

Recommendations for a More Effective Police Suicide Prevention Program
Due to Continued Increases of Police Officer Suicides

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Recommendations for a More Effective Police Suicide Prevention Program
Due to Continued Increases of Police Officer Suicides

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Earning a graduate degree in criminal justice has been a goal of mine for many years. I felt it important to seek as much knowledge as possible about the social, theoretical and legal aspects of criminal justice. As a teacher, I felt it important to learn and better understand the world environment from a wider perspective. Earning a graduate degree would provide added knowledge and understanding about how society functions, allowing me to pass that knowledge onto my students. An added reason for earning this degree was to meet the qualifications of my employer, solidifying my position, and enhancing the opportunity for financial stability in the future. Attending the University of Wisconsin-Platteville has provided the education and knowledge needed for continued success.

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It is my sincere desire to use this new learning to enhance the educational experiences of the students I will teach over the coming years. I would like to make a difference in their lives. Hopefully, this graduate degree in criminal justice will allow me to do that.

Abstract

Recommendations for a More Effective Police Suicide Prevention Program Due to Continued Increases of Police Officer Suicides

Gerald Wawrzonek

Under the Supervision of Dr. Cheryl Banachowski-Fuller

Statement of the Problem

Police suicide is on the rise in the United States and in just the past few years, hundreds of Police Officers ended their own lives. Police suicide intervention programs do exist however, lacking are suicide prevention programs for police officers. According to a recent study, police suicides occur at a rate of 18 suicides per 100,000 persons in contrast to 11 suicides per 100,000 persons from the general population. During 2009, a total of 143 police officers ended their lives through suicide, a slight increase over 2008, which registered 141 police suicides. In 2007 there were 123 known police officer suicides in the U.S., indicating that suicides committed by police personnel are on the rise (Violanti, et al, 2009).

Preliminary research reveals only two known suicide prevention programs that provide general guidelines for prevention. The Behavioral Science Services Unit of Los Angeles County provides police departments within the Los Angeles area counseling for troubled officers; this program appears to be more intervention than prevention (Josephson, 1990). The New York Police Department's Early Intervention Unit provides educational programs for the prevention of police suicides as well as intervention (Mazurek, et al, 2002). However, it appears that neither program is designed to proactively deliver prevention information. Subsequently there does not

appear to be any significant suicide prevention programs designed specifically for proactive suicide prevention for police officers.

Although there is insufficient research about police officer suicide and its predictability, statistics indicate a growing problem of police officers taking their own lives. Reasons and causes are subject to frequent debate among psychologists, psychiatrists and mental health experts. The U.S. Army has recognized failures in current military and civilian suicide prevention programs and has authorized a \$17M study to scientifically quantify proven suicide screening and prevention methods (DoD, 2010). A second branch of the military, the U.S. Air Force had experienced a marked increase in suicides among personnel. In 2008, research identified several areas for improvement. Subsequently, a proactive program for suicide prevention was initiated. Statistics from 2009 revealed a 5% decrease in suicides per 100,000 for Air Force personnel (AFSPP, 2010). It is the intent of this research paper to compare and contrast a comparative analysis of suicide prevention programs providing recommendations for the development of a police officer suicide prevention program.

Methodology

Secondary data, with reviews of major essays, studies and surveys will be analyzed to determine their effectiveness in preventing police officer suicides. With police officer suicides on the rise (Violenti, 2009), current programs may not be effectively stopping officer related suicides. In addition, a review of the research related to suicide prevention programs administered by the U.S. Military will be studied and compared with suicide prevention programs currently used by law enforcement. The U.S. Air Force as well as the U.S. Navy have recently initiated suicide prevention programs such as “Let’s Talk” an anonymous contact point for soldiers, sailors and airmen providing 24/7 counseling help via internet or phone.

Case study research of existing data will be conducted through the following six steps

(Yin, 1984):

- Determine and define the research questions
- Select the cases and determine data gathering and analysis techniques
- Prepare to collect the data
- Collect data in the field
- Evaluate and analyze the data
- Prepare the report

Critical case sampling of a small number of relevant cases that are likely to yield pertinent data and have the greatest impact will also be conducted. (Patton, 2001, p. 236)

Anticipated Outcome

It is anticipated that this research will show that there is a lack of dedicated police officer suicide prevention programs within the United States law enforcement community. It is also anticipated that through this research, components of successful suicide prevention programs associated with the military and civilian organizations can be adapted and recommended as strategies used by law enforcement in the development of successful suicide prevention programs

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Section I: Introduction

Police suicide is a social problem, as is suicide in general. Unfortunately, however, not much attention has been paid to the prevention of police officer suicides. A number of police suicide intervention programs do exist throughout law enforcement, but direct prevention programs are sparse, and do not appear to be effective based upon most recent police suicide statistics. During the year 2010, the Badge of Life Police Suicide Prevention Group reports there were 145 police suicides in the United States, a slight increase over 2009, during which there were 143. The suicide rate for police officers remains 17/100,000, compared to the general population's rate of 11/100,000 (Badge of Life, 2011).

In order to understand the importance of having an affective suicide prevention program for law enforcement personnel it is imperative for society to understand the stressors associated with policing. Just how does the patrol officer deal with the day to day inherent dangers associated with police work? How do police executives handle the pressure of mounting fiscal constraints and still be expected to maintain sufficient levels of patrol without succumbing to stress and depression. One focus of this paper is to examine and provide understanding of police suicide. The primary goal is to introduce successful suicide prevention programs available and suitable for law enforcement.

When a persons decides he wants to become a police officer and applies for the job, a litany of physical and psychological assessments are given to determine that those chosen are ahead of the general public in relation to their physical and mental abilities. Given this, why are the rates of cancer, hypertension, depression, and heart disease higher for police officers over the civilian population (Larned, 2010)? In 2009, more officers died as the result of suicide than

those killed in the line of duty. Specifically, in 2009, 117 police officers were killed in the line of duty, while 143 officers fell as victims of suicide (Bureau of Justice Statistics, 2010).

While it is true that many suicides are impulsive acts, signs of a troubled officer can be traced back many years. Often, the suicidal officer telegraphs his/her intention by revealing clues of their thoughts. Observing and recognizing these clues are paramount to the prevention process. Some common misconceptions about suicidal persons are:

- Persons who threaten suicide only want attention and won't do it.
- Confronting a suicidal person can trigger their self destruction.
- Only psychiatrists can prevent suicide
- At-Risk persons never telegraph their intentions
- Suicidal persons want to die.

To an informed observer the above misconceptions provide answers indicating that the opposite is true in all of the cited circumstances. The facts are that most suicidal persons want to live productive lives, enjoy their families and friends and exist happily even while telegraphing that they want to die (Larned, 2010).

Understanding the coping mechanisms of alcohol abuse, anger, substance abuse, violence and spousal abuse is of special importance when attempting to evaluate the risk and suicidal tendencies of a police officer. When an officer commits suicide a lot of questions are asked, none more specific than, why? And, why didn't we recognize this and prevent it from happening (Violanti, et al. 2009)? The ability to recognize the warning signs of a suicidal officer is one component in any worthwhile prevention program. Police officers who have worked in teams have reported observing reckless behaviors of partners who have committed suicide. Officers at risk have been observed doing some of the following identifiers (Mohandie & Hatcher, 1999)

- Display an unhealthy interest in homicide or suicide
- Consistently maintain a hostile and argumentative demeanor
- Display reckless behavior
- Take unnecessary risks on the job
- Abuse alcohol or drugs
- Carry more weapons than authorized
- Unable to resolve personal problems
- Depression

Peer support and the ability for officers to recognize the warning signs of suicide is critical to any suicide prevention program. Recognition of reasons why an officer might be susceptible to suicide will assist police administrators and fellow officers in directing resources available to react to the red flags associated with a suicidal officer. Research indicates that a number of issues can trigger a suicide; the death of a child, parent, or spouse, divorce, illness, legal issues, loss of employment, feeling of guilt, or sexual inadequacies can all be considered as triggers to a suicide.

