

Innovative Interventions and Practices for Suicide Prevention

Spotlight on Kenosha (Wisconsin) Police Department

Mary Van Haute



COPS
Community Oriented Policing Services
U.S. Department of Justice


SPC St. Petersburg College
Center for Public Safety Innovation

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Contents

Introduction	1
History	3
Synopsis of suicide deaths	3
Synopsis of short-term response	4
Lessons learned	5
Development of long-term, ongoing intervention practices.	6
Proactive Peer Support Team	7
Historical perspective.	7
Deployment after the suicide deaths	8
Current status of team	10
Key points: Peer support team as a complementary suicide prevention strategy	10
Media productions—Impetus and Evolution	11
Dedicated Employee Assistance Program (EAP)	15
Key points: EAP as a complementary suicide prevention strategy	16
Chaplaincy	17
Key points: Chaplaincy as a complementary suicide prevention strategy	18
Educated, Inclusive, and Proactive Leadership	19
Accessible resources for internal and external use	21
Modeling, mentoring, and sharing resources	21
Summary	23
About the Author	24
About the COPS Office	25





Introduction

Suicide is complex and multifaceted. Therefore, the approach to suicide prevention must also be multifaceted, integrating innovative ideas that challenge the status quo and create shifts in cultural climate within a community.

The suicide rate among law enforcement is not documented by bureaucratic data, such as the Federal Bureau of Investigation's (FBI) Law Enforcement Officers Killed and Assaulted (LEOKA) report. However, the Centers for Disease Control and Prevention's (CDC) Data and Statistics Fatal Injury Report¹ reveals a higher suicide risk among groups that match traditional demographics of law enforcement agencies. In addition, the nature of the work, the necessary attributes to be an officer, and the access to service weapons can also elevate the risk. Scholarly research on police suicide (ideation, attempt, and death) supports a widely accepted assumption that law enforcement officers are susceptible to PTSD and work-related secondary trauma injuries that can affect mental health, and undiagnosed, untreated mental illness can lead to suicide.²

While the subject of suicide is vast and daunting, the approach to prevention can be straightforward and forthright. The depth and breadth of education and awareness programs vary with the individual needs of each department. Using low- or no-cost existing resources, such as those provided by the International Association of Chiefs of Police (IACP)³ or training programs, such as those provided by St. Petersburg College⁴ are excellent places to begin the process.

Another useful tool is to study successful model programs of other agencies and extrapolate applicable strategies, practices, and procedures. One such agency is the Kenosha (Wisconsin) Police Department. This document spotlights that department's implementation of a broad-based suicide prevention program that encompasses complementary programs of peer support and chaplaincy.

1. Injury Prevention and Control CDC. WISQARSTM — Web-based Injury Statistics Query and Reporting System. <https://www.cdc.gov/injury/wisqars/index.html>.

2. John M. Violanti et al., "Police Stressors and Health: A State-of-the-Art Review," *Policing* 40, no. 4 (2017), 642–656, <https://doi.org/10.1108/pijpsm-06-2016-0097>.

3. "IACP Sample Suicide Prevention," International Association of Chiefs of Police, last modified August 10, 2018, <https://www.theiacp.org/resources/iacp-sample-suicide-prevention>.

4. "In Harm's Way: Law Enforcement Suicide Prevention," St. Petersburg College, accessed May 14, 2020, <https://policesuicide.spcollege.edu>.



History

The city of Kenosha is in the southeast corner of Wisconsin on Lake Michigan midway between Milwaukee and Chicago. It is the fourth largest city in Wisconsin and one of the fastest-growing communities in the state. Founded in 1890, the Kenosha Police Department consists of 203 sworn officers who cover 28 square miles and serve a population of just more than 101,000. The agency has three bureaus: (1) Patrol; (2) Investigations; and (3) Planning, Training, and Services. The department has active drug, special weapons and tactics (SWAT), gang, and bomb units as well as community-oriented programs, including school resource officers, crime prevention, and safety education. More than 80 officers have been trained in Crisis Intervention Teams (CIT), sponsored by the National Alliance on Mental Illness (NAMI).

The Kenosha County Sheriff's Department is the third largest law enforcement agency in the state; within the county, there are three other municipal police agencies. Kenosha City/County Joint Services, a combined effort between the city and county governments, was established in 1982 as a separate government agency to provide the safety support services for the Kenosha City Police and Fire Departments, Kenosha County Sheriff's Department, and various other law enforcement and emergency services agencies.

In the history of the Kenosha Police Department, four officers have died in the line of duty. Then, in 2010, the department lost two officers to suicide in a six-month time period: one on June 16 and another on October 31. While the suicide deaths of these two officers did not serve as a catalyst for the suicide prevention and behavioral health programs that currently exist in the department, they did draw attention to a possible disconnect between policy and practice.

