

RESILIENCY PROGRAM OFFICER HELPLINE
We are here to support you, and the officers that you serve

Stronger Together.

Resiliency Program Officer Peer Helpline Toolkit 2021



**RESILIENCY PROGRAM
OFFICER HELPLINE** ★
(833) 486-5776



RESILIENCY PROGRAM
OFFICER HELPLINE ★
(833) 486-5776

RPO HELPLINE
(833) 486-5776

RESILIENCY PROGRAM OFFICER HELPLINE

We are here to support you, and the officers that you serve

★ ★ ★

Stronger Together.

We provide you with access to all of the tools, resources, and guidance you need to be an effective RPO.

Who are we?

We are professional peer counselors and retired cops who are trained liaisons for RPOs across the state.

Access your RPO Toolkit here:

(833) 486-5776

24/7 ★ Confidential ★ Peer Support

RPO tools available to you 24/7

- Confidential, Stigma Free, Peer Support
- Consultation & Training Support
- Crisis Response Tools
- Substance Use Tools
- Suicide Prevention Tools
- Resources & referrals for mental, physical, and spiritual health, substance abuse, family issues, and COVID concerns

Program developed in partnership with



When the **stress**
gets to be too much



Cop2Cop provides:

- ✓ Peer Counseling by professionally trained, retired officers & "Cop Clinicians"
- ✓ Assessments with telehealth capacity to guide care
- ✓ Access to Provider Network & Referrals
- ✓ Critical Incident Stress Management (CISM) Response
- ✓ Training Unit - suicide prevention and resilience resources



Talk to us.

866.Cop2Cop
(866.267.2267)

NJCop2Cop.com



when your **STRESS LEVEL** reaches that point

It's time to call Cop2Cop.

We get it. Your job is stressful and life can seem overwhelming. Talk confidentially to a retired officer who understands your experience. Cop2Cop is a 24/7 confidential peer support service for New Jersey law enforcement officers and their families. We offer:

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TALK TO US.

Always free.
Always confidential.

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STRESSED TO YOUR BREAKING POINT?

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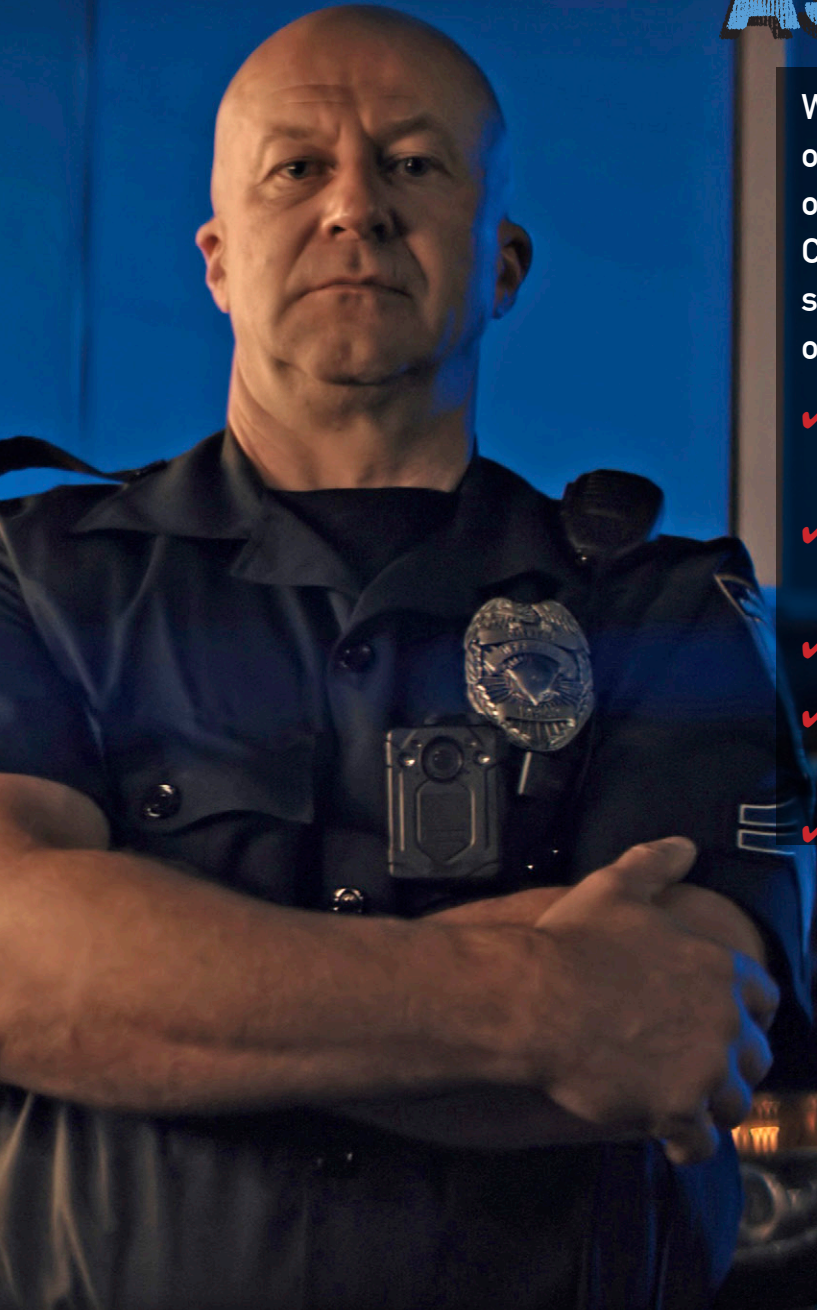
TALK TO US