The purpose of this study is to examine current suicide prevention programs in law enforcement, the military and civilian organizations to measure their effectiveness. One can take notice from the continued yearly increase in police officer suicides that current programs are ineffective in preventing many suicides. Having identified numerous physical and mental factors associated with police suicide this essay will reveal optimal prevention strategies suited for law enforcement purposes. The U.S. Military has been a leader in formulating and developing suicide prevention programs for their personnel. Specifically, the U.S. Air Force has been on the forefront, initiating programs aimed at preventing suicides among their members. According

to Steven Planz, the coordinator of the Air Force Suicide Prevention Program (AFSPP) suicide rates of Air Force personnel has been reduced by 28% since 1996. The 1987-1996 Air Force suicide rate of 13.8/100k was reduced to 9.7/100K as of 2008 (AFSPP, 2010). This benchmark program focused upon early identification and effective intervention of Airmen at risk.

The U. S. Army, recognizing failures in current suicide prevention programs has appropriated \$17M to study issues that will scientifically quantify proven suicide prevention programs (DoD, 2010). The most recent US Army statistics (2010) indicate a reduction in suicides during the year 2010. The Army reports that 156 regular army soldiers were victims of suicide in 2010 compared to 164 during 2009. However, shockingly, the US Army Reserve experienced a 50% increase in suicides during 2010 going from 53 suicides in 2009 to 106 in 2010. Preliminary studies on this increase report that it appears that the lack of total support and resources associated with suicide prevention programs available to full time army personnel and not available to the part time soldiers may account for the drastic increase (U.S. Army News, 2010). Comparisons of the successful Air Force model over the Army model should provide valuable data which can be quantified for use in recommending suicide prevention programs for law enforcement purposes.

Law enforcement agencies in general take their responsibility seriously when providing their personnel with pertinent related to suicide intervention. However, research of numerous law enforcement based programs discovered that these programs focus upon intervention as opposed to suicide prevention. The Los Angeles Police Department utilizes services provided by the Behavioral Science Services Unit of Los Angeles County. This agency counsels troubled officers as well as civilian personnel employed by Los Angeles County. This program appears to be more intervention than prevention (Josephson, 1990). The New York Police Department's

Early Intervention Unit provides educational programs for the prevention of suicide as well as intervention (Marzuk, 2002).

It is the intent of this paper to compare and contrast a comparative analysis of suicide prevention programs currently in place within U.S. Military establishments, and law enforcement agencies, The outcome of this particular research paper has the potential to benefit current police officers, future officers, police trainers, law enforcement administrators and the entire criminal justice system.

Section II: Literature Review

The literature review on police officer suicide shows that there is a rise in the number of officers who take their own lives (Badge of Life, 2010). The research shows that current programs pertaining to suicide prevention for police officers are limited. Programs that exist appear to be ineffective because prevention information may not be getting the attention required to cause an impact. The magnitude of police officer suicide is profound, and tragic.

A. Statistics of Police Suicide

According to recent statistics compiled by the Bureau of Justice Statistics (2010) police officer suicide have continued to increase over the past several years. In 2007, 123 officers died as the result of suicide (Violanti, 2007) In the year 2010 a total of 145 officers ended their own lives, an increase of about 16% (Badge of Life, 2011). Accordingly, police suicides rank at 17 suicides per 100,000 persons, as compared to 11 suicides per 100,000 persons in the general population (Badge of Life, 2011). According to the Center for Disease Control, there were 34,598 suicides in the United States during 2010. From that total 17,354 deaths were the result of firearms, equating to 5.8 deaths per 100,000 persons (CDC, 2010). In police related suicide, during 2008, 101 deaths were attributed to firearm, equating to 10.1 deaths per 100,000 via the use of a firearm, almost twice the percentage of the national average (O'Hara et al, 2009). It is evident that from these statistics police officer suicide is increasing.

B. Review of Police Suicide Research Studies

There have been a number of studies in the recent past providing valuable research regarding police officer suicides. One such study completed in 2000 by Michael Aamodt and Nicole Stalnaker investigates data on 396 police officer suicides dating from 1968 through 1998. To complete their study, the authors reviewed published literature pertaining to the 396 suicides

and developed a profile of the “typical” law enforcement officer committing suicide (Aamodt and Stalnaker, 2001). Their research developed a profile of police officers who had committed suicide. The profile was of a white male, 36.9 years-old, married with 12.2 years of law enforcement experience. In addition, most officers committing suicide were off duty, used a firearm, and were at home (Aamodt & Stalnaker, 2001).

The reason that officers commit suicide is more difficult to comprehend. The investigations researched by Aamodt and Stalnaker used different categories to codify the reasons for a police suicide; subsequently, comparisons among studies were difficult. In an attempt to develop prevention strategies, it is important to understand the breakdown of reasons officers commit suicide. In their study, the authors’ determined two major factors attributed to police suicides. The first, relationship problems, accounted for 26.6% of suicides with legal problems accounting for 14.8%. In nearly one third of the suicides researched, no reason was determined (Aamodt and Stalnaker, 2001). Interestingly, the research completed by Aamodt, et al, suggests that although the rate of police suicide is considerably higher than the general population it can be explained by comparing the race, gender and age of people who enter into police work. In addition, the use of firearms in the commission of a suicide is not exclusively associated with police officer suicides.

Dr. John Violenti and Andrew O’Hara provide a comprehensive review of police suicide in their 2008/2009 study of suicide by police officers. In cooperation with the National Surveillance of Police Suicide Study (NSOPS) Violenti and O’Hara became the first researchers to actually track police suicides on a daily basis within all 50 states for an entire year. This research took place from January 1, 2008 through December 31, 2008 gathering demographic data pertaining to each suicide. Data pertaining to the officer’s rank, age, time on the job, means

of suicide, circumstances leading to the suicide, and statements by department members and medical examiners were all included in the evaluation (NSOPS, 2009). Highlights of the NSOPS study were comparable to the Aamodt and Stalnaker essay in regards to demographics. As an example, both studies agree that ages 35-39 with a time of service, between 10-14 years are most vulnerable. One startling outcome in the NSOPS study indicated that 61% of police suicides were “a surprise” ((NSOPS, 2009).

The NSOPS investigation found that the results of state by state figures along with information detailing reasons for suicides were elusive. Subsequently, without further comprehensive research relating to the causes of police suicides, deaths will continue. NSOPS reasons that current prevention programs providing awareness fall short of being effective. Prevention programs should focus upon self care rather than symptom observation (O’Hara et al, 2009).

In December 2002, Peter M. Marzuk, M.D, conducted an assessment study of police officer suicides for the American Journal of Psychiatry. The authors prepared an assessment of the rates of suicide among New York City police officers between 1977 through 1996. The researchers reviewed the death certificates of active New York police officers who died during the aforementioned period. The study encompassed demographics such as age, gender and race. Upon completion of their research the authors compared the suicide rates among New York police officers with New York City’s general population. Results indicated that the suicide rates for New York police officers were actually lower than the general population. The Marzuk study also recognized one very interesting assumption overlooked in other studies. He wrote that police recruits are given a series of psychological tests before they are hired; subsequently, only those applicants who prove to be capable of enduring stresses associated with working within

law enforcement are hired. Subsequently, it could be argued that police suicide rates should be considerably lower than those of the general population. The Marzuk study further discusses the stresses of police work, and the exposure to trauma and tragedy, including homicides and suicide. This study also confirms data from previous studies that most all police suicides are committed by firearms (Aamodt, et al. 2001). Intimating that easy access to firearms and the fondness that some officers have towards firearms likely may contribute to police officer suicides (McCafferty et al. 1992). Marital problems as well as alcoholism and job stress have been recognized as important negative characteristics attached to many police professionals. Specific intervention programs are in place within many departments to treat officers experiencing such problems. Accordingly, prevention must be a top priority in an attempt to provide the necessary profile needed to make all officers aware of those officers susceptible to ending their lives by their own hands.

