

CALIFORNIA HIGHWAY PATROL

# SUICIDE PREVENTION



**NOT  
ONE  
MORE!**

Department of California Highway Patrol

*Herman Goldstein Award 2009*

Not One More!

J. A. Farrow, Commissioner

June 1, 2009



Not One More!  
Table of Contents

Summary .....	i
Scanning .....	1
Analysis .....	4
Response .....	12
Assessment .....	17
Bibliography .....	26
Agency Information.....	28
Annexes	
Annex A: Not One More! Course Evaluation Form .....	30
Annex B: IACP "Preventing Law Enforcement Officer Suicide" Digital Video Disc Cover. ....	31
Annex C: Website Information .....	33



# Summary

---

## **SCANNING**

Over a five-year period spanning 2003 to early 2007, the California Highway Patrol (CHP) faced a crushing number of suicides unmatched in its history. During that period, the CHP suffered 13 suicides: two in 2003, three in 2005, seven in 2006, and one in 2007. All of the victims but one were uniformed members. In a family of 11,000 employees, and over such a short, concentrated period of time, this was not an easy situation to face.

The impact of these occurrences not only reverberated among the entire CHP family, it found statewide and national attention as well. Noting the unusual frequency of officer suicides, state and national media, along with state government leaders and elected officials, effectively raised the question of, "What's going on at the California Highway Patrol?" It was also a question tearing at the soul of the Department and one that demanded an answer – and resolution.

## **ANALYSIS**

The CHP's approach to the problem began with a broad overview of the subject, focusing on the profession of law enforcement in general, ending with a detailed look at the CHP experience.

Research has found that members of law enforcement account for 18.5 percent of all suicides in the United States. Also, there is an established "bullet-proof" culture within law enforcement that keeps officers from recognizing or accepting signs of stress



# Summary

---

related to the job and from seeking appropriate assistance. There is an accepted concern that seeking assistance could mean being placed off duty or even loss of a career.

Within the CHP, while specific protocols and procedures existed for stressful on-duty situations (shootings, collisions, etc.), there was nothing in place to effectively deal with other stressors that could impact an employee's performance or mental health. During post-suicide debriefings, feelings of guilt, surprise, and wishing "I could have done something" were common. These discoveries spoke to a lack of knowledge among co-workers about how to recognize those in need of help and what to do if they did notice someone.

## **RESPONSE**

In 2007, the CHP implemented a suicide prevention and intervention training program entitled "Not One More!" with the goal of educating the CHP's 11,000 employees with valuable information about suicide prevention and intervention. To accomplish this, CHP peer instructors attended a 32-hour training course in Suicide Prevention, Intervention and Postvention. The course was designed to help employees become confident with recognizing those in need and create better and easier access to needed resources. The program also sought to bring to light the particular stressors associated with law enforcement, the fact that many are impacted by these situations, and that it does not necessarily mean an end to a career or way of life.



# Summary

---

## ASSESSMENT

The statewide CHP training was completed in late 2007, and through 2008 the Department did not experience another suicide. Evaluations by attendees demonstrated an increased confidence level with identifying behaviors and conditions in co-workers and others that might warrant referral to professional services. Also, there was increased use of employee assistance programs when compared to use prior to the Not One More! training as well as accepting, asking for, and seeking help when needed.

The CHP was honored to have the Not One More! program recognized nationally as successful and groundbreaking in the area of peer utilization. The International Association of Chiefs of Police (IACP), coupled with the Bureau of Justice Assistance, and the United States Department of Justice have provided the Not One More! program as a training tool to all law enforcement nationwide. In February 2009 the CHP was invited to present its program at an eight-hour conference workshop for the International Critical Incident Stress Foundation (ICISF) 10<sup>th</sup> World Congress on Stress, Trauma & Coping in Baltimore Maryland.

Law enforcement agencies large and small throughout the nation have worked with the CHP to bring the Not One More! program to their employees. The program has shed light on a once shrouded topic, in aiding those in need of assistance and empowering those who want assistance, all with the common aim of ensuring there is Not One More!



# Scanning

---

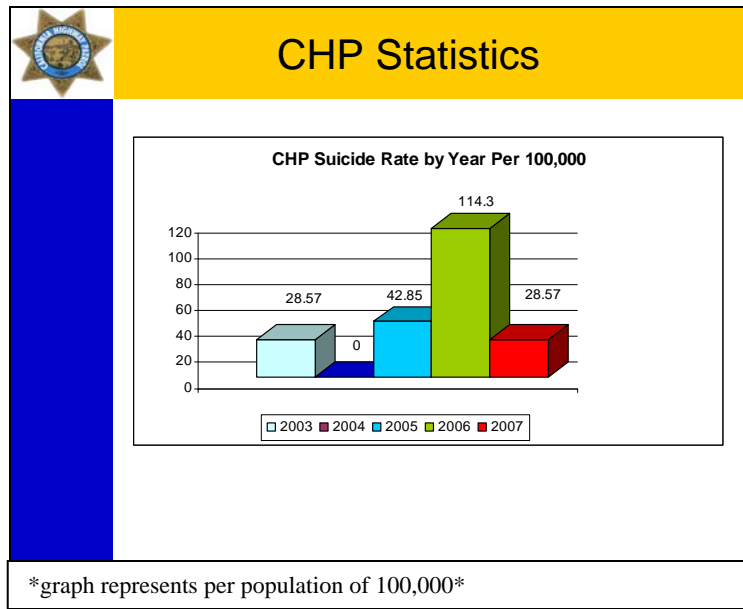
No one will argue that law enforcement is not a dangerous profession. Throughout the history of human civilization, quite often the only line of defense between wanton human destruction and growth was literally the soldier, or more euphemistically the “soldier of the law.” This was not, and is not today, an easy task. As in the past, today’s law enforcement officers are faced with ever-present danger and risk to personal safety and well-being. The ability to stay healthy in body and mind everyday, despite the stressors and risks, is a formidable challenge – one that is met more successfully by some than by others. At the close of the 20<sup>th</sup> Century, a study of police stress recognized that the “enemy without” did not cause the greatest amount of job dissatisfaction, illness, and self-destructive behaviors. To the contrary, the study determined the enemy within posed the biggest threat to the individual officer (Clark & White, 2000). Recognizing that enemy within and taking steps to avoid resulting self-destructive behaviors has been a continuing trial for many in law enforcement and other high-stress, high-risk occupations.

