

No One Fights Alone: Suicide Prevention in Law Enforcement

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Where We Were



Have You Ever Heard...



What Is This...?





Where We Are



Mental Health Concerns in Law Enforcement



Higher rates of
PTSD,
depression, and
substance use



Higher rates of
suicide attempts
and thoughts about
suicide

Suicide >
LOD

Several years of
data

Does This Ring True?



I'm sorry, honey. Daddy's a paramedic, so we only go to the doctor when we're dying.



somee cards
user card

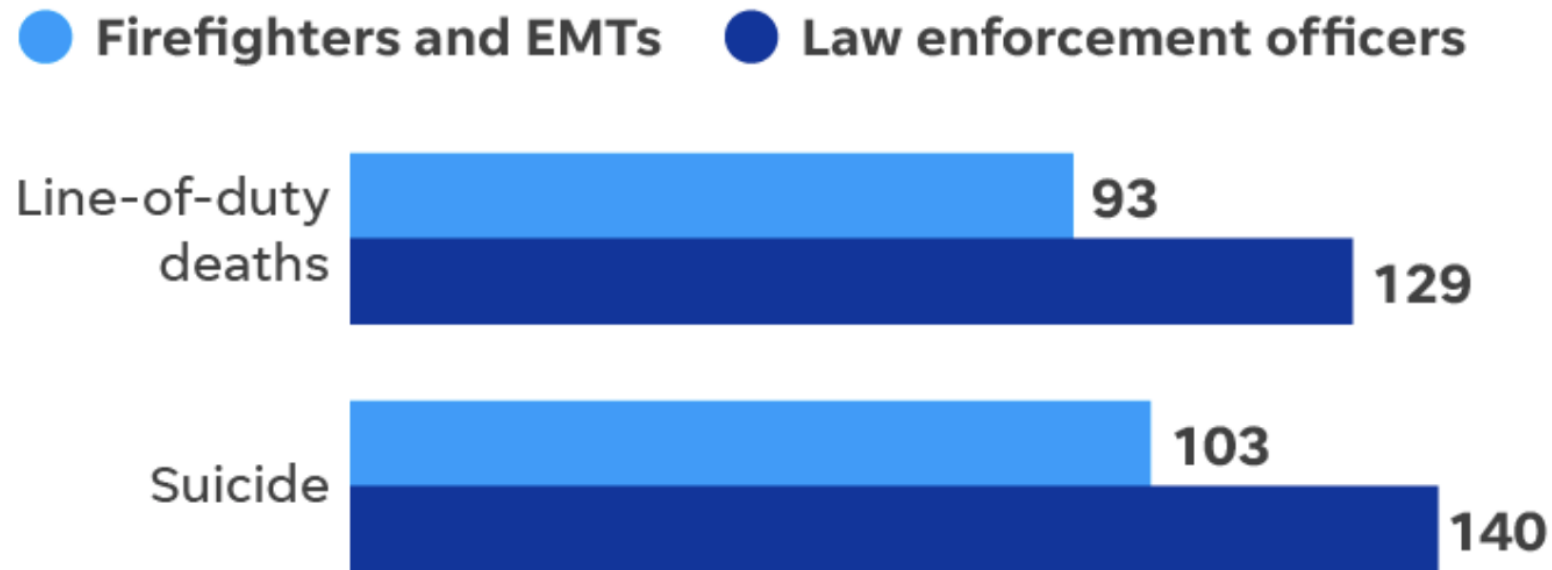


What About
Suicidality?



First responder deaths

The number of firefighters, EMTs and officers who took their own lives outnumber all line-of-duty deaths in 2017.



SOURCE Ruderman Family Foundation



“In high-risk groups, such as those with PTSD, our data suggest that (assuming causality) **over half** of all **suicides** could be **prevented** if we could successfully **prevent, treat and manage PTSD.**”

What Else Is
Currently Done?