Jean G. Larned (2010) argues in his essay *Understanding Police Suicide* that considering the attention given to the psychological and physical well being of police officers during the hiring process, the actual *rate* of suicides by police is substantially higher than current statistics reveal. In order to have any worthwhile suicide prevention program, agency administrators must be willing and able to disseminate data identifying those officers who are at risk (Larned, 2010). Police officer suicide takes more lives in one year than in the line of duty deaths (CDC, 2010). This startling statistic should be a wake up call to all persons who bear responsibility for the well being of their personnel. Acknowledging the problem and then identifying the factors associated with at-risk officers is the first level of prevention (Anderson, 2002).

A second critical step in suicide prevention is to recognizing the critical warning signs of suicide. Police officers who frequently talk about death or suicide, or who give verbal hints,

such as “I wish I were dead” and “I’m going to end my pain” may be delivering a message of self destruction. Other signs such as expressing hopelessness about life, or being inconsistent in mood can be an indicator. For example, one day being happy and carefree, the next day woeful and sad can be signs of depression and warn others to be watchful for other indicators (Violanti, 2007). Other experts have identified additional warning signs that could alert fellow officers to a troubled personality such as appearing hostile, argumentative and insubordinate, developing reckless behavior by taking unnecessary risks, poor job performance and carrying more weapons than allowed or appropriate (Mohendie & Hatcher (1999).

According to Dr. Beverly Anderson, clinical director of the Metropolitan Police Employee Assistance Program (MPEAP), unlike “on duty deaths” police officer suicides are shrouded in silence and a sense of shame. Fellow officers and department personnel, certainly become aware of the circumstances, but may not offer the support to family and friends as they would in a death under different circumstances. Make no mistake, the law enforcement culture is enclosed with us versus them mentality. The nature of this culture widens the gap for non-police social support. This is especially hurtful, as the support from family and friends during times of trauma is critical to the healing process (Anderson, 2002).

C. Theoretical Reasoning Towards Suicide

Emile Durkheim is often referred to as the father of modern sociology. Internationally renowned as a researcher Durkheim used scientific methods to study humane behavior. Durkheim supposed that a person’s self destruction could be explained through the study of sociological reasoning (Lukes, 1985). He used both logic and statistical reasoning to challenge most of the popular explanations of suicide. In his book, *Le Suicide*, Durkheim presents his classical interpretation of the reasoning behind the sociological explanation for suicide.

He writes that there are four major types of suicide, *egoistic suicide*, *altruistic suicide*, *fatalistic suicide*, and *anomic suicide*.

- **Egoistic suicide** is committed by persons with little affiliation to social groups. These persons depend upon themselves, and are socially isolated.
- **Altruistic suicide** persons who commit this type of suicide are those who die for a cause and are committed to group norms.
- **Fatalistic suicides** are committed by persons whose lives are controlled by others. A fatalistic suicide victim is seeking escape to demonstrate control over their lives.
- **Anomic suicide** occurs when victims have no clear set of standards of behavior (Durkheim, 1951).

It is the *anomic* suicide that provides a theoretical explanation of its association with police officer suicide. Anomie is associated with the psychological concept of dissonance. Dissonance can be caused when persons are closely tied to two different groups (Merton, 1938). In the situation of the police officer, the first association most likely is with family and friends. The second association is the officer's department, which consists of co-workers, supervisors and citizens. Because these two associations normally do not overlap, tensions and stress between these two normally independent worlds can occur. Police officers can be caught in a struggle to reconcile demands with both associations, subsequently placing the officer in an anomic social position. Anomie, is a regular and specific factor in suicide in modern society to this day, sociologists maintain a positive perspective in Durkheim's research. A number of sociological studies have been conducted during the 100 years since Durkheim's work. While some have clarified his findings, none have challenged his overall approach of findings (Lukes, 1985).

D. Review of Police Suicide Prevention Programs

Throughout the United States police agencies hire candidates who meet the rigid requirements of physical, intellectual and psychological abilities. Police candidates are screened through a battery of tests and assessments aimed at determining the candidate's mental and physical acumen. Based upon the rigid selection process a conclusion that police hires are the most mentally stable work force could be drawn. However, in reality that conclusion would be incorrect. More police officers commit suicide each year than are killed in the line of duty; Heart disease, cancer and depression are higher among police officers than the general public (Anderson, 2002).

Several police departments within the United States have recognized the need to address issues of police officer suicide. In addition, the military services to include the U. S. Army and Air Force have budgeted considerable monies towards the development of suicide prevention programs. Within the law enforcement community the Los Angeles Police Department (LAPD) has long recognized the need for suicide prevention. In 1993, the LAPD in cooperation with other Los Angeles County law enforcement agencies partnered with the Los Angeles County Mental Health to form the LAPD Mental Evaluation Unit (MEU). This unit provides counseling, training and therapy to police officers for the purpose of suicide prevention (LAPD, MEU, 2010). Between 1998 and 2007, Los Angeles Police Department lost 20 officers to suicide. Unfortunately, there have been no published reports regarding these tragic deaths. Published critiques could reveal valuable information for researchers seeking strategies to prevent suicides by police officers. That information could then be assimilated into diagnostic programs and provide training for suicide prevention.

In New York City, the New York Police Department's (NYPD) Early Intervention Unit provides professional psychological counseling to members of the NYPD. The NYPD takes a proactive approach to suicide prevention by seeking out troubled officers and providing the support of peers and supervisors who might assist in counseling and rehabilitation (NYC, EIU 2011). In addition, the New York Professional Police Association sponsors an independent program, Police Organization Providing Peer Assistance (POPPA). POPPA provides counseling services to its members, and provides volunteer mental health counseling as well. The fact that there are two organizations in New York dedicated to mental health issues of police officers may detract the effectiveness of both programs. The question may arise, who do I call? Do I call my Department where official sanction of a mental health issue is recognized, or my labor union, where the welfare of the officer is always paramount, but without official recognition. At issue is the fact that mental illness may have affect on future employability and benefits. This duplication of services may preclude an officer in need of help from seeking his or her best alternative for treatment.

The state of New Jersey's Cop2Cop Law Enforcement Suicide Program is an example of state government collaborating with municipalities and education to form a partnership of resources to address police officer suicide. Cop2Cop provides training, counseling and professional psychological therapy to officers in need of such services. In addition, Cop2Cop2 works statewide with smaller agencies that might be traumatized by an officer's death, either in the line of duty or by suicide (New Jersey, DHS, 2010). Although Cop2Cop provides an excellent resource to law enforcement within the state of New Jersey, its program relies primarily by referring troubled officers to volunteer workers.

The Badge of Life is a not for profit group of international police officers, researchers and mental health clinicians dedicated to the prevention of police officer suicides. This group provides resources for training officers to recognize suicidal tendencies and provide professional counseling to those in need. The focus of the Badge of Life is to provide training making, available data citing conditions that cause police officer suicides. In 2008, the Badge of Life sponsored one of the first recognized studies on police suicide through the National Surveillance of Police Suicide Study (NSOPS). This study, completed by Dr. John Violenti and Dr. A.F. O'Hara developed data and statistics related to the actual number of identified police suicides in the United States over a two year period (O'Hara, et al. 2009). The NSOPS study does give the issue of police suicide more validity, however, there are no concrete measures to indicate any measurable successes achieved from this program. Further research is warranted to determine if programs such as Badge of Life have prevented or reduced the incidence of police officer suicide.

In Connecticut, municipal and state law enforcement has teamed with mental health professionals, educational institutions and families of persons with mental illness to form the Connecticut Alliance to Benefit Law Enforcement, Inc, (CABLE). CABLE is a grassroots, non-profit that provides training and research for suicide prevention in a collaborative effort. The mission of CABLE is to serve as a resource and catalyst for law enforcement to address common issues related to mental health to include suicide (CABLE, Inc., 2011). Once again, no measurable statistics were found to indicate any measure of success, failure or abatement as the result of the CABLE programs. In part, privacy laws attached to medical records does limit the availability and use of measurable data.