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TOUGH COPS ASK FOR HELP!



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TALK TO US.

Always free. Always confidential.

866.Cop2Cop (866.267.2267) NJCop2Cop.com



RESILIENCY PROGRAM OFFICER PEER HELPLINE FREQUENTLY ASKED QUESTIONS (FAQ's):

- 1. How Do Resiliency Program Officer's provide & receive effective PEER SUPPORT?**
 - COP2COP RESILIENCY PROGRAM OFFICERs Peer Support & Partnership Tool!
 - RESILIENCY PROGRAM OFFICERs Peer "tips"
 - YOUR COP2COP RESILIENCY PROGRAM OFFICER Liaison for Self Care
 - RESILIENCY PROGRAM OFFICER Helpline
- 2. How do I as an RESILIENCY PROGRAM OFFICER make Referrals and find RESOURCES?**
 - COP2COP RESILIENCY PROGRAM OFFICER Resource/Referral Tool- COPS ONLY!
 - Mental Health, Physical, Spiritual, Substance abuse, Family, COVID, Database
- 3. What do I do if there is a death, shooting, or any kind of critical incident that impacts the officers in my department?**
 - COP2COP RESILIENCY PROGRAM OFFICER CRISIS RESPONSE Tools–
 - IDENTIFY Critical Incident Stress, SOP's,
 - Crisis Diffusing & Debriefing- Mitigate PTSD!
 - Ensure Follow up!
- 4. What do I do if an officer requests help with a substance abuse issue?**
 - COP2COP/RESILIENCY PROGRAM OFFICER SUBSTANCE USE Tools–
 - Consult your departments SOP's,
 - Use a CAGE QUESTIONNAIRE/BOTTLES & BADGES, Assessments
- 5. How Do RESILIENCY PROGRAM OFFICER's deal with an officer at risk for suicide?**
 - COP2COP/RESILIENCY PROGRAM OFFICER SUICIDE PREVENTION Tools-
 - COP2COP QPR-QUESTION, PERSUADE, & REFER- Be your Brother/Sister's Keeper
 - Recognize often officer suicide is connected to substance abuse, work stress/IA issues and relationship/marital discord
 - CHECK YOUR DEPARTMENT S.O.P.'s



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A Message For RPO's

You are a Miracle Walking

I greet you with wonder

In a work which seeks to own

You joy and your imagination

You have chosen to be free

Every day, as a practice.

I can never know

The struggles you went through to get here, But

I know you have swum upstream

And at times it has been lonely

I want you to know

I honor the choices you made in solitude

And I honor the work you have done to belong I

honor your commitment to that which is larger

Than yourself

And your journey

To love the particular container of life

That is you

You are enough

Your work is enough

You are needed

Your work is sacred

You are here

And I am grateful

-author unknown

Perfect partners: Cop2Cop and the NJ Resiliency Program for Law Enforcement



CHERIE
CASTELLANO
Cop2Cop

After 20 years of working at Cop2Cop, it is clear to me that more needs to be done to support law enforcement officers and their families in New Jersey. Our retired officers who are peer support counselors, trainers and debriefing experts are wonderful, but they are not with you or your departments, in your communities, on a daily basis.