Synopsis of suicide deaths

In the summer of 2010, the Kenosha Police Department experienced its first officer death by suicide. The department was surprised but not deeply rattled; the officer had not had many close friends in the department, and his family had no connection to the agency. The chief personally reached out to the family offering support services regarding the officer's funeral and other administrative details related to his death, but the family declined these offers.

Six months later, the department was shaken by a second suicide, this time of a veteran officer who had been deeply involved with special operations units and had interacted with many of his colleagues and department administration. The chief extended the same offers of assistance with his funeral and other administrative matters, and this officer's family accepted them.

When the first officer died by suicide, unfortunately, few people on the department were surprised. With the second officer, most of the department was in shock; some were in denial; and to this day, there are those who believe it was a homicide rather than a suicide. The chief continues to be confronted by this mindset, which some of his employees retain.

Synopsis of short-term response

Following the death of the first officer, the agency response included the following:

- Activating critical incident stress management (CISM)
- Alerting the existing peer support team to potential issues inherent with suicide death and grief
- Providing support and services to the family of the officer
- Offering assistance to the family in planning the funeral, including an honor guard
- Providing support services to all Kenosha Police Department personnel, including employee assistance program (EAP) and chaplaincy

Following the death of the second officer, the agency response included the following:

- Providing all of the aforementioned items
- Using resources of the Wisconsin Law Enforcement Death Response Team (<https://www.wiledr.org>) for
 - using specific resources on responding to a suicide death;
 - enhancing the CISM process with resources about suicide.
- Providing an educational, after-action session for family members of officers
- Conducting an assessment and evaluation of the resources available through Peer Support as to how they addressed the specific needs of the agency
- Elevating awareness of the well-established chaplaincy program
- Providing additional training on suicide prevention to Peer Support members
- Providing additional training on suicide prevention to all personnel

Lessons learned

- Warning signs of suicide need to be carefully decoded for content and taken within context.
- Warning signs of suicide are often clear when reviewed posthumously.
- No matter the size of the agency, employees can remain isolated, and administrators or peers may know very little about them other than in the context of work performance.
- Family members of officers may not want any interaction or relationship with the department, its members, or the governing bodies.
- Agencies should not assume that family members are supportive of the officer or their career.
- A suicide death will elicit myriad emotions and a wide range of responses among all personnel.
- Administration should be prepared for the range of responses via
 - an empathic view of the family's perspective;
 - policies on officer death, funeral rituals, the rights of the bereaved, and services provided to families;
 - personal assessment of attitude toward mental health and suicide;
 - knowledge about the stigma surrounding suicide death;
 - knowledge about religious views on suicide, including the belief by some people that suicide is a sin;
 - being forthright, perceptive, and consistent with all forms of communication about the officer's death.
- Mental health services provided by EAPs may not adequately meet the needs of police officers.

- Police personnel are more likely to avail themselves of EAPs staffed with experts who use trauma-informed practices⁵ and who are vetted for familiarity with law enforcement than EAPs that do not use trauma-informed practices.
- Peer support is a strong front line of defense against additional trauma.
- Leadership that provides a consistent, inclusive message about the need for mental health training builds an atmosphere of trust and a culture of caring.

Development of long-term, ongoing intervention practices

The Kenosha Police Department made several key realizations following the deaths by suicide of its two officers. These traumatic events began a transformation from the top down and the bottom up that had a positive effect on the culture of the department. In four short years, the Kenosha Police Department, which already had a solid foundation of resources and a participative leadership style, evolved into a model agency promoting comprehensive mental health for all personnel.

Following is a narrative of the ongoing intervention strategies and awareness campaigns within the agency. Many of them would be considered complementary suicide prevention programs as they interface with the specific suicide prevention training used at the Kenosha Police Department. These complementary suicide prevention programs promote good behavioral health and reduce the potential for an acute crisis episode, such as suicidal thinking. Key points are summarized at the end of each component.

5. “Resilient Wisconsin: Trauma-Informed Practices,” Wisconsin Department of Health Services, last modified May 17, 2020, <https://www.dhs.wisconsin.gov/resilient/trauma-informed-practices.htm>.

Proactive Peer Support Team

Historical perspective

The Kenosha Police Department developed a peer support team in the early 1980s. The team was modeled after a well-established group at a larger police department north of Kenosha and incorporated some of the trending practices of critical incident stress management. At that time, approximately 20 officers received formal training in peer support; however, the team was not actively promoted as a resource within the department. Running against the stigma of seeking help and being met with general mistrust within the department, the team was underused and subsequently declined in membership.