Treatment Programs

Still Some Stigma

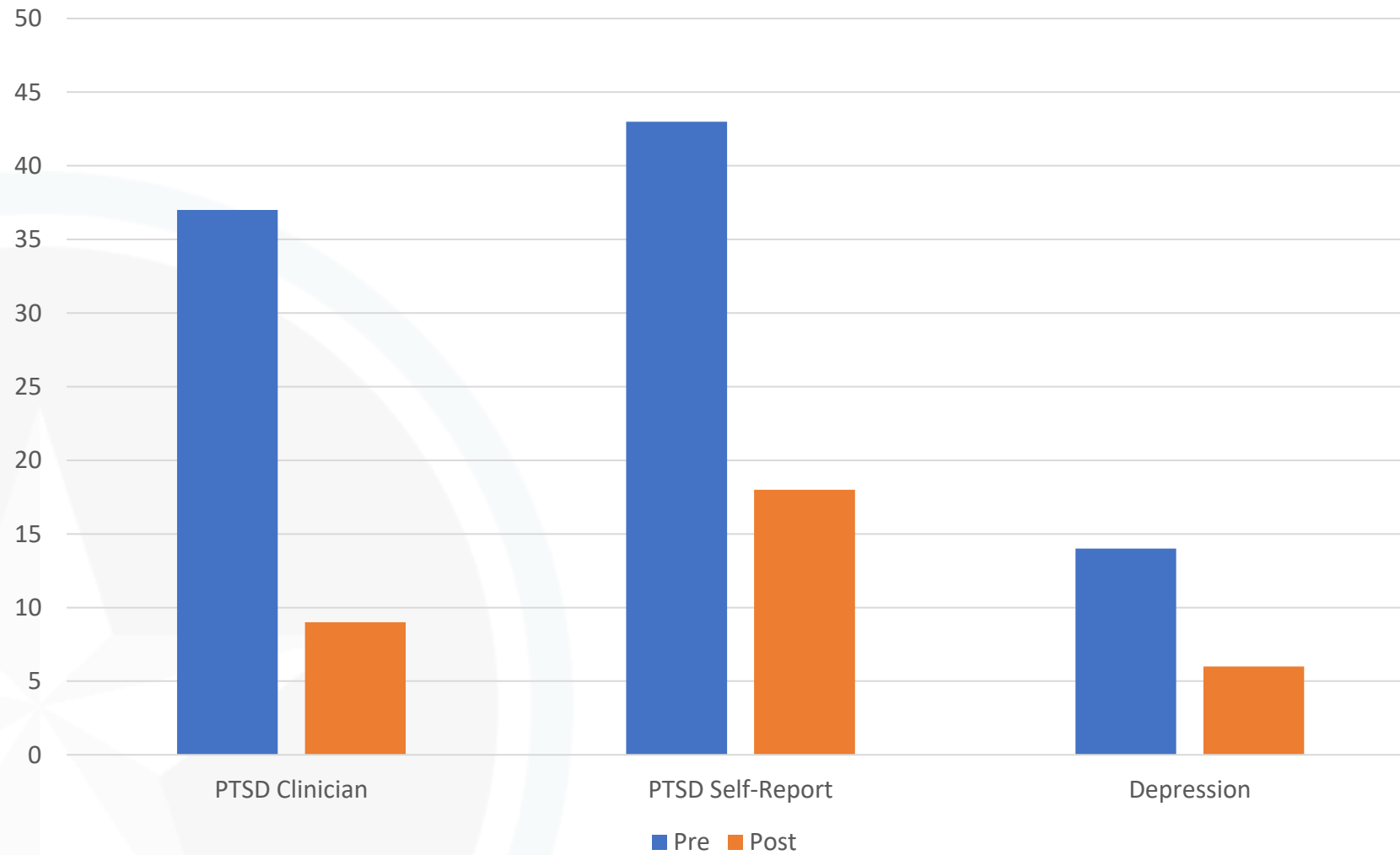




- Cognitive Processing Therapy – learn to think more realistically and focus on areas that trauma likely has impacted (i.e., safety, trust, power/control, esteem, intimacy)
- Exposure-Based Therapies (e.g., Prolonged Exposure, Trauma Management Therapy) – guides you in gradually confronting trauma-related memories, emotions, and situations that you may have been avoiding since your trauma
- Eye Movement Desensitization and Reprocessing - individuals reprocess traumatic memories with guided bilateral stimulation