Furthermore, Pain behind the Badge, is non-profit international organization providing suicide prevention training via live seminars and DVD instruction to law enforcement agencies. The founders Clarke and Tracy Paris have compiled an impressive list of municipal police departments, federal law enforcement agencies, and Canadian police departments who have used their seminars. In his recent book, *My Life for You Life*, (2010) Clarke Paris features the biographies of 25 police officers who suffered with and ultimately died because of post traumatic stress disorder and cumulative stress as it related to their jobs in law enforcement. Through seminars and training this organization provides measures known to prevent occurrences of police suicide (Pain behind the Badge, 2011). Although, Pain behind the Badge program appears to be very comprehensive there is no measurement as to the effectiveness of these preventive efforts.

The U.S. Military has been on the forefront of developing suicide prevention education and information. The U.S. Air Force in particular has experienced success after implementing their Air Force Suicide Prevention Program (AFSPP). As of 2008, statistics indicate a reduction in suicide rates by 28% since 1996 (AFSPP, 2009). The average annual rate of suicide by Air Force personnel dropped from 13.8/100K in 1996 to 9.7/100K in 2008. Specifically, Air Force commanders implemented 11 separate initiatives aimed at enhancing the suicide prevention skills of Airmen of all ranks (AFSPP, 2009). In addition, the U.S. Army, recognizing that previous suicide programs were ineffective recently (2010), appropriated \$17M to developed new and improved suicide prevention programs. The Army has determined that by teaching their soldiers positive life coping skills that eliminates suicide as an option, has positive affects upon mental stability. Under their program, “Teammates take care of Teammates” members feel empowered with the tools to deal with a suicide event should one occur. Most recent evaluations

of the regular Army program have reported a slight reduction in Army personnel suicides. Specifically, during 2010 the Army reported a total of regular army 156 suicide as compared to 164 during 2009. This slight reduction was credited to the efforts of the Army's "Teammates take care of Teammates" suicide prevention program (DOD, 2010). Unfortunately, this reduction is overshadowed by the alarming statistics of U.S. Army Reserve suicides which have increase 50% during 2010, from 53 in 2009 to 106 in 2010. No concrete reasons for this drastic increase have been determined. As one General stated, "If you think you know why people commit suicide, let us know, because we have no idea (Hoffman, 2011)".

Upon analyzing the nine aforementioned suicide prevention programs it was found that they have only a minimal effect on preventing the suicides of police officers. This is not to say that the literature does not reveal any positive aspects regarding these programs. A close look at these studies gives evidence that progress is being made in regards to understanding and recognizing symptoms of suicidal behaviors. With the assistance of mental health professionals and greater interest from police management more progress can be achieved. The purpose of this research is to examine suicide prevention programs currently utilized by law enforcement, military and civilian organizations, comparing there effectiveness. The goal is to present recommendations for an ideal and effective suicide prevention program for law enforcement. As the literature suggests, military suicide prevention programs have proven statistically to experience more positive results in reducing suicides when compared to non-military programs (AFSPP, 2010). This research will suggest assimilating the successful components of the military, civilian and law enforcement suicide prevention programs into one cohesive program in an effort to reduce police officer suicides. The ultimate goal of this essay is to provide recommendations for an optimal suicide prevention program for law enforcement.

Section III: Examining Current Suicide Prevention Programs

As the research indicates police officer suicides continue to rise. Current law enforcement agency suicide prevention programs have had minimal effect in reducing yearly officer deaths because of suicide. The military however, has shown some progress in abating suicide within their ranks. It is important to discuss some popular prevention models or programs being used by law enforcement, the military and civilian agencies in order to understand what components of these programs are making an impact. Major metropolitan police agencies such as the Los Angeles Police Department (LAPD, MEU 2010), and the New York Police Department (NYPD, EIU 2011) have been on the forefront of suicide prevention by dedicating considerable resources and personnel in an effort to prevent police officer suicide. Further, the International Association of Chiefs of Police (IACP, 2010) has collaborated with both civilian and military organizations in developing programs addressing suicide prevention within law enforcement. Subsequently, in discussing these programs a number of important components will be highlighted.

A. Los Angeles Police Department's Mental Evaluation Unit:

The LAPD Mental Evaluation Unit in collaboration with the Los Angeles County Department of Mental Health was established in 1993. Members of this unit consist of mental health professionals, physicians, psychiatrists, therapists, nurses and police officers specifically trained to recognize symptoms of pre-suicide personalities (LAPD, MEU 2010). Strategies employed by the MEU consists of pre-service training of new recruits on issues of suicide and mental health evaluation, basic in-service training on suicide prevention issues, as well as advanced suicide prevention training to selected members. Those persons responsible for

training are mental health professionals such as doctors and nurses, as well as crisis intervention trained police officers, and volunteer concerned citizen.

The advanced training curriculum contains information on how to recognize symptoms of mental illness, understanding psychiatric medications, and how to utilize community resources (mental health services, etc). In addition, legal issues concerning individuals with mental illness, de-escalation techniques and the use of force in suicide prevention situations are also taught. Advanced suicide prevention training methods utilize the role of families and others in recognizing the symptoms of potential suicide victims, as well as scenario based training, such as role playing, presentations and lectures (LAPD, MEU, 2010). The suicide rate among LAPD officers has declines over the past decade. The Mental Health Evaluation Unit, which falls under the umbrella of the LAPD's Behavioral Science Services branch, reported that from 1998 through 2008, 19 officers had taken their own lives, compared to the period between 1990 and 1998 in which 24 officers died of suicide. The LAPD employs 19 psychologists who provide mental health consultation to officers. They evaluate over 800 individuals each year. As part of MEU's suicide prevention program, officers are provided with materials designed to help them recognize the signs of depression and urge them to seek help.

B. New York Police Department Early Intervention Unit

The New York Police Department's Early Intervention Unit maintains a proactive approach to seeking out officers who through the performance of their sworn duties may become victims of emotional and psychological trauma. The department recognizes that unaddressed psychological issues can ferment and lead to serious if not fatal errors. In addition, mal-adjusted personnel cannot effectively serve the public good and enforce laws in the manner they have sworn to uphold. Subsequently, along with suicide prevention, the Early Intervention Unit (EIU)

can assist with the effort to maintain productive and well-adjusted police officers. One possible serious shortcoming of this prevention is that NYPD's program although committed to the wellness of mental health, does NOT offer total confidentiality to its clients. The confidentiality statement which is presented to clients when applying for help provides two disclaimers; first, should a person seeking help display a clear and present danger to him or others, and second, if a person admits to committing or involvement in a serious crime, confidentiality cannot be maintained (NYPD, EIU 2011).

The NYPD program serves as both an intervention as well as a prevention tool throughout the department. The concept of the NYPD service utilizes a peer counselor method, in which initial contact is made to a trained member of the department of similar rank to the person seeking assistance. The peer system works in collaboration with suicide prevention, training peers to recognize specific danger signs associated with suicidal activities. Once suicidal symptoms are identified peer counselors have the authority to summon immediate professional mental help personnel for the officer. In addition, to the sanctioned NYPD EIU, the New York Professional Police Association sponsors an independent program known as the Police Organization Providing Peer Assistance (POPPA, 2010). POPPA provides counseling services to its members and provides volunteer mental health counseling as well. The fact that there are two organizations in New York dedicated to mental health issues of police officers may detract the effectiveness of both programs. The question may arise, who do I call, my Department, where official sanction of a mental health issue is recognized, or my labor union, where the welfare of the officer is always paramount, but without official recognition. At issue is the fact that mental illness may have affect on future employability and benefits. This

duplication of services may preclude an officer in need of help from seeking his or her best alternative for treatment.