Over a five-year period spanning 2003 to early 2007, the California Highway Patrol (CHP) faced that enemy within when it experienced a crushing number of suicides unmatched in its history. During that period, the CHP suffered 13 suicides: two in 2003, three in 2005, seven in 2006, and one in 2007. All but one of the victims were uniformed members. In a family of 11,000 employees (approximately 7,500 uniformed and 3,500 nonuniformed), and over such a short, concentrated period of time, this was not an easy situation to face.



# Scanning

Converting these numbers to a suicide rate per 100,000 in population shows how significant this problem was. The chart below displays the chilling results.



Although the chart is apt to raise some eyebrows, we must remember that these numbers are not just statistics, but represent lives lost. They represent friends lost, classmates lost, co-workers lost, partners lost. Although the cause of these losses may have been due to a personal, desperate choice, the loss is as real as if caused by an outside act of violence or vehicle collision; and for those left behind, the pain is as real and deep as well.

The impact of these occurrences not only reverberated among the entire CHP family, it found statewide and national attention as well. Noting the unusual frequency of officer suicides, state and national media, along with state government leaders and elected officials, effectively raised the question of, "What's going on at the California



# Scanning

---

Highway Patrol?" It was also a question tearing at the soul of the Department and one that demanded an answer – and resolution.



# Analysis

---

The tragic incidence of suicide among CHP employees left many distraught and overwhelmed with several unanswerable questions: “Why now?” “Are there any common threads?” “Can anything be done?” While one suicide is grounds for an analysis of contributing factors, ten-plus occurrences over a short period of time demanded a comprehensive examination. The CHP’s approach to the problem began with a broad overview of the subject, focusing down to the profession of law enforcement, and ending with a detailed look at the CHP experience.

## Suicide Overview

Despite millions of dollars spent on prevention and intervention, suicide remains a problem in our society as a whole. Suicides outnumber homicides three to two, and despite many efforts, have been a consistent plague on society through the ages. Throughout history, the phenomenon of taking one’s life was met with numerous judgments, attitudes and feelings ranging from outrage to acceptance (Clark, et al, 2007). Suicide occurs when people are in intense, painful, emotional states. They cannot clearly think their way out of the situation. They lose hope and see no resolution to their difficulties. Consequently, suicide may appear to some to be the only way out of overwhelming pain and frustration (U.S. Public Health Service, 1999).

They cannot clearly think their way out of the situation. They lose hope and see no resolution to their difficulties. Consequently, suicide may appear to some to be the only way out of overwhelming pain and frustration (U.S. Public Health Service, 1999).

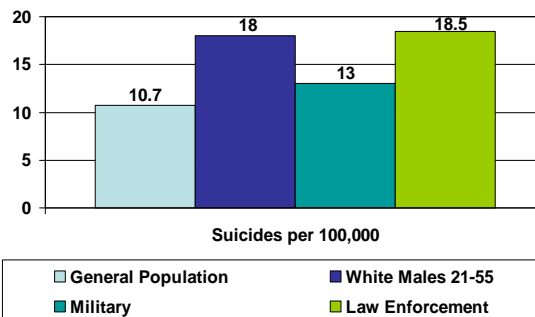
A 2005 nationwide study conducted by the American Association of Suicidology discovered several compelling points regarding suicide. These included the following:

# Analysis

- There is one suicide every 16 minutes.
- Suicide is the 11<sup>th</sup> ranking cause of death in the United States.
- There are approximately 817,000 suicide attempts every year.
- It is estimated five million people have at least attempted suicide in the United States.
- Firearms are used in 52 percent of all suicides.
- Members of law enforcement account for 18.5 percent of all suicides in the United States.



## Suicide in Specific Populations



# Analysis

---

## The Law Enforcement/Suicide Connection

It is rare to find a single cause of suicide and in most cases many factors lead to that fateful decision. Suicide affects all demographics and does not discriminate based on race, gender, religion, or socioeconomic level. Within these varied populations, however, certain individuals and groups are at higher risk for suicide. Retired Federal Bureau of Investigation (FBI) Special Agent, Dr. James Reese said, "Among the many enemies faced by law enforcement officers, suicide stands as one of the most constant."

A survey of over 500 officers was conducted in nine major states, which asked participants why they might consider suicide. Ninety eight percent of those surveyed stated they would consider suicide if: the death of a child or spouse occurred, for terminal illness, over responsibility for a partner's death, over an indictment, over sexual accusations, loss of job due to conviction of a crime, and being incarcerated (Violanti, 1996).

These intense feelings and stressors are quite common in law enforcement and can be linked to motivations for suicide as a means to end a perceived pain, or to escape or avoid humiliation.

Thoughts of suicide may involve intense loss and feelings of grief brought on by such things as Post-Traumatic Stress Disorder (PTSD) or overwhelming guilt when one's actions have caused, or are perceived to have caused, the serious injury or death of an individual. "PTSD is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic

events that may trigger PTSD include violent personal assaults, natural or human-caused

# Analysis

---

disasters, accidents, or military combat” (National Institute of Mental Health, 2007).