There is a need to build on what is strong, not only what is wrong, now in our law enforcement community. So on Aug. 6, I was honored to introduce our attorney general, who announced the exciting new initiative known as the New Jersey Resiliency Program for Law Enforcement (NJRP-LE).

Addressing the rise in reported police suicides nationwide, Attorney General Grewal issued a law enforcement directive — known as the “Officer Resiliency Directive” — implementing NJRP-LE, a first-in-the-nation statewide program to train officers in resiliency and to become better equipped to handle the daily stress of police work that, when left unchecked, may lead to physical ailments, depression and burnout.

In so doing, New Jersey will become the first state in the country to require that all state, county and municipal law enforcement agencies designate a Resiliency Program Officer (RPO) who will be specifically trained in — and ultimately train their departments in — resiliency.

As part of the directive, Attorney General Grewal announced the creation of a chief resiliency officer, who will be responsible for ensuring implementation of the statewide program. Attorney General Grewal announced that he had selected Robert Czepiel, chief of the Prosecutors Supervision and Training Bureau in the Division of Criminal Justice, as the state’s first-ever chief resiliency officer. Chief Czepiel will be responsible for overseeing the statewide program.

We also know at Cop2Cop that there is a mind-body connection, which is why we secured a grant to do peer health coaching on the phone, in addition to the Reciprocal Peer Support Counseling already provided when you call 866-267-2267.

The NJRP-LE project also recognizes that job stress puts law enforcement officers at higher risk for health and social issues such as high blood pressure, heart disease, diabetes, substance misuse, family and relationship stress and self-harm. NJRP-LE is designed to change a culture in which officers are often reluctant to seek help for work-related stress. The program fosters an environment that encourages officers to communicate with each other and with their families.

Rather than “spiraling down,” officers are provided with techniques and services that help them to “spiral up” and meet day-to-day challenges. The program emphasizes officers’ positive strengths, rather than their weaknesses. Based upon the belief that people are not born resilient but rather learn to be resilient

through life experiences, NJRP-LE promotes and encourages a growth mindset, as opposed to a restrictive fixed mindset.

NJRP-LE is not designed to replace already existing programs, such as the Cop2Cop, that provide peer support and referral structure for officers in need or in crisis. Instead, it is designed to work in tandem with these programs by widening the net to cover all law enforcement officers, not just those in crisis or need.

As the director of Cop2Cop for 20 years and the wife of a law enforcement professional, I firmly believe this innovative program provides a much-needed service that our police community deserves. Law enforcement suicide prevention is fostered by building strength, as well as by responding to crisis needs. This project will create a needed continuum of law enforcement peer support. Resiliency officers in every community will partner to hand off to Cop2Cop for telephone-based peer support with our retired officer peer counselors and clinicians, ensuring assessment and referral to our Cop2Cop provider network as needed.

In addition, we can refer our Cop2Cop callers to an RPO from their community who can meet with them face to face. Both options offer ongoing peer support and a strength-based approach to preserving our most precious resource in New Jersey — our law enforcement officers.

NJRP-LE also recognizes that officers must feel comfortable speaking with an RPO. As a result, AG Directive 2019-1 protects the confidentiality of communications between a law enforcement officer and an RPO. The directive also encourages law enforcement agencies to use chaplain programs to promote open communication. AG Directive 2019-1 requires every law enforcement officer in the state to be trained in NJRP-LE by the end of 2022.

The training is a two-day event, with a mix of lectures and practical exercises. Pursuant to the directive, every law enforcement agency in the state must appoint at least one RPO who, once trained, will be responsible for implementing NJRP-LE in their agency. Our team at Cop2Cop designed the training to supplement the October event to launch NJRP-LE in order to encourage the “hand-off” between our groups. We want to ensure a smooth workflow, expand our existing Cop2Cop provider database and ensure a continuum of care.

Cop2Cop needed a partner to improve our service, and the RPOs are the perfect fit!

We are grateful to NJSPBA President Pat Colligan for his role in supporting this new innovation for members.

New Jersey Resiliency Program Officer Pledge

I, _____, do solemnly swear (or affirm) that I will uphold the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to same and to the Government established in the United States and in this State, under the authority of the people and that I will faithfully, impartially and justly perform all of the duties as the Resiliency Program Officer (RPO) according to the best of my ability.