C. New Jersey Cop2Cop Law Enforcement Suicide Prevention Program

In 2000 the state of New Jersey recognized a need to reduce the growing number of police officer suicides in their state. In 2000 the New Jersey police officer suicide rate was 18 out of 100,000. Today, that rate is about a third of that figure 6/100,000 people (Cop2Cop, 2011). New Jersey law enforcement in cooperation with members of the New Jersey State Legislature and the University of Medicine and Dentistry of New Jersey undertook a project to combat police officer suicides. The collaboration grew into the organization know today as the Cop2Cop program. Since that time, Cop2Cop has handled in excess of 26,000 calls from distressed officers. The program has evolved into more than just a suicide prevention program as counselors visit police agencies traumatized by an officer's death, either in-the-line-of-duty or by suicide. Volunteers in the program are both active and retired police officers as well as professional mental health professionals. The Cop2Cop program provides suicide prevention training to both new and veteran officers within the state of New Jersey. The program is funded through the New Jersey Division of Mental Health Services and operates 365 days per year on a 24 hour basis (New Jersey, DHS, 2010). According to the New Jersey Department of Mental Health Services officers are trained to recognize immediate warning signs that have been associated with past suicides. The officers are also able to provide the first intervention in an attempt to prevent a suicide. Training is provided by crisis intervention/prevention specialists, such as, psychiatrists, physicians, nurses and crisis intervention professionals (New Jersey, DHS, 2010). Cop2Cop presents a needed resource within the New Jersey law enforcement community for suicide prevention and training. Specifically, New Jersey law enforcement officers can avail

themselves of services via a phone call which is supported by volunteer retired officers, current law enforcement professionals, psychologists and social workers. These peer and clinical support services provide *clinical assessments* for referral to network of experienced clinicians trained in police psychology. Once assessed, clinicians and counselors can refer a troubled officer to a specialist trained to treat the unique needs of officers and their families. Finally, Cop2Cop counselors can provide critical incident stress debriefing for personnel involved in traumatic incidents known to affect at-risk individuals (New Jersey, DHS, 2010).

D. The Badge of Life Police Officer Suicide Prevention Program

The Badge of Life is a not for profit group of international police officers, researchers and mental health clinicians who provide educational and psychological assistance to law enforcement personnel. In 2008, the Badge of Life completed a National Surveillance of Police Suicide Study (NSOPS) (O'Hara, et al. (2009). This study was undertaken by Dr. John Violent and Dr. A.F. O'Hara in an attempt to validate the actual numbers of police officers committing suicide yearly. In addition, research developed an "M.O.", (modus operandi) or profile of potential victims. Prior to the NSOP study, police suicide numbers were often overly exaggerated and inaccurate. In the past, researchers attempts to gather sustainable data related to police officer suicides was very difficult. Subsequently, without accurate data, "suicide rates and officer profiles" varied based upon which report was being cited (O'Hara, et al. 2009).

The National Surveillance of Police Suicide Study (NSOPS) was the initial and only research to complete an accurate accounting of police officers suicide within all 50 states for an entire year, January 1, 2008 through December 31, 2008. In addition to obtaining accurate figures, the research studied problems associated with suicide, such as stress, emotional trauma,

alcohol abuse, and general health of officers. O'Hara and Violenti (2009) found that in 2008, 141 police officers committed suicide in the United States. Highlights of the research discovered the victims to be between the ages 35-39 having between 10-14 years of service time. The suicide was a surprise in 64% of the reported cases. (O'Hara, et al. 2009) The number of police suicides and the factors associated with said deaths were compared with the Center for Disease Control (CDC) and U.S. Army suicide data (DOD, 2010). The results indicated a close relationship to the number and profiles of suicides in both organizations (O'Hara, et al. 2009). The NSOPS study concluded that current suicide prevention programs need to refocus awareness through training and education of self-care rather than surveillance of peers, finally the report suggests that further research be completed by agencies with the resources available to pursue and compile additional data (O'Hara et al. 2009). The Badge of Life provides counselors and clinicians as consultants to any police officer who feels a need for their service.

E. Connecticut Alliance to Benefit Law Enforcement, Inc. (CABLE)

In Connecticut, municipal and state law enforcement has teamed with mental health professionals, educational institutions and families of persons with mental illness to form the Connecticut Alliance to Benefit Law Enforcement, Inc, (CABLE). CABLE is a grassroots, non-profit that provides training and research for suicide prevention in a collaborative effort. The mission of CABLE is to serve as a resource and catalyst for law enforcement to address common issues related to mental health to include suicide (CABLE, Inc. 2011). CABLE understands that law enforcement first responders face stressors not experienced by other professions. As a result, such stressors can make officers more susceptible to physical and mental illness, disease and suicide. Cables' peer support training teaches the skills required to assist fellow officers in need,

as well as teaching them to assess recognized symptoms of potential suicide. Officers trained by CABLE are able to provide immediate professional referral information for professional help when necessary. Although mental health and suicide prevention are the organization's main focus CABLE also provides therapy for effected officers by arranging periods of rest and relaxation at various Inns and Spa's at no cost to the officer. These "mini-vacations" allow the officer time to re-connect with family and friends who provide support as a form of therapy (CABLE, INC., 2010). Once again, no measurable statistics were found to indicate any measure of success, failure or abatement as the result of the CABLE programs. In part, privacy laws attached to medical records does limit the availability and use of measurable data.

F. International Association of Chiefs of Police - Officer Suicide Prevention Project

The International Association of Chiefs of Police, in cooperation with the United States Bureau of Justice Assistance has collaborated with the Federal Bureau of Investigation. The Florida Regional Community Policing Institute at St. Petersburg College, the Los Angeles Police Department, the Los Angeles Sheriff Department, the Miami Dade Police Department, and the San Bernardino Police Department to create a specialized training program focused upon police officer suicide. This consortium of law enforcement agencies bannered under the IACP provides any law enforcement agency the materials needed to develop and initiate suicide prevention programs for their agencies. The support provided by the IACP includes consultations and assistance given by psychologists, psychiatrists, and other mental health clinicians who volunteer their services (IACP, 2010). Additional assistance provided through the IACP include, resource assessment, (determining costs), identifying risk and protective factors, planning strategies for

developing and piloting interventions, and finally, implementing and measuring program effectiveness. All of this information is available on CD which can be obtained from the IACP.

The IACP Suicide Training CD was authored and constructed through the efforts of IACP Police Psychological Services Section headed by Drs. Audrey Honig and Kevin Jablonski, chief psychologists for the Los Angeles County Sheriffs Department and the Los Angeles Police Department, respectively. Dr. Scott Allen chief psychologist for the Miami-Dade Police Department was also an important contributor, compiling and organizing the voluminous data included in the CD (IACP.2010)

G. Pre-employment Mental Health Screening for Law Enforcement

Pre-employment psychological screening is the application of the science and techniques of psychology applied to the field of law enforcement. Psychological screening of police officers is done both as a pre-employment requirement and as a tool used to determine the fitness of incumbent officers. Psychological screening of police officer candidates has been practiced for many years. In 1917, Drs. Louis Terman and Arthur Otis developed one of the first psychological tests for employment using intellect as the basis for psychological evaluation. Terman has been credited with developing the Army's Alpha-Beta tests given to all inductee's entering military service. The Army Alpha-Beta tests provide insight into a candidate's ability to follow oral directions, remember digits, maintain practical judgment, understand mathematical problem solving and arranging sentences (Flanagan, et al, 2005). Current researchers have credited the early works of Drs. Terman and Otis as having contributed significantly to the Minnesota Multiphase Personality Inventory-2 (MMPI-2), which is used extensively throughout the law enforcement community to pre-test candidates. The MMPI-2 Law Enforcement

Interpretive Report is designed to measure a candidate's, fears, depression, schizophrenic characteristics, psychotic symptoms, anger propensities, cynicism, antisocial behaviors, and Type A personality scales (Flanagan, et al. 2005).

Government regulations and employment laws have made pre-employment, post-offer psychological evaluations of police officer candidates a standard requirement. Psychological evaluations ensure that candidates are free of job-related mental impairments; possess adequate mental strength and emotional stability; are able to meet the minimum, social and cognitive demands of modern policing; or satisfy other criteria determined by law or agency requirements. Post-offer psychological testing involves, at a minimum, the administration of one or more objective written examinations, testing for abnormal psychological functioning. In addition, should a candidate's score reveal a symptom of psychological disorder a clinical interview is conducted. The interview and examination must be administered by a qualified psychologist or psychiatrist (Flanagan, et al. 2005). Unfortunately, although intense psychological testing and interview measures are in place to insure that police officers are mentally and physically capable police suicides continue to increase.