Treatment Outcomes



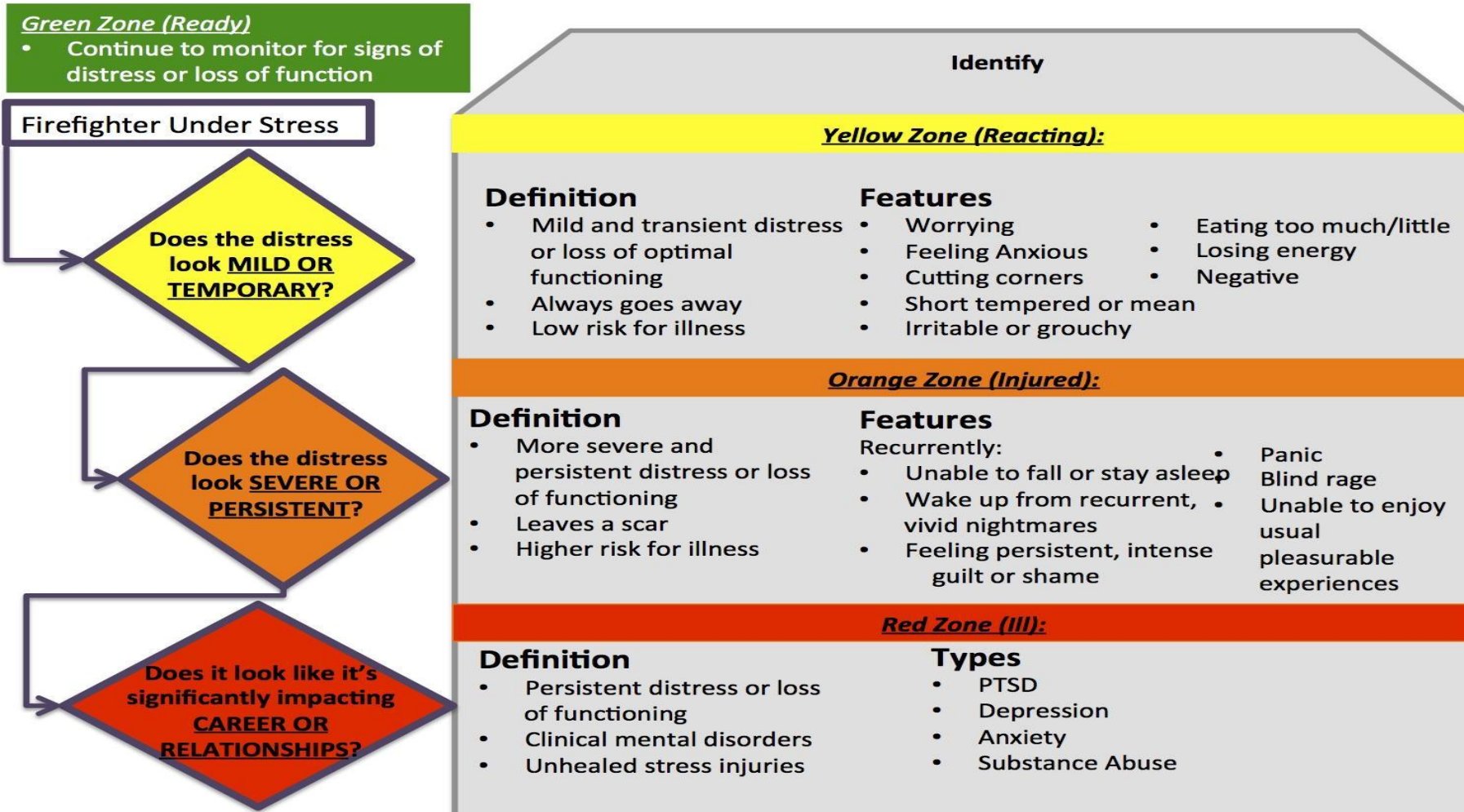


Suicide Specific Treatments!

Peer Support

How Much Training In...







**“The most challenging times
in my career are talking to
someone in a very dark
space. That takes training.
That takes practice.”**

- Lt. Jeff Orrange



Where Are We
Going?

A close-up photograph of a human hand hovering just above a row of white, three-dimensional letter blocks. The blocks are arranged to spell out the word 'PRO REACTIVE' in a bold, sans-serif font. The top row of blocks contains 'P', 'R', and 'O', while the bottom row contains 'R', 'E', 'A', 'C', 'T', 'I', 'V', and 'E'. The hand is positioned as if about to touch or move the blocks. The background is a soft, out-of-focus green, suggesting an outdoor setting. The entire scene is set against a dark, reflective surface that shows a faint reflection of the blocks and the hand.

P R O
R E A C T I V E



What Tools Are
There?



1. Explain rationale for CRP
2. Provide card for patient to record CRP
3. Identify personal warning signs
4. Identify self-management strategies
5. Identify reasons for living
6. Identify social supports
7. Provide crisis / emergency steps
8. Verbally review and rate likelihood of use

Crisis Response Planning



Warning Signs: pacing
feeling irritable
thinking "it'll never
get better"

- go for a walk 10 mins
- watch Friends episodes
- play with my dog
- think about my kids
 - vacation to beach in Florida
 - Christmas Day 2012
- call/text my Mom or Jennifer
- call Dr. Brown: 555-555-5555
 - leave msg w/ name, time, phone #
- 1-800-273-TALK
- go to hospital
- call 911

- ① crying
- ② getting angry
- ③ wanting to hit things
- ④ argument w/ wife
- ⑤ ~~play videogames~~ photography
- ⑥ woodwork in garage
- ⑦ writing
- ⑧ go for walk
- ⑨ games on phone
- ⑩ breathing 10 mins
- ⑪ listen to ^{uplifting} music
- ⑫ talk to Bill
- ⑬ Dr. Smith: 555-555-5555 (voicemail)
- ⑭ Hotline: 1-800-273-2755
- ⑮ Hospital or 911

Reasons to live:

- Mom
- wife
- Kids (Matt, Katie)
- Photography
- Motorcycle rides



**Using a Crisis Response Plan
has been shown to reduce
suicide attempts by**

76%



When Should
Training Start?



Changes Take
Time!

Questions?
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