I also pledge to fulfill the duties conferred upon me as a Resiliency Program Officer in a professional manner and that any information shared with me while serving in my official capacity as a RPO is to be held strictly confidential, with the exception of information that;

a) serves as a danger to him/herself or others

OR

b) has committed a crime

I further pledge to ensure the pillars of professional peer support and confidentiality when making necessary referrals to Cop2Cop.

(Print Rank & Name)

(Agency Name)

(Signature)

(Date Signed)



RESILIENCY PROGRAM
OFFICER HELPLINE ★
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RPO Resource and Referral Tools

RPO LINE- 833-4U-NJ RPO/833-486-5776

(When you need consultation, support, and referrals)

COP2COP /Telephone Assessment – 1-866-267-2267

(COP 2 COP Resource Database has 250+“Vetted”
Behavioral Health, Medical, Chaplains, Addictions,
Covid, Family)

CHOICE- Cop 2 Cop callers get 3 referrals

(Zip, Insurance, clinical specialty, Union)

NJDOC/Corrections Line – 888-4-BLUE-NJ NJ

Employee Assistance Service - 800- 367-6577- EAP NJ

HOPELINE 1-855-654-6735/Lifeline 1-800-273 -8255 NJ

Fire & EMS Line 1-888-NJFDEMS/ 888-653-3367

Vets4warriors-855-838-8255- Veteran/family support



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SAMPLE CRITICAL INCIDENT STRESS MANAGEMENT HANDOUTS

You have experienced a traumatic event (an injury, loss of a loved one or property or a serious threat, or any overwhelming emotional experience). Even though the event may be completed, you may be experiencing or may experience later some strong emotional or physical reactions. It is very common, in fact quite normal, for people to experience emotional aftershocks when they have passed through a horrible event.

Sometimes, the emotional aftershocks (or stress reactions) appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. And, in some cases, weeks or months may pass before the stress reactions appear. Remember that stress is the reaction, not the 'event'.

The signs and symptoms of stress reactions may last a few days, a few weeks or a few months and occasionally longer depending on the severity of the traumatic event. With understanding and the support of loved ones the stress reactions usually pass more quickly. Occasionally the traumatic event is so painful that professional assistance from a counselor may be necessary. This does not imply craziness or weakness. It simply indicates that the particular traumatic event was just too powerful for the person to manage by themselves.

Here are some very common reactions to stress in a traumatized person.

Physical

Nausea
Upset stomach
Tremors (lips, hands)
Feeling uncoordinated
Profuse sweating
Chills
Diarrhea
Dizziness
Chest Pain (should
checked at hospital)
Rapid heart beat
Increased blood
pressure
Headaches
Muscle aches
Sleep disturbance
Shocked

Cognitive

Slowed thinking
Difficulty making decisions
Difficulty in problem-solving
Confusion
Disorientation (especially
to place and time)
Difficulty calculating
Difficulty concentrating
Memory problems
Difficulty naming
common object
Distressing dreams
Poor attention span

Emotional

Anxiety
Fear
Guilt
Grief
Depression
Sadness
Feeling lost
Feeling abandoned
Feeling isolated
Worry about others
Wanting to hide
Wanting to limit
contact with others
Anger
Irritability
Feeling numb
Startled

Behavioral

Withdrawal from others
Erratic behavior
Acting out
Avoidance
Clinging behavior
Unusual behavior
Emotional outbursts
Pacing
Change in sexual
functioning/desire
Any significant
change in behavior

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University Behavioral
Health Care

Signs & Symptoms of Critical Incident Stress:

- High level of anxiety
- Irritability
- Increased absenteeism
- Depression
- Feeling of apathy
- Guilt
- Sleeplessness
- Headaches
- Nausea & vomiting
- Poor appetite
- Excessive sweating
- Feeling overwhelmed
- Feeling of isolation
- Poor communication skills
- Poor concentration
- Indecisiveness
- Confused thinking
- Anger
- Calculation difficulty
- Increase alcohol use
- Flashbacks

Things to try:

- WITHIN THE FIRST 24-48 HOURS try periods of physical exercise, alternated with relaxation. This will alleviate some of the physical reactions.
- Structure your time – keep busy.
- You are normal and having normal reactions – don't label yourself crazy.
- Talk to people – talk is the best healing medicine.
- Be aware of numbing the pain with overuse of drugs or alcohol. You don't need to complicate this with a substance abuse problem.
- Reach out – people do care.
- Maintain as normal a schedule as possible.
- Spend time with others.
- Help your co-workers as much as possible by sharing your feelings and checking out how they're doing.
- Keep a journal – write away those sleepless nights.
- Do things that feel good for you.
- Realize that those around you are under stress.
- Don't make any big life changes.
- Do make as many decisions as possible which will give you a feeling of control over your life, i.e., if someone asks you what you want to eat, answer them even if you are not sure.
- Get plenty of rest.
- Recurring thoughts, dreams, or flashbacks are normal, don't try to fight them. They'll decrease over time and become less painful.
- Eat well-balanced and regular meals (even if you don't feel like it).