H. National Strategies for Suicide Prevention

According to the Center for Disease Control, over 34,000 people in the United States die by suicide each year. The latest data reveals that in 2007, a reported 34,598 suicide deaths occurred in the United States. Suicide is the fourth leading cause of death for adults between the ages of 18 and 65, accounting for 28,628 deaths from that age group in 2007. Suicide is ranked as the 11th leading cause of death in the United States. Ninety percent of all persons who commit suicide had been diagnosed as having a psychiatric disorder. Finally, four males die from suicide

for every one male, however, three times as many females as males attempt suicide (AFSP, 2011). The current overall rate of suicide in the United States is at 11 persons per 100,000 populations. The rate of suicide for police officers is currently at 17 officers per 100,000 (Badge of Life, 2010).

There are several nationwide strategies addressing the issue of suicide in the United States. Under the auspicious of the United States Department of Health and Human Services, the National Suicide Prevention Lifeline (NSPL) program maintains a network of over 150 crisis centers throughout the United States. These crisis centers are available on a 24/7 basis, free of charge to all citizens in the U.S. The NSPL program also maintains a twenty-four hour hotline urging citizens with suicidal thoughts, contemplating suicide, or if one knows of a person in such a condition to call the 1-800 hotlines. Callers are referred to the nearest crisis center where counselors within local community undertake the process of intervention. The NSPL also serves veterans desiring mental health assistance. U.S. Military Veterans calling the hotline dial the same general 800 number and are then referred to a trained veteran counselor specializing in issues of Traumatic Stress Syndrome, suicide and other related veteran mental health and substance abuse maladies. There is no special referral for law enforcement personnel calling the NSPL hotline (NSPL, 2011). A troubled law officer would be directed to the general crisis center.

A second national suicide resource is the Substance Abuse and Mental Health Services Administration (SAMHSA) which serves the nation as a clearing house for suicide prevention services and publications. The *Suicide Prevention National Resource Center* (SPRC) is one of the benchmark programs funded by SAMHSA as a partner in suicide prevention. The SPRC provides prevention

support, training and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies, and to advance the National Strategy for Suicide prevention. The focus of the SPRC is implementing suicide prevention strategies within government agencies, Tribes, private and faith based organizations, colleges and universities, along with suicide survivor and mental health consumer groups. The SPRC collaborates with other groups and individuals who desire information, resources and technical assistance towards suicide prevention (SPRC, 2011). Research has not revealed any state or local law enforcement agencies utilizing the resources of the SPRC.

Finally, the *American Foundation for Suicide Prevention* (AFSP) is an organization dedicated to the prevention of suicide through research, education and advocating for persons with mental disease or disorders. The AFSP pursues its mission by following five core strategies: Funding scientific research, delivering educational programs to professionals, educating the public about depression, mood disorders and suicide prevention, promoting policies and legislation impacting suicide and prevention, and, providing programs for survivors' of suicide loss and persons at risk. Since 2008, the AFSP has awarded \$4.7 million in research grants on projects related to suicide prevention. A review of several studies funded by the AFSP could warrant further study. One such study by Dr. Courtney Bagge of the University of Mississippi investigated the relationship between alcohol abuse and attempted suicides. Dr. Bagge discovered that 40% of adults who attempt suicide ingest alcohol prior to their attempt (AFSP). Data from such research may well prove beneficial to law enforcement, based upon the known risk factors of alcohol abuse by some police officers.

I. U. S. Military Suicide Prevention Programs

Recognizing that suicide continues to be a serious problem within its ranks, the Army appropriated \$17 million in 2010 for the continued efforts to study and prevent suicide. The U.S.

Army's current suicide rate is about 22 deaths per 100,000, which is above the civilian rate of about 11 deaths per 100,000 (DoD, 2010). Military suicides compare closely to law enforcement which has a suicide rate of about 17 deaths per 100,000 (Badge of Life, 2011). To achieve their goal of reducing soldier suicide the Army has undertaken a program to identify at-risk soldiers in need of specialized mental health care. Specifically, the program entitled, "Teammates Take Care of Teammates" was established as an effective suicide prevention program for Soldiers, Sailors, Airmen and Marines serving in combat zones in the Middle East. The program is designed to equip military personnel with the essential tools that would help them identify, prevent and assist in the treatment of mental health issues experienced by their teammates. However, it is recognized that it is difficult to identify or predict suicidal intent. Some suicides may occur even after intensive prevention efforts and even intervention. Subsequently, the Army has redefined the goal of suicide prevention into suicide risk reduction (SPAP). Suicide risk reduction consists of a "Teammates" ability to get to know his or her teammate in an effort to personalize their association and ultimately lower the probability that a teammate will act in a self destructive manner. A Suicide Prevention Council implements and manages the program, coordinates and develops the best known preventive resources and acts as a mentor for teammates. The Council also creates a command climate where persons in need of help are not intimidated by rank and are encouraged to participate in programs without fear of reprisal (SPAP).

The United States Air Force has been an innovator in the field of suicide prevention since 1996, the start of the current Air Force Suicide Prevention Program (AFSPP). Since 1996 the suicide rate among Air Force personnel has been reduced by 28 % (AFSPP, 2010). The most recent statistics indicate a current suicide rate of 9.7 deaths per 100,000 persons. Since the inception of the program the average annual rate dropped from 13.8 deaths per 100,000 persons in 1996 to 9.9 deaths per 100,000 persons in 2007. The success of the Air Force Suicide Prevention Program can be credited to the focus

on early identification and effective intervention of Airmen at risk. The AFSPP mirrors the Army's Teammate take care of Teammates program by enhancing the suicide prevention skills of Airmen of all ranks, upgrading the skills of leaders, monitoring compliance through recurring assessments, and removing the fear of embarrassment or repercussions. The AF Suicide Prevention Program is an evidence based program highlighted on the Substance Abuse and Mental Health Administration's (SAMHA) National Registry of Evidence-based Programs and Practices. Membership in SAMHA gives the Air Force program benchmark status as an innovative and effective program. Success of the Air Force Suicide reduction program is attributed to the following 11 initiatives originally developed at the inception of the 1996 plan: 1) Leadership involvement, 2) Addressing Suicide through Professional Military Education, 3) Special Guidelines for Commanders, 4) Community Preventive Services, 5) Community Education and Training, 6) Investigative Interview Policy, 7) Critical Incident Stress Management, 8) Integrated Delivery Systems (IDS) and Community Action Information Board, 9) Limited Privilege Suicide Prevention Program, 10) IDS Consultation Assessment Tool, Suicide Event Surveillance System. Adherence of these initiatives resulted in a 30% reduction in Air Force suicides since 1996 (AFSPP, 2010).

Overall, research shows that components of the U.S. Air Force and Army's Suicide Prevention programs have had some success reducing suicides within those organizations. In addition, the proactive approach taken by the state of New Jersey's Cop2Cop program combined with the International Association of Chiefs of Police' collaborative efforts focusing upon suicide prevention has also experienced some success reducing police officer suicides. Clearly, a combined effort assimilating the resources of these organizations could contribute to a more effective suicide prevention program for all of law enforcement.

Section IV: Recommendations

It has been documented throughout this paper that suicide is a major cause of death among active duty police officers. Also, current suicide prevention programs within the law enforcement community need to be re-evaluated and revised to be more effective. In addition to making revisions and refining the numerous prevention programs, more transparency by law enforcement agencies is required. Transparency in reporting quantifying data related to officer suicides will assist in obtaining and verifying accurate statistics of officer related suicide. The following section will first discuss the several recommendations in developing an effective police officer suicide prevention program. Second, other issues will be highlighted regarding resources and training required to maintain an effective program. Finally, the need for more research regarding causes, profiles and recognition of suicidal conditions will be discussed.