These intense feelings and stressors are quite common in law enforcement and can be linked to motivations for suicide as a means to end a perceived pain, or to escape or avoid humiliation.

Currently, there is no nationwide epidemiological study on police suicides. One reason for this may be the sensitive issue of classifying an officer death as a suicide and the associated implications (real or not) of such a moniker. Another dilemma is the inability to assume all medical examiners are alike in how they classify a given death (Violanti, Vena, Marshall, & Petralia, 1996). The hesitancy to classify a death as a suicide due to the stigma attached to such a label is a continuing concern.

For many in law enforcement, some of the reasons for suicide are associated with important law enforcement career traits. The very personality traits that make individuals ideal candidates for law enforcement (action oriented, risk taker, control oriented, altruistic, obsessive-compulsive, decisive) are also traits that can work against them. As stated by Elizabeth Dansie, M.A., officers develop adaptations during their law enforcement careers. Those adaptations, or *coping tools*, that assist officers in survival are: personal invulnerability, emotional suppression, isolation from support, alienation, a need to maintain one’s image, mistrust, and misuse of alcohol. These also are the very behaviors that explain why officers are less likely to seek assistance when needed. “The badge is not just pinned on a chest, it is pinned on a lifestyle” (Heavybadge.com, 2001).

# Analysis

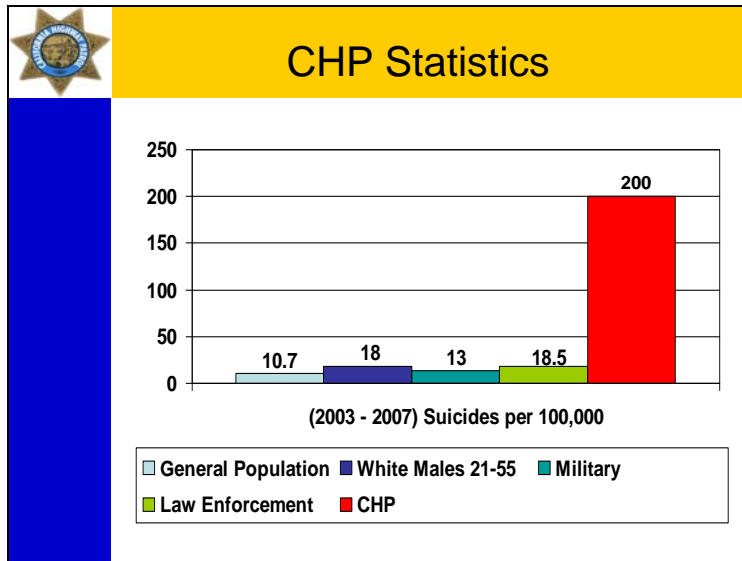
---

Prior to the CHP's suicide epidemic, there was a cultural belief throughout all law enforcement that asking for help meant one was weak (Violanti, 1996). Along with the very real fear of being characterized as "fragile" by asking for assistance, there was a genuine concern of jeopardizing one's image and career (Diamond, 2003). Law enforcement officers are seen as "protectors of the innocent" against societal evils, crime, and injustice. As such, any weakness, real or perceived, physical or emotional, in that gleaming armor is not acceptable. Were an officer to exhibit any of those weaknesses, it could mean a question of whether or not they were able to perform successfully. In extreme cases one might believe, it could mean suspension, the loss of a badge and weapon, and ultimately, termination. More informally, knowledge of weaknesses among peers and co-workers could lead to teasing, hurtful comments, suspicions, and avoidance – all of which are an anathema in an officer's close-quarters world.

## **Suicide and the CHP**

The riddle of suicides within the CHP ranks was particularly noteworthy when compared to rates of suicide among other populations (see chart below). And, it was not an easy web to untangle. There was no one defining stressor experienced by those who took their lives. In some cases, individuals were facing minor disciplinary actions; others had personal life stressors, while in some cases there were no outward signs that the individuals were experiencing life stressors whatsoever. Most were officers,

# Analysis



Typically, survivors left by suicide victims express grief, surprise ("I had no idea..."), anger, and guilt ("I should have known and done something..."). The CHP debriefings were no different. These lingering thoughts trouble survivors for many years following the suicide and sometimes are never answered (Kates, 1999).

of both genders, with varied lengths of time on the job. As law enforcement officers, one aspect of the job is to identify a clear cause for why events happen. With suicide, this is often a difficult thing to resolve.

With each CHP suicide, a debriefing was held at each victim's command and attended by counselors, co-workers, supervisor, or managers who wished to attend. The purpose of the debriefing was to air emotions, concerns, fears, hopes, expectations, and other issues. Typically, survivors left by suicide victims express grief, surprise (I had no idea...), anger, and guilt (I should have known and done something...). The CHP debriefings were no different. These lingering thoughts trouble survivors for many years following the suicide and sometimes are never answered (Kates, 1999).

Prior to the CHP suicide trend, the Department had no training program in place to address employee suicide. There was a strong employee assistance program and departmental policy in place to address other critical incidents employees faced such

# Analysis

---

as on-duty shootings and employee deaths. Critical Incident Stress Debriefings (CISD) were common place for the incidents mentioned above; however, for employee deaths that were not “work related,” including suicide, CISDs only occurred when requested.

For work-related critical incidents, the Department utilized a cadre of peer support personnel and therapists who met with affected employees and guided them through certain aspects of the incident aftermath, arranged needed assistance and resources, and provided general support for the affected employee. Other than a private, contracted mental health assistance employee program available to all state employees, there was no departmental assistance or wellness program to provide resources to employees facing the possible choice of suicide. Had employees expressed such concerns, the common belief was that a “fitness for duty” would follow, with the strong possibility of being placed off-duty.