For Family Members and Friends:

- Listen carefully. Being there matters.
- Spend time with the traumatized person.
- Offer your assistance and listening ear even if they have not asked for help.
- Reassure them that they are safe.
- Help them with everyday tasks like cleaning, cooking, caring for family, and minding the children.
- Give them some private time.
- Don't take their anger or other negative feelings personally.
- Don't tell them that "they are lucky it wasn't worse" or "everything will be OK" or "don't worry." Traumatized people are not consoled by those statements. Instead, tell them that you are sorry that such an event happened and that you want to understand and assist them.

HELPFUL HINTS

Trying some of the following hints may help to alleviate the emotional pain associated with a traumatic event.

FOR YOURSELF:

- ◆ Try to rest, but don't fight sleeplessness.
- ◆ Talk to trusted co-workers, friends – Express your feelings.
- ◆ Talk to loved ones, but carefully.
- ◆ Tell people when and if you don't want to talk about an event.
- ◆ Accept your feelings as normal – Don't attempt to fight them.
- ◆ Don't torture yourself with unnecessary reminders.
- ◆ Expect flashbacks for a period of time, but know that they will become less intense.
- ◆ Stay away from excessive drinking.
- ◆ Exercise moderately, but don't overdo it.
- ◆ Avoid boredom – Keep a reasonable level of activity, and return to a normal routine as soon as you can.
- ◆ Don't be afraid to reach out for help if you need it.

FOR FAMILY MEMBERS:

- ◆ Understand that your “loved one” is a victim of a traumatic event, but don't expect to understand the feelings or emotions they have.
- ◆ Listen carefully, but not judgmentally.
- ◆ Never use simplistic phrases like, “It could have been worse”, or “You're lucky to be alive”, they don't want to hear that.
- ◆ Be there when necessary, but don't be overbearing.
- ◆ Offer the simple reassurance that you love them.
- ◆ Understand that you will be under a great deal of stress during the period of their recovery.
- ◆ Find a friend to vent YOUR feelings with.



Critical Incident: “Any situation faced by any person that causes them to experience unusually strong reactions which have the potential to interfere with their lives”

~Jeffery T. Mitchell, Ph.D.

Below are the Five Stages of Grief:

1. Denial – The first stage of grief is Denial. It is really the first of our reactions to any form of sudden loss. Depending on the relationship we share to the subject of our loss, the more our lives may be uprooted or altered. It is very common for people to try and initially deny the event in order to subconsciously avoid sadness, or the thought of pending mental struggles. People in denial often withdraw from their normal social behavior and become isolated. Denial has no set time frame, or may never be felt at all. However, it is considered the first stage of grief.

2. Anger – The second stage of grief is Anger. People that are grieving often become upset with the person or situation which put them in their grief state. After all, their life could now be in complete disarray. The path of least resistance is anger as opposed to facing the consequences of a loss head on. In the case of death, the anger is often focused toward the deceased for leaving that person behind and unable to cope. Other times people become angry at themselves if they feel they could have done something more to stop the loss from happening.

3. Bargaining – The third stage of grief is Bargaining. This is when those who are grieving are reaching out to the universe to make the pain go away. It is actually very normal, and largely considered to be a sign that they are beginning to comprehend their situation. People will often try to make a deal, or promise to do anything, if the pain will be taken away.

4. Depression – The fourth stage of grief is Depression. Contrary to popular belief, depression is something that may take some time to develop. We often think we are depressed when a grief event first occurs, but there is usually a lot of shock and other emotions present before any real depression can set in. The signs of depression due to grief usually appear when a sense of finality is realized. This is not to be confused with clinical depression, which may be chronic. Depression due to grief is technically episodic, even though it may last for a lengthy period of time.