Effective Assessment of Officers in Need

How does one know when an officer is contemplating suicide? How does management control depression in the rank and file? These are questions that are typically asked after an officer commits suicide. Surprisingly, according to the National Surveillance of Police Suicide Study, 61% of police suicides were a surprise to those who knew the victim officers (NSOPS, 2009). Knowing that police officer suicides continue to rise each year, it is important to recognize past symptoms and develop a recognizable profile. One comprehensive study by Michael Aamodt and Nicole Stalnakar investigated 396 police officer suicides over a thirty year period from 1968 through 1998 (Aamodt and Stalnakar, 2001). Their study profiled the “typical” suicidal officer as being 36.9 years-old, with 12.2 years of law enforcement experience. Additionally, the authors codified the means, status and venue of each suicide, specifically, most deaths were the result of firearms, at home and off duty (Aamodt and Stalnakar, 2001). That

profile is quite broad and encompasses a vast majority of officers who work within an agency. Subsequently there is a need for more proactive prevention measures initiated by management through programs such as the U.S. Army's 'Teammates Care about Teammates' initiative. In this program, individuals are specially trained to recognize and assess suicidal symptoms among their peers. The concept is that each teammate will become a trusted and capable confidant, mentor and friend, one who can be relied upon in times of stress (DoD, 2010). Once recognized, officer's teammates can recommend appropriate treatment resources, eliminating any negative inhibitions experienced by most officers who fear some type of retribution from management. In addition, prevention programs should focus upon self care, more than symptom recognition according to Andrew O'Hara. In his publication, "A Study of Police Suicide" published in the Journal of International Mental Health in 2009, O'Hara discusses the need for more understanding about self care by teaching officers how to cope with stress, depression, and alcohol abuse (O'Hara, 2009).

Effective Treatment Models

In 1999, the United States Surgeon General emphasized the need for more effective suicide strategies. Alarming statistics reported that citizens were committing suicide with increased frequency. As a result several research studies were conducted on post suicidal treatment availabilities and their effectiveness. One of the more effective models suggested that cognitive behavioral therapy (CBT) was an effective psychotherapy emphasizing the importance of understanding how we think, how we feel, and what we do. According to the National Association of Cognitive-Behavioral Therapists (NACBT) cognitive-behavioral therapy does not prescribe how a person must feel. Rather, the approach teaches people how to remain calm, even when faced with traumatic or chaotic situations. CBT emphasizes that if one overreacts to

difficult situations, a second problem is created; the problem that upset you and the problem of being upset. As humans, most people desire to have the least amount of problems possible. Subsequently, if one learns to remain calm in the face of a difficult problem we are more capable of using our intellect, knowledge and training to solve our problems (NACBT, 2011). The concept of CBT is to have patients eliminate harmful thinking by understanding that negative thoughts can cause a pattern of depressive feelings. The patient is taught to repress negative thoughts by replacing them with more positive thinking. Studies on the effectiveness of using CBT indicate that benefits occur quickly in many patients. Some patients have shown positive results with one or two sessions. The main focus of the CBT therapy is to have patients realize that their own negative thinking is mostly responsible for their symptoms (NACBT, 2011).

Marsha M. Linehan, a clinical researcher at the University of Washington developed the Dialectic Behavior Therapy (DBT) used in many instances of personality disorder that can lead to suicidal thoughts or death. DBT has two components, an individual component that places the therapist and patient together for intense dialog about suicidal thoughts and tendencies. During an individual session, the patient and therapist work towards a goal of eliminating negative attitudes that can lead to suicidal thoughts. A second component of DBT is group therapy where patients learn to develop interpersonal relationships, reinforcing their ability to communicate feelings with others (Linehan, et al. 1999). Both components contain four modules of training, mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. Combining these four into DBT allows a patient the ability to improve upon the life skills needed to cope in a stress filled environment (Linehan, et al. 1999). It is recommended that any police suicide prevention program include components of cognitive behavioral therapy (CBT) as well as components of Linehan's Dialectic Behavior Therapy (DBT) treatment programs.

Recommendations for Suicide Prevention Strategies

The United States military has demonstrated exceptional leadership in the design and implementation of suicide prevention programs. One particular branch of the service has achieved documented success in reducing suicides with their ranks. The United States Air Forces' Suicide Prevention Program (AFSPP) uses a population-based approach implementing 11 initiatives to identify at-risk personnel and focus upon preventive treatment alternatives (AFSPP, 2010). The Air Force program promotes the development of life skills designed to make personnel aware of the symptoms of suicide as well as promoting social skills by solidifying support for those individuals identified as being at-risk. Air Force personnel exposed to the AFSPP experienced a 33% reduction in the risk of suicide during the period from 1997-2002, compared with the period from 1990-1996 (AFSPP, 2010). Implementation of the protocols attached to the 11 point program could become an effective method of identifying and treating at-risk police officers.

The increase in the 2009 suicide rate for full time U.S. Army personnel prompted the Army to appropriate \$17 million from their 2010 budget in an effort to enhance their current suicide prevention programs. The Army's "Teammates Cares about Teammates" program has seen moderate success in the reduction of suicides by regular army personnel assigned in combat zones. The "Teammate" program creates a help seeking environment where all members of the "team" take ownership of each member's physical and mental well being. Awareness and added vigilance towards suicide prevention are specific goals of the program. Continued reinforcement of the concept that a teammate never lets a teammate down enhances the probability of early recognition of suicidal risk factors. The program's environment encourages participants to seek

help when necessary, removing the barrier sometimes associated with mental health issues (DoD, 2010).

The New York Police Departments Early Intervention Unit (EIU) incorporates components of the Army's Teammates Care about Teammates initiative through the practice of peer counseling. All New York officers are trained to recognize symptoms associated with suicide, such as depression, mood swings, alcohol abuse, and conversational phrases known as suicidal "keywords" (NYPD, EIU, 2011). Officers are encouraged to encourage peers to seek the available professional mental health resources at their disposal. According to Dr. Peter M. Marzuk, Associate Professor of Psychiatry at Weill Cornell Medical College, who led a 20 year study of New York Police Officer suicides, the rate of New York police suicide from 1977-1996 was 14.9 per 100,000 persons, compared to a suicide rate of 18.3 per 100,000 for New York civilians (Marzuk, et al. 2002). Dr. Marzuk attributes NYPD's lower rate to the intense psychological screening of police candidates and NYPD's aggressive suicide prevention programs. One added component of the NYPD, EIU program employs volunteer peer suicide counseling through the New York Professional Police Association. The program, referred to as Police Organization Providing Assistance (POPPA), incorporates peer counseling from a union recommended clinician as a component of the EIU (POPPA, 2010). The concept of providing an additional police union sponsored program might relieve a reluctant officer's anxiety over confidentiality and supervisor involvement (POPPA, 2010).

Finally, the state of New Jersey's *Cop2Cop Law Enforcement Suicide Prevention Program* is one that has demonstrated success in reducing the numbers of police officer suicides in the state of New Jersey. Specifically, Cop2Cop researchers report that in 2000, New Jersey police officer suicides were 18 deaths per 100,000 populations. The 2010 figures report a rate of

6 deaths per 100,000 populations an amazing 77% reduction of police suicide in a 10 year period (Cop2Cop, 2011). The Cop2Cop program has full support of the New Jersey State Legislature, an important funding source, as well as collaboration with the University of Medicine and Dentistry of New Jersey. Cop2Cop is more than just a suicide prevention program, it is a proactive effort staffed by police officer volunteers, both active and retired, who are augmented by mental health professionals operating 365 days per year, 24 hours per day (New Jersey, DHS, 2010). A key ingredient in the success of Cop2Cop appears to be the aggressive proactive posture taken by the organization in training and rendering their services to police officers. Cop2Cop provides a standardized in-service training to all law enforcement agencies in the State teaching a State approved suicide prevention program designed specifically for police personnel and their families. Accordingly, when a traumatic occurrence happens anywhere in the state of New Jersey Cop2Cop, counselors are called in by police commanders as a protocol in traumatic incidents. The mental health professionals and police officer volunteers are specifically trained to treat the unique symptoms associated with the stresses of a police related injury or death (New Jersey DHS, 2010). It is recommended that components of the successful U. S. Air Forces' 11 suicide prevention initiatives using the population-based approach to identify at-risk personnel, and the U.S. Army's "Teammates Care about Teammates" practice of peer counseling be considered as two vital components of any optimal police officer suicide prevention program. Additionally, proactive aggressive training of personnel assigned to suicide prevention programs exemplified by the successes experienced by the New Jersey Cop2Cop program is recommended. In addition, mirroring Cop2Cop's statewide collaboration provides increased resource availability in funding, personnel and administration.