## **Forging a Response**

The close relationship between suicide and law enforcement has generated much discussion about ways to deal with this dilemma. From the Surgeon General’s *Call to Action* (1999), several recommendations are particularly appropriate when considering protocols for addressing suicide in a law enforcement setting:

- Programs should be designed to enhance protective factors and to reverse or reduce known risk factors.
- Programs require long-term, continuous reinforcement of original prevention goals.
- Family-focused programs may have greater impact than focusing on just individuals.



# Analysis

---

- Community programs are more effective when combined with family-oriented strategies.
- Programs should emphasize help-seeking behaviors.
- The higher the risk of the target population, the more intense the prevention program.
- Programs are most effective when they are age-specific, developmentally appropriate and culturally sensitive.
- Programs should be adapted to address the specific nature of the problem in the community or population group.

The key factors taken from this look at suicide in the law enforcement community, and specifically the CHP, are: the cultural roadblocks that derail the offering and acceptance of real help to employees in need and giving co-workers, partners, and friends necessary tools to identify those in need and steer them toward knowledgeable and useful assistance. These issues play heavily into the CHP's response to its suicide challenge.

# Response

---

The CHP's look into its suicide problem revealed key factors that helped create a bold response. It found similarities between CHP incidents of suicide and broader, categorical factors related to law enforcement in general; the stigma associated with an officer seeking emotional assistance often silenced any cry for help; co-workers and friends of victims commonly expressed shock and guilt over the incident, while wishing they could have done something to help. In 2007, the CHP took this knowledge (of what existed and what was missing) and charted an innovative new course to minimize or, if possible, eliminate future suicides. That course became the CHP's new Not One More! program.

The Not One More! program sought to break down the barriers that prevented those in need of assistance and mental health resources from seeking them due to a fear of losing their job or being ostracized. Also, it sought to fill an important void, training fellow employees so they could identify those in need and steer them toward the resources that might provide relief.

The Department looked to the International Critical Incident Stress Foundation (ICISF) and specialist Elizabeth E. Dansie, M.A., to help create the Not One More! program. The program was based on ICISF's Suicide Prevention, Intervention and Postvention model and used CHP peer support personnel to deliver training and education to CHP employees. Why CHP peers? The CHP peer support personnel were selected for their ability to connect with their fellow employees. In an article entitled, "Suicide and the Police," Dell P. Hackett states, "The prevention of suicide requires a



# Response

---

strong support system. To the police officer, no one is better qualified to understand the job more than another police officer” (Hackett & Volanti, 2003). Peer support programs seemed an intuitive “fit” for law enforcement support services. Using this already-trusted resource was a logical next step in responding to the CHP’s suicide calamity.

## **Not One More! Training**

CHP peer support personnel received 32 hours of background training in ICISF’s program and an additional 16 hours of training and practice in presenting the Not One More! material. Once the peers received necessary training, the edict came down from the CHP Commissioner: all 11,000 CHP employees would receive this important training.

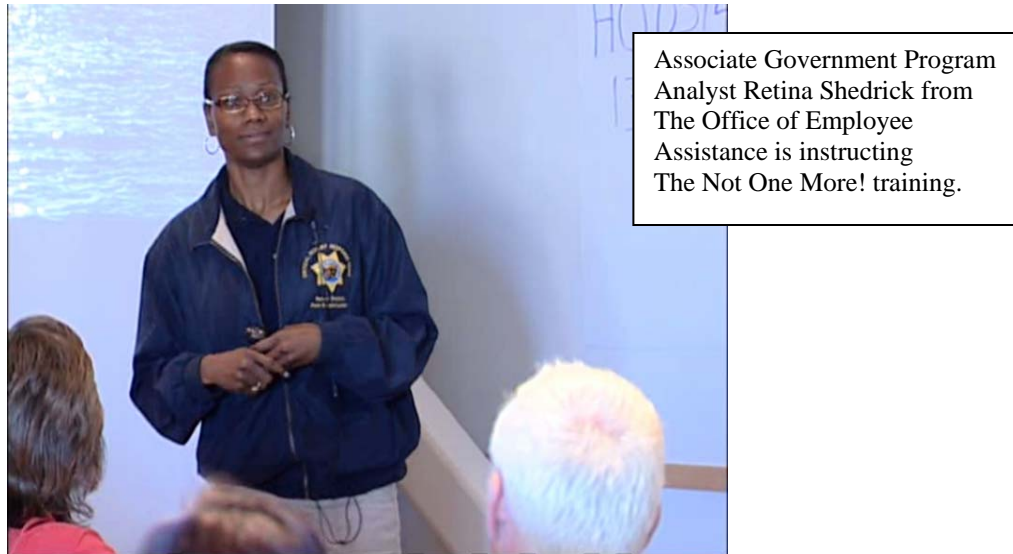
An added benefit of the course was teaching employees how to better identify and cope with personal life stressors and take appropriate action to minimize their negative impacts.