5. Acceptance – The fifth stage of grief is Acceptance. This is the point where the person experiencing grief no longer is looking backward to try and recover the life they once had with the deceased, or other cause of their grief episode. It is not to say that they no longer feel the vast array of emotions brought on by their grief, but they are ready to embrace the idea that they are reaching a new point in their lives. At this point, they are beginning to understand that there is a new beginning on the horizon.

Acceptance should not be confused with healing or recovering from the loss, since that would put an enormous amount of pressure on people experiencing grief. Acceptance is really the beginning of the real healing process. It is the point where recovery becomes about the person left behind, and not about the person being mourned.



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RPO's How to Use Cop2Cop Services DIAL 1-866-267-2267 (Cop2Cop)

- **RPO COP2COP Partners! CALL US! – When in doubt before, during, or after doing your Resilience Program Officer work if an officer describes depression, anxiety, PTSD, marital problems, substance abuse, trauma, work stress, financial or health-related problems, PLEASE consider a three-way call to Cop2Cop!**
- **ALL Stressed Out Cop Can Use Cop2Cop** for ongoing peer support counseling, assessment, and referrals Officers who need to vent confidentially & can relate to other cops. **MAKE THE CALL**
- **RPO Peer Self Care/Consultation** – If you are not sure how to handle an officer you interact with or you feel stressed by the resilience work, please know we want to SUPPORT YOU TOO!
- **Cop2Cop Crisis Unit for Traumatic & Critical Incident Resonse-C2C Crisis Debriefing/Psychological First Aid Team** – C2C Peer Support for Traumatic Incident – i.e., Shootings, suicides, deaths, child involved, Accidents-Media-Defusing/Debriefing/follow-up, 1:1 Available 24/7. We can also help support other CISM teams with follow up!
- **Cop2Cop Suicide Prevention & Intervention-QPR TRAINING** – Uses “Buddy System” to help each other. Call 24/7 for help with a “Live” Professional
- **C2C Provider database & referrals – 170+ providers to include chaplains/medical doctors**
- **Specialty support-OFFICER Addictions Support** – Cops battling addictions program peer support, “Bottles & Badges” meetings, etc. **COP/Military** – Vets4Warriors-to cope with PTSD
- **RPO Peer Intervention -Staffed by Retired Law Enforcement Officers Peer Supporter Counselors** To ensure confidentiality, retired officers staff Cop 2 Cop. We also have “Cop Clinicians” who are both licensed clinicians and retired law enforcement officers. The Cop 2 Cop staff collectively represent over 360 years of Law Enforcement experience.
- **RPO Peer Post-vention –RPO/Cop 2 Cop Crisis Unit/Psychological First Aid** – Utilizing the International Critical Incident Stress Foundation (ICISF) training, our staff responds with our Cop 2 Cop Crisis Response team offering Psychological First Aid and Critical Incident Stress Debriefings and responses to traumatic incidents.

The Family Law Enforcement Code of Ethics

The Family Law Enforcement Code of Ethics is a guide to ensure stronger family ties.*

As the family of a law enforcement officer, part of our fundamental duty is to work together to help safeguard the family's well-being so that the law enforcement officer may return home and recover his sense of perspective.

We will do this by providing a loving and relaxed environment so that he feels welcome and appreciated.

We will make an effort to communicate so that we may understand each other's hardships and work together to solve them.

We will recognize that this lifestyle is "different" and accept it as a positive challenge, being constantly mindful of each other's welfare.

We will see each other without judgment and become our own best self so that we may create a strong relationship with unquestioned trust and understanding.

We will strive to find some sense of order in the disorder, self-appreciation in times of loneliness, creativity in chaos, and time to be together when there's never any time.

We will not insult the law enforcement officer's choice of profession by selfishly demonstrating our personal feelings toward something he can't change.

We will understand that he takes his commitment to the job very seriously.

Law enforcement officers are constantly under pressure to uphold their private lives as an example to others and as a family we will also strive to uphold those beliefs.

We recognize that living with a law enforcement officer can be extremely trying but we will wear our invisible badge with commitment and pride, and ride the wave of excitement and realism with him throughout his career.

We will always strive to achieve these objectives and ideals, dedicating ourselves before God to help the officer do his very best in his chosen profession... law enforcement.