Providing Officers with Resources Available for Suicide Prevention

The International Association of Chiefs of Police (IACP) has spearheaded a suicide prevention program by combining the expertise, knowledge and resources of federal, state and local police agencies. Under the umbrella of the United States Bureau of Justice Assistance, the Federal Bureau of Investigation, the Florida Regional Community Policing Institute of St. Petersburg College, the Los Angeles Police and Sheriffs' Department, the Miami Dade Police Department and the San Bernardino Police Department have developed and created a comprehensive training CD focused upon preventing police officer suicide (IACP, 2010). The interactive CD-ROM entitled *Preventing Law Enforcement Officer Suicide: A compilation of Resources and Best Practices* contains a collection of materials from the aforementioned agencies. This material includes tried and proven successful suicide prevention methods used by these law enforcement agencies. In addition, the CD-ROM contains training material such as video presentations, lesson plans and reference publications (IACP, 2010). It is recommended that law enforcement agencies avail themselves of this comprehensive suicide prevention material when developing prevention programs within their agencies. The material was constructed under the supervision of the IACP's Police Psychological Services Section directed by Drs. Audrey Honig and Kevin Jablonski, chief psychologists for the Los Angeles County Sheriffs Department and the Los Angeles Police Department, respectively, and Dr. Scott Allen, chief psychologist for the Miami-Dade Police Department who was also a valued contributor on this project (IACP, 2010).

Training Material for Suicide Prevention Programs

Training police personnel to recognize debilitating symptoms and traits of suicidal officers is of utmost importance. Unless frontline personnel are given the tools to recognize at-risk officers and are trained to intervene, police officer suicide will continue to rise. The culture that permeates most law enforcement agencies is one of close association and caring about partners and fellow officers. These close associations give officers a unique view and awareness when someone is hurting. The International Association of Police Chiefs in concert with federal, state, and local police agencies, along with public health organizations have collaborated to develop a comprehensive five step law enforcement suicide prevention training program (IACP, 2010). The five steps include training on how to develop brochures, posters and program summaries used for suicide prevention programs. In addition, IACP training materials include, videos, detailed sample training presentations, PowerPoint presentations, which are all law enforcement specific. IACP lesson plans also provide training about funeral protocols, death notifications and other mortuary topics related to an officer's death. All of the training materials were compiled by the Police Psychological Services Section of the IACP under the guidance and assistance of the United States Bureau of Justice Administration (BJA). The material is produced upon a CD-ROM, available at no cost to any law enforcement agency (IACP, 2010).

Further Research

In 2009, more officers died as the result of suicide than those killed in the line of duty (Bureau of Justice statistics, 2010). In addition, the rate of police officer suicide is approximately 34% higher than the civilian population (Badge of Life, 2011). Although those are alarming statistics, they may not be totally accurate. Some researchers believe that the suicide rate for police officers may actually be higher (Larned, 2010). Over the past 20 years 3

notable research studies have been completed regarding police officer suicides. In 2000, Michael Aamodt and Nicole Stanaker's research the first to develop a profile of the "typical" officer susceptible to suicide. These researchers analyzed 396 officer suicides occurring between 1968 and 1998. Although they were able to develop the typical profile, the reasons why officers commit suicide were more difficult to define (Aamodt and Stanaker, 2001). Without significant data linking the reasons officers commit suicide it is difficult to pinpoint the at-risk personnel. The absence of linking data certainly warrants further research that will compliment current information known about why officers commit suicide.

The most recent study conducted in 2009 by Dr. John Violenti and Andrew O'Hara in cooperation with the National Surveillance of Police Suicide Study (NSOPS) was the first such research to track police suicides within all 50 states for an entire year. Although the study was beneficial in learning that 61% of all police suicides were "a surprise" it fell short in determining causes of the officers suicide (NSOPS, 2009). In addition, the NSOP itself reported that current law enforcement prevention programs do not provide full awareness of prevention methods and should focus upon self care rather than symptom identification (NSOP, 2009). The acknowledgement of the NSOPS certainly warrants further research focusing on self care as a preventive suicide measure.

Finally, Dr. Peter Marzuk's discovery that New York police officers actually had a lower rate of suicide than the general public seemed contradictory with other aforementioned studies. From their research, Marzuk, et al., supposed that the intense psychological screening given to New York police candidates before they enter service might be one reason for the contradiction over national figures (Marzuk, et al. (2002). In addition, the Marzuk study discovered a considerable imbalance between female officer suicides and male officer suicides discovering

that the former is significantly lower than the latter (Marzuk, et al. (2002). The lack of studies relating gender with police officer suicide certainly warrants further research.

Section V: Conclusion

Police officer suicide is a serious problem nationwide that affects the lives of police officers, their families, their co-workers and the community in which they live and work. When an officer is driven to the point of deciding that death is an only alternative to resolving problems the community as a whole suffers as well. The excruciating pain that a family feels when a loved one dies is also felt by the officers' fellow workers. Suicide can cause emotional, mental, physical and financial stress on those left behind as survivors of an officer suicide. Suicide prevention programs for police officers must be more effective if the trend of escalating suicides by police officers is to be abated. Each police officer must become a suicide prevention observer. Officers must have the understanding and training capable of recognizing signs and symptoms of suicide. By being able to recognize specific behaviors associated with suicidal activity, officers can actually intervene by initiating the various steps of learned suicide prevention models. Suicide prevention programs must deliver positive results because there is no alternative. An officer who dies because of some inner struggle to reconcile what is right and wrong needs to be considered as more than just a statistic. If an officer commits suicide because of job related actions or activities, police management has a responsibility to determine the cause and promulgate positive training of mental and physical health issues.

Police Officer Suicide Prevention programs must have positive results. The consequences of sub-par program performance, is the continued increase of officer related suicides. The benefits of an optimal program will result not only in a decrease in police suicide, but will also generate added physical and mental health benefits.

Research of current suicide prevention programs, which have shown promise preventing police officer suicide, is included in this report. The examination of empirical data and research statistics has assisted in identifying positive components of current suicide prevention programs used by several law enforcement agencies. These studies have helped analyze and recommend successful components as follows:

1. All officers trained to assess and understand the symptoms of suicidal behavior using the U.S. Army “Teammate” model.
2. Effective psychotherapy using Cognitive Behavioral Therapy (CBT), and Dialectic Behavior Therapy (DBT) methods. Individual and group sessions recommended for DBT.
3. Combine successful initiatives of AFSP’s 11 point suicide prevention program with U.S. Army “Teammates Care about Teammates” and components of NYPD and New Jersey’s Cop2Cop programs.
4. Commence suicide prevention programs through use of IACP CD-ROM, *Preventing Law Enforcement Officer Suicide*.
5. Train ALL police personnel to recognize suicidal and stress related maladies associated with policing.
6. Further research is needed to provide linking data pinpointing at-risk personnel.

Ending or at least reducing police officer suicide is paramount to the success of any suicide prevention program. In order for that goal to be achieved, police officers need to understand the reasons why depression, stress and alcohol abuse are the symptoms that can lead an officer to commit suicide. According to E. S. Schneidman (1981) who wrote the 10 Commandments of Suicide, a common purpose of suicide is to seek a solution (Schneidman,

1981). When officers are trained and prepared to intervene on behalf of a suicidal co-worker that officers' ability to recognize the suicidal warning signs can be a significant step in the prevention of a suicide. Through this research, it was possible to recognize several clear and concise suicide prevention methods that have statistically proven to be effective in reducing suicide.

Subsequently, it was possible to make recommendations for an optimal law enforcement suicide prevention program thereby, providing valuable tools for officers to recognize risk factors for preventing further suicides. If the elements of these successful suicide prevention programs are considered, it is feasible that police officers will be better prepared to withstand the stresses of police work, combat the ills of depression, and become healthier both mentally and physically. In addition, officers who are properly trained to recognize at-risk officers could possibly be effective in reducing police officer suicide. The outcome of this research has the potential of reconstituting police suicide programs, enhancing suicide prevention training, and benefitting law enforcements commitment for the health and well being of its members.

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