The employee training began in Golden Gate Division in early 2007. Prior to receiving the training, employees found themselves at a loss in knowing just what to do with a potentially suicidal employee or one in need of obvious mental health assistance. The course encompassed a six-hour block that covered the following topics. In providing employees with the skills and knowledge to identify the signs and symptoms exhibited by individuals considering an act of self-destruction and intervene confidently and effectively to prevent such behavior. Also, should the employee be faced with a successful suicide, the course provided assistance and tools in dealing with the aftermath within the office environment. An added benefit of the course was teaching employees how to better identify and cope with personal life

# Response

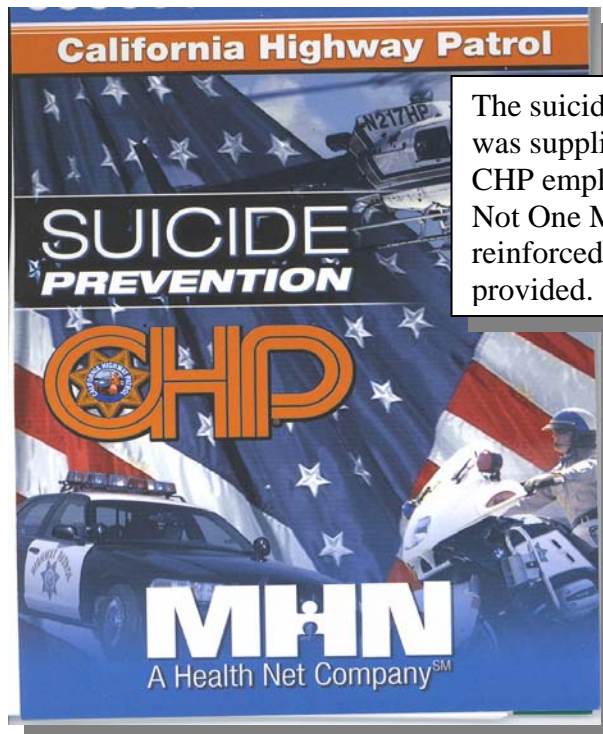
---

stressors and take appropriate action to minimize their negative impacts. The Not One More! peer instructors completed the training of all CHP employees by late 2007.



In addition to the initial Not One More! training described above, the CHP training includes key elements of the course in CHP cadet classes. Also, training classes for managers and supervisors now include refresher units in working with subordinates experiencing noticeable emotional stress. In partnership with state-contracted mental health service provider, Managed Health Network, (MHN) the CHP also produced a pocket-sized guide entitled, "California Highway Patrol Suicide Prevention" to help employees retain lessons learned and access needed services. This easy-to-use resource was provided to all CHP employees to carry with them and to use when needed. The guide contains the same information provided to employees during the Not One More! training, and in addition, 24-hour hour, seven-day-a-week contact numbers for assistance when needed.

# Response



The suicide prevention guide was supplied to the over 11,000 CHP employees following the Not One More! training, which reinforced the information provided.

## Realistic Vision

The Not One More! program, as comprehensive and thorough as it is, is not a guarantee the Department will never experience another suicide. While it is touted as a "suicide prevention" program, the reality is that suicide remains a personal choice. What Not One More! does is help identify those in need, introduce them to available and useful resources (without the cultural barriers from the past), and hopefully get them to see how suicide is a permanent, tragic choice to an often temporary life situation.

# Response



## Suicide and Alcohol

**FEELING OVERWHELMED**



**CALL FOR BACKUP**

Not One More Training! Slide

# Assessment

---

The CHP, as it endeavored to deal with its pending suicide crisis, was never under the false impression that whatever resolution was implemented would result in a guaranteed elimination of any further suicides. The Department, and those involved with the Not One More! program, understood that suicide, ultimately, is a personal choice; and, despite the resources available or used to dissuade an employee from that choice, it is one that could be invoked at any time.

The Not One More! program was designed to accomplish several goals: to tear down cultural barriers that existed within the CHP/law enforcement environment that prevented access to mental health resources, to help steer employees in need of assistance to those resources, and to help associates and co-workers identify those in need and open doors to needed assistance. Taken together, the combined wish was that employees in need would choose life over a fateful, permanent choice to a temporary condition.

In every measure, the expectations of Not One More! training program were exceeded. **From the end of training in late 2007, and throughout 2008, the CHP did not suffer another employee suicide.** At the conclusion of the training and in keeping with the theoretical foundation of the course, the achievement of the stated course objectives were evaluated through a "before and after" questionnaire process. While the approach to data gathering was fairly primitive, it produced remarkable results compatible with the goal of increasing the confidence of participants in suicide prevention skill sets and increasing the likelihood of an individual seeking assistance.

# Assessment

---

## The Evaluation Process

Those receiving the Not One More! training were administered a pre-training and post-training questionnaire consisting of five questions (see Annex A). Participants were asked to identify their confidence levels in recognizing the warning signs of suicide, their ability to identify risk factors associated with suicide, the symptoms of depression, confidence levels in having the skills and tools necessary to intervene successfully with a suicidal co-worker, and the ability to know what to do to assist suicide survivors and the organization in the aftermath of a suicide.

Overwhelmingly, respondents found the training beneficial in arming them with valuable information to empower them to respond appropriately and confidently to the issue of suicide and those displaying behavioral indicators. Predictably, at the start of training, the confidence levels of the participants regarding knowledge of suicide prevention and intervention were quite low. However, it was rewarding to note that it was in the area of confidence that participants made the most gains. Also rewarding to the instructors was the dramatic decrease in percentages of those stating that they were “not at all confident” in their ability to help fellow employees.

In addition, it was believed that by increasing confidence levels in participants, there would be a consequent increase in the likelihood of individual intervention behaviors among coworkers, which also held true. Pre/post-test training questions were devised to measure participants' levels of confidence along five skill set objectives. These were self-evaluation measures utilizing a simple 5-Point Likert scale as depicted in the following.



