental psychiatric emergency protocols to ensure the officer’s safety as well as the safety of others is secured.
For Effective QPR

Remember

Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, don’t hesitate to get involved or take the lead.
For Effective QPR

• Say: “I want you to live,” or “I’m on your side...We’ll get through this.”

• Get others involved. Ask the person who else might help. Fellow officers, respected supervisor, family, friends, brothers, sisters, pastors, priest, rabbi, bishop, physician?
For Effective QPR

• Join a Team. Become a contact person for QPR in your Department. Offer to work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment.

• Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you, let the person know you care about what happens to them. Caring may save a life.
REMEMBER

WHEN YOU APPLY QPR, YOU PLANT THE SEEDS OF HOPE. HOPE HELPS PREVENT SUICIDE.
PROTECTIVE MEASURES

• Talk to your partner, to your fellow officers

• Monitor your emotions - keep track of how you feel

• Share your life with your family and friends - the good, bad and the ugly

• Stick to the basics of good health
  - Exercise
  - Balanced diet
  - Regular sleep habits
PROTECTIVE MEASURES

• Engage in a program of ACTIVE relaxation (and we're not talking about grabbing a beer at the corner tavern here…)

• Take time off

• Laugh as much as you can, particularly at yourself

• Work to make positive changes in law enforcement culture

• Get involved in something you believe in (volunteer program for kids/schools, etc.)
Trust your judgement:

- Don’t worry about being disloyal, breaking a trust, better than attending their funeral with the “If only...”

- Be your brother’s keeper and utilize QPR

- COP 2 COP is there for you and your brothers 24/7 at 1-866-267-2267
Possible Referral Sources

- COP2COP help-line 1-866-COP-2COP (1-866-267-2267) the following resources can be obtained:
  - Telephonic crisis screening to determine suicide risk level
  - Help linking the officer to the local psychiatric screening center if necessary
  - Peer counseling
  - Referral to counseling
  - Referral to appropriate support group. Spiritual Support or Unions
  - You can call the line to get advice with how to proceed
The Challenge

“No matter what Life gives me I can turn it around.”
Tough Cops

Ask For Help

Don’t remain silent
Don’t let stigma stand in your way

Depression, Anxiety, Substance Abuse, Post-Traumatic Stress Disorder and other Mental Health Care Needs

Help is available for you and your loved ones

1-866-COP 2 COP
1-866-267-2267

Cops helping Cops – confidential, 24/7, free

Created by the NJ Police Suicide Task Force
Discussion & Questions