Family Member _____
Signature

Family Member _____
Signature

***If you are a family member of a Law Enforcement Officer in need of assistance,
please call 1-866-COP2COP (1-866-267-2267).***



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RPO Helpline
1-833-486-5776

Free Confidential Helpline for Law Enforcement Officers and their families

Question, Persuade, Refer

QPR IS A SUICIDE AWARENESS TOOL

Be your “Brother’s Keeper” not just during times of crisis but always.

Remember:

How you ask the question is less important than that you ask it!

Similar to how CPR helps someone stay alive until you can get medical help;
QPR helps someone stay alive until they can get psychological help!

Q

– *Question the Person about Suicide.* Don’t be afraid to ask if they have thoughts of killing themselves? Do they have a Plan?

Tips for Asking the Suicide Question

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

P

– *Persuade the Person to get help.* Listen carefully. Then say, “Let me help.” “Come with me to find help.” or “Have you thought about calling the National Suicide Prevention for someone to talk to?”

– **Don’t try** to be their counselor; **be their friend** and support them in seeking help.

R

– *Refer for help.* Utilize the National Cop2Cop Program **1-833-222-6285**, your EAP, Union, local Emergency Room, Chaplain, or Insurance Company.

Whoever will help!

Ask A Question, Save A Fellow Officer

QPR is not intended to be a form of counseling or treatment.

QPR is intended to offer hope through positive action.

QPR is a tool to identify suicidal intentions in your fellow officer.

Be your brother’s keeper – Ask the Question!

Question, Persuade, Refer

*Ask a **question** and be more than a friend!!*

***Persuade** someone to live instead of attempt suicide.*

*Don't hesitate to get involved or take the lead. **Refer** them to help.*

Give your partner back up during a time that they need it most!

1-833-486-5776

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

Take All Signs Seriously.

POLICE SUICIDE

KNOW THE FACTS / BE AWARE OF WARNING SIGNS

Facts:

- Asking won't put the thought in someone's head; it will give them an opportunity for help.
- The ratio of Police Officer Suicide's to Line of Duty Death is estimated at 3 Suicides to 1 Line of Duty Death.
- Most suicidal individuals express some intent the week prior to their attempt.
- Suicide is the most preventable kind of death, and almost any positive action may save a life.

Signs/Cues to look for:

- **Warning Signs** - despair, hopelessness, depression
 - Suicide threats and previous suicide attempts
 - Alcohol and drug abuse (including prescription drugs and pain medications)
 - Statements revealing a desire to die or thoughts about killing oneself
 - Sudden changes in behavior
 - Prolonged depression
 - Making final arrangements
 - Giving away prized possession
- **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.

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. **REMEMBER COP2COP is always there, don't wait until it's too late!**

RUTGERS

University Behavioral
Health Care



C2C SUBSTANCE USE TOOL -

CAGE/COPS & "CHOIR PRACTICE"

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:

C	Have you ever felt you should <u>C</u> ut down on your drinking	YES	NO
A	Have you ever been <u>A</u> ngry or <u>A</u> nnoyed by anything anyone said about your drinking?	YES	NO
G	Have you recently felt <u>G</u> uilty about your drinking?	YES	NO
E	Have you ever needed an <u>E</u> ye <u>O</u> pener? An eye opener is a drink taken usually early in the morning following a binge to avoid withdrawal.	YES	NO

The sensitivity of the test (ability to detect true alcoholism give a certain number of positive responses) **DECLINES** 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.



RESILIENCY PROGRAM
OFFICER HELPLINE ★
(8 3 3) 4 8 6 - 5 7 7 6

The New Jersey Resiliency Program for law enforcement is the first-in-the-nation program that is designed to assist officers in their day-to-day stressors of work. It provides physical, emotional, mental and spiritual support to officers in need. Pursuant to our program, each law enforcement agency across the state is mandated to have trained Resiliency Program Officers (RPOs) – who are tasked to respond to colleagues in need.

If you are interested in receiving a call from our peer support team, please complete the bottom of this form and return. You may also call the **RPO helpline** directly at **1-833-486-5776**. If you are referring someone, please include your information.

I am interested in being contacted by a representative of the RPO program for law enforcement. You can reach me by telephone or email at the numbers below.

Are you receiving calls from a C2C/RPO/Peer support Liaison ____ yes ____ no

If yes, who is it? _____

If no, can we call you and assign you a Peer support Liaison? ____ yes ____ no

Name: _____

Email: _____

Phone: _____

Permission to leave a message _____yes _____no

Best time to reach you? _____

Do you have any suggestions for our provider network services? If so please provide their name and contact information.