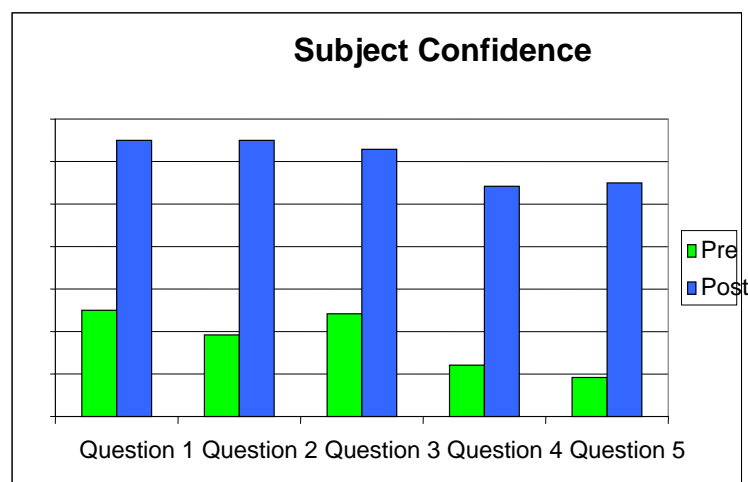
# Assessment

1. I am confident I know the warning signs of suicide.
2. I feel confident I have the skills and tools necessary to intervene successfully with a suicidal co-worker.
3. I can identify the risk factors and indicators associated with suicide.
4. I know what to do to assist suicide survivors and their organizations in the aftermath of a completed suicide.
5. I can identify the symptoms of depression in a co-worker.

The pre/post test was printed on a single sheet of paper to enhance the probability of participants completing and returning both measures. On the following graph, the green bars depicts combined responses of: Minimally Confident and Not at All Confident in pre-training questions 1-5, as compared to the same five questions depicted in the blue bars, which represent the combined responses of: Absolutely Confident and Confident, post-training questions 1-5.



## Pre/Post Test Training Outcomes



# Assessment

---

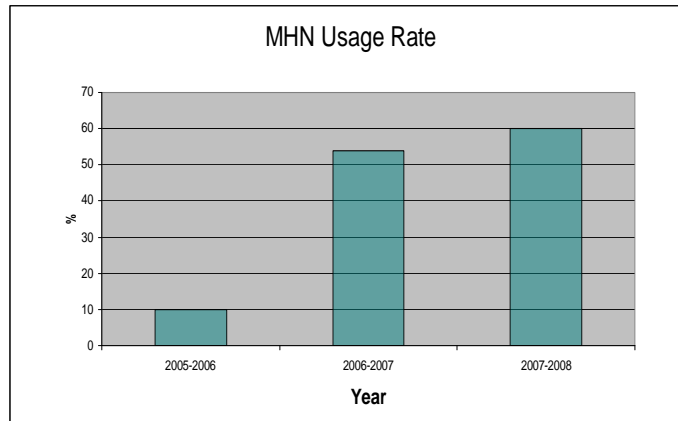
The feedback received from CHP employees indicated this training was a valuable tool that could be used successfully to provide assistance and guidance to employees in need. Furthermore, the full support of suicide awareness training from the top management levels of the Department has helped remove the stigma and shame once associated with asking for help. The Office of Employee Assistance, as well as CHP Peers, have reported a significant increase in calls for aid in accessing peer and mental health support since the Not One More! training has been completed.

The Department reported an increase in the use of Employee Assistance Program (EAP) services through its MHN contract. The Not One More! training provided employees with tools and information to assist them if confronted with possible suicidal indicators exhibited by co-workers, family members, or even themselves. An additional benefit expressed by employees was the willingness to seek assistance prior to situations reaching critical or crisis levels. The chart on the next page displays the increase in use of services for various life stressors over a three-year period. The years examined for use of EAP services by CHP employees were 2005-2006, 2006-2007, and 2007-2008.

# Assessment



## Increase EAP Usage



### International Expansion

In February 2009, the CHP was invited by ICISF to present a one-day workshop at the 10th World Congress on Stress, Trauma and Coping, in Baltimore, Maryland. The World Congress is the premier forum for multidisciplinary exchange of ideas and information among those who provide crisis intervention and disaster mental health services. ICISF's World Congress on Stress, Trauma and Coping is held every other year and attracts approximately 1,100 participants from across the United States and around the world. Over the course of five days, participants attend general sessions, breakouts, in-depth workshops, hot-topic lunch roundtable discussions, exhibits, and special interest meetings.

The CHP workshop entitled, "Not One More! California Highway Patrol's Suicide Solution" was presented by Elizabeth Dansie, M.A., CHP Chief Lauren D. Dummer, and CHP Captain Susan M. Coutts (see Annex B). The workshop described to the

# Assessment

---

participants that during the years 2003-2007 the CHP faced an alarming incidence of suicide. The presentation described the CHP's suicide epidemic, explained the innovative approach to the problem, discussed the successes achieved with the training, and provided each participant with a compact disc copy of the CHP's program.

Many positive remarks were received by those attending the CHP workshop, particularly the innovative use of CHP Peer Support personnel in the statewide suicide prevention training. Also in attendance were stakeholder organizations from all over the world and nation such as: Stockholm, Australia, Singapore, Canada, Germany, United Kingdom, Kennedy Space Center, New York, Washington, and California among others. Members of such organizations as the President of ICISF and adjunct faculty member for the Federal Emergency Management Agency, the Critical Incident Stress Management Network, and the Board of Director of the Atlantic Region of ICISF also acclaimed the Department for its innovation in this troubling topic. The many laudatory comments received following the presentation confirmed for the Department the need to focus on the availability of mental health resources for organizations and their employees, particularly those involved with law enforcement.

## **Recognition by Law Enforcement**

As important as the worldwide recognition was for the Department, the overwhelming favorable response from other law enforcement agencies throughout the country to the Not One More! program was a humbling experience. The CHP has received many requests for presentations and course materials from a variety of law

# Assessment

---

enforcement agencies large and small. A sampling of those agencies includes: the Los Angeles County Sheriff's Department, the Los Angeles Police Department, the New York State Police, the Palm Beach County Sheriff's Department, the Douglas County Sheriff's Department, the North Carolina Highway Patrol, and the National P.O.L.I.C.E. Suicide Foundation, Inc.

"The California Highway Patrol has the best training program by far in the awareness, prevention, and postvention in the area of police suicide."  
--Robert E. Douglas, Executive Director, National P.O.L.I.C.E. Suicide Foundation, Inc.

Robert E. Douglas, Executive Director of the National P.O.L.I.C.E. Suicide Foundation, Inc., and well-known law enforcement educator in the topic of police suicide stated, "The California Highway Patrol has the best training program by far in the awareness, prevention, and postvention in the area of police suicide."

Doctor Gary Lawson, Psy.D and Management Consultant for the MHN stated, " MHN, as the provider of the Employee Assistance Program, is grateful to have been able to offer supportive services to the CHP in their efforts to address the well being and mental health of their staff and officers." These supportive services have included active participation in planning and design of the CHP Suicide Prevention Guide, maintaining an accessible network of counselors and expediting critical services when needed.

# Assessment

---

## Conclusion

The Not One More! program is not just another training program. It is literally a life-saving opportunity. The oath an officer takes when he or she pins on that badge to lay down their life in defense of or to save another is one of the most noble that can be taken. The daily stressors faced by officers in the performance of that duty can easily tarnish even the most resilient if not noticed and addressed early on. Despite the nobility of that badge, and the honor and bravery it represents, the wearer is still a human being and deserving of the same care and attention he or she gives the ordinary citizen each day. All officers are likely to need help sometime during their careers; with eyes trained to spot trouble, it is likely that help will arrive sooner, saving a career (and a life), and again validating the claim of Not One More!

## Epilogue

While the CHP was extremely pleased with the initial outcome of the Not One More! training and the resulting changes departmental culture and awareness, again this program was never thought to be a guarantee of never suffering another suicide. Sadly, in March of 2009, that specter raised its head once again when an officer took his life. Again, the Department as a whole grieved and tried to reconcile the event with what the Not One More! training tried to prevent. However, as painful as this latest event was, there were some differences that pertain directly to the Not One More! program.

The training worked. This individual was noticed; peers and co-workers made a connection, notified others, arranged for the delivery of services, and stood by this

# Assessment

---

officer as he voluntarily made use of rehabilitative assistance. We thought we had him, was the common thought of many involved with this case. The outcome was the opposite of what was hoped; but until that final, personal choice, the program had laid the foundation for a successful outcome and progress was being made.

The pain of this latest loss will linger, as does the pain of loss for the others before. But, the Not One More! program has lifted a dark curtain and brought light to a situation that all in law enforcement share: calling for back-up is no longer limited to situations encountered just on the road.

# Bibliography

---

- Clark, D.W. & White, E.K. (2003). *Clinicians, Cops, and Suicide*. In Hackett, D.P. & Violanti, J.M. (Eds.), *Police Suicide Tactics for Prevention*, Springfield, IL: Charles C. Thomas, Publisher.
- Clark, D.W. & White, E.K. (2000, April). *Law Enforcement Suicide: An Inside Look*. Paper presented at the 33<sup>rd</sup> Annual American Association of Suicidology Conference, Los Angeles, California.
- Clark, D.W., Thompson, D.J., Welzant, V. (2007). *Suicide: Prevention, Intervention & Postvention, 2<sup>nd</sup> Edition*. International Critical Incident Stress Foundation, Inc., Publisher.
- Conroy, D.L. (2001). *Developing a Plan: Helping a Department Heal After a Police Suicide*. In D.C. Sheehan & J.I. Warren (Eds.), *Suicide in Law Enforcement: A compilation of papers submitted to the Suicide and Law Enforcement Conference, FBI Academy, Quantico, VA, September 1999* (pp. 71-82). US Government Printing Office.
- Dansie, E., (2007) *"Not One More" Program of Suicide Awareness and Prevention Developed for the California Highway Patrol*.
- Diamond, D. (2003). *Departmental Barriers to Mental Health Treatment: A Precursor to Police Officer Suicide*. In Hackett, D.P. & Violanti, J.M. (Eds.), *Police Suicide Tactics for Prevention*, Springfield, IL: Charles C. Thomas, Publisher.
- Galdwell, M (2000). *The Tipping Point: How Little Things Can Make a Big Difference*. Little Brown and Company, Publisher.
- Gilmartin, K.M. (2002). *Emotional Survival in Law Enforcement: A Guide for Officers and Their Families*. Tucson, AZ: E-S Press.
- Hackett, D.P. & Violanti, J.M. (2003). *Police Suicide: Tactics for Prevention*. Springfield, IL: Charles C. Thomas, Publisher.
- Kates, A. (1999). *Cop Shock*. Tucson: Holbrook Street Press.
- May, P., (2008, December 16). *California police grapple with officer suicides*. In *Contra Costa Times*.
- Police Suicide: A Special Newslines Series, Part 1-3. (2008, October 30). PoliceOne.com News.
- Reese, J. & Castellano, C., (2007). *Law Enforcement Families: The Ultimate Backu*. Richmond Hill Press.



# Bibliography

---

Ritter, J., (February 8, 2007). *Suicide rates jolt police culture*. In USA Today.

U.S. Department of Health and Human Services National Institute of Mental Health, (2007). *Post Traumatic Stress Disorder*

U.S. Public Health Service (1999). *The Surgeon General's Call to Action to Prevent Suicide*. Washington, DC: USGPO.

Violanti, J.M. (1996). *Police Suicide: Epidemic in Blue*. Springfield, IL: Charles C. Thomas, Publisher.

Violanti, J.M., Vena, J., Marshall, J., Petralia, S., (1996). *A Comparative Evaluation of Police Suicide Rate Validity*, The American Association of Suicidology.

[HTTP://HEAVYBADGE.COM/10REASON.HTM](http://HEAVYBADGE.COM/10REASON.HTM) (2001)

# Agency Information

---

## Key Project Team Members

- Elizabeth Dansie, M.A., Mental Health Professional – Clinical Therapist.
- Retina Shedrick, Associate Governmental Program Analyst for the CHP's Office of Employee Assistance.
- Sara K. O'Neill, Television Assistant, CHP Academy Television Unit.

## Project Contact Person

Name: Susan M. Coutts  
Position/Rank: Captain  
Address: 860 Stillwater Road  
City/State: West Sacramento, CA 95605  
Phone: (916) 375-6960  
Fax: (916) 375-2137  
Email: [scoutts@chp.ca.gov](mailto:scoutts@chp.ca.gov)



# Annex A

---

Not One More!

Course Evaluation Form

# Annex A

---

## Pre/Post-Course Evaluation

**1. I am confident that I know the warning signs of suicide.**

Not at all Confident	Minimally Confident	Somewhat Confident	Confident	Absolutely Confident
-------------------------	------------------------	-----------------------	-----------	-------------------------

**2. I can identify the risk factors and indicators associated with suicide.**

Not at all Confident	Minimally Confident	Somewhat Confident	Confident	Absolutely Confident
-------------------------	------------------------	-----------------------	-----------	-------------------------

**3. I can identify the symptoms of depression in a co-worker.**

Not at all Confident	Minimally Confident	Somewhat Confident	Confident	Absolutely Confident
-------------------------	------------------------	-----------------------	-----------	-------------------------

**4. I feel confident that I have the skills and tools necessary to intervene successfully with a suicidal co-workers.**

Not at all Confident	Minimally Confident	Somewhat Confident	Confident	Absolutely Confident
-------------------------	------------------------	-----------------------	-----------	-------------------------

**5. I know what to do to assist suicide survivors and their organizations in the aftermath of a completed suicide.**

Not at all Confident	Minimally Confident	Somewhat Confident	Confident	Absolutely Confident
-------------------------	------------------------	-----------------------	-----------	-------------------------

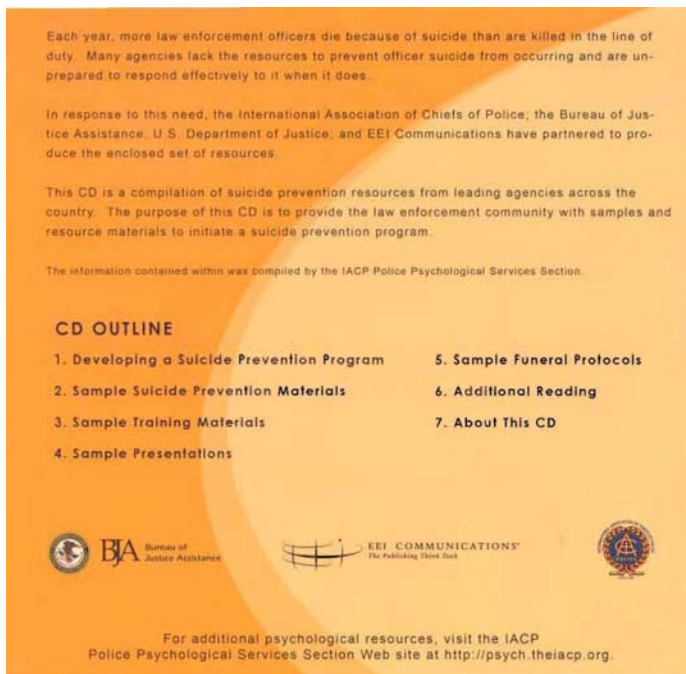
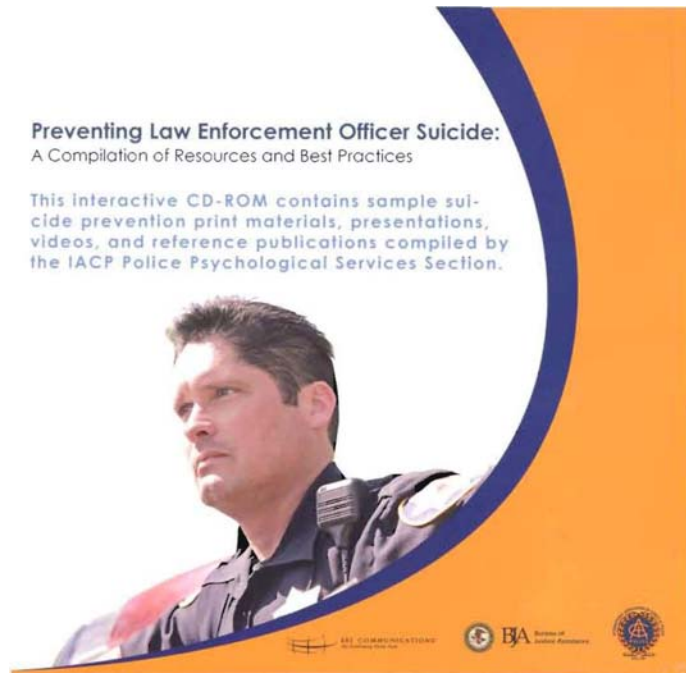
# Annex B

---

Not One More!

International Association of Chiefs of Police  
“Preventing Law Enforcement Officer Suicide”  
Digital Video Disc Cover

# Annex B



The International Association of Chiefs of Police Suicide Prevention program which includes the CHP's Not One More! training program.

# Annex C

---

## Website Information

# Annex C

---

**To access the Not One More! Video please use the following website:**

<http://webdev.chp.ca.gov/html/CHPvid01123erT34vxa.html>

The password is: NotOneMore