Around 2000, the team was revamped and rebranded. A few core members recruited new membership and revitalized the team's mission. The members campaigned to dispel the notion that the team was underused because of lack of trust, concerns about confidentiality, and a fear of being perceived as weak for using mental health resources. They did so through informal conversation and passive advertising pieces to raise awareness of the purpose of peer support and its role in overall good health in a law enforcement career.

One member of the team took the initiative to seek out in-depth, personal feedback from officers. She got the idea while attending a conference on officer-involved shootings. She listened to a panel discussion that included testimony of officers who had used deadly force. There was consensus among the panel that following their shooting incidents, their departments acted quickly to address all administrative and litigious procedures. However, all of the panelists reported that very little was done to provide for the officers' emotional welfare after the shooting.

Armed with this information, she chose to research the history of officer-involved shootings within her department and interviewed each of the officers (active and retired) named in the incidents. The interviews were conducted at times convenient to the interviewees and therefore required her to volunteer her time for a portion of the self-initiated project.

The interviews varied from brief, matter-of-fact recounting of details to lengthy discussions about the incident and the subsequent emotional challenges. Most officers commended the interviewer for her interest in their stories, and some admitted that it was the first time they discussed the incident openly. A consistent theme resonated throughout all the interviews: an opinion that Kenosha Police Department did not attend to their emotional needs after the shooting. The team member asked each interviewee to identify specific things that the peer support team could have done to better serve their needs.

The experience compelled the interviewer to revisit the mission of the peer support team and how it interfaced with administrative policy and procedure. She met with her captain to review the findings of her interviews and discuss ways to address the opinions of those interviewed. They explored how the existing policies could be enhanced to go beyond evidence collection and investigation of the incident to include the emotional welfare of the officer who discharged their weapon. From that meeting, policy was modified to include recommendations from the officers interviewed and incorporate peer support response in officer-involved shootings. All vetted partners agreed that peer support would not interfere with or supersede any investigative procedures or union rights. Peer support would specifically attend to officer mental health such as ensuring that the officer was removed from the scene, provided access to their family and peer support, and given the opportunity to meet with a department chaplain.

This initiative and its direct impact on policy change embodied the new image of the peer support team. A culture shift occurred among the ranks as the team actively demonstrated advocacy for officer well-being. Along with personal conversations through informal communication venues and passive advertising about the team, the team steadily gained momentum earning trust and respect throughout the department.

Deployment after the suicide deaths

Following the first suicide death in 2010, the peer support team worked to increase their visibility by distributing brochures at in-service sessions (see figure 1), at CISM events, and through one-on-one conversations. They also sought ways to get more training in suicide prevention for team members and throughout the department. Following the second suicide death, the team was vigilant in revisiting policies, procedures, and training events to ensure that it was adequately prepared to meet the myriad concerns among the department. They aggressively advertised the services of the team by attending all roll calls over a week-long period—ensuring that every officer was aware of the team, the mission of the team, and how to activate the team and other mental health services available to them. All members of the peer support team were trained in a suicide prevention model, stress management techniques, and other crisis interventions. The chief attended in-service sessions and gave his endorsement of the team. He emphasized how he valued the work of the team and reiterated how his administration would support their mission wholly while maintaining the highest level of confidentiality and integrity.

Figure 1. Peer support team brochure

SPC St. Petersburg College
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Officer Wellness for the LE Family

Why should I be aware of suicide?

- Based on data from the Center for Disease Control, there is a greater chance that a department will experience a suicide than they will a line-of-duty death.
- Suicidal communication is often coded or indirect.
- Family members may see symptoms of depression, poor mental health, or substance abuse that elevate suicide risk before they present at work.
- Suicide is a preventable form of death. Education, awareness, and training encourage conversation that can reduce the risk.

Use courage and compassion to ask about suicidal thoughts. Asking about suicide will not cause it to happen. In fact, it may reduce the risk by opening doors to conversation and help.

Form a safety net of trusted friends, family, and coworkers.

Remember that suicide is not the problem. It's being considered as a solution to a problem.

Build protective factors and practice resiliency to prevent a suicide crisis.

Resources:

National Suicide Prevention Hotline
800-273-TALK (8255)
Option 1 for the Veteran's Crisis Line
Veterans and families text-messaging service: 838255
Safe Call Now 206-459-3020
Your local crisis line, EAP, and/or peer support team

Asking for help is not a sign of weakness; it is a courageous, life-saving step.

Source: Kenosha Police Department

The chief and members of his command staff continued to participate in roll call or in-service trainings on a regular basis for the next year. They presented short information sessions related to good behavioral health and suicide prevention. Updated information about resources and how to activate the peer support team were always included. At the same time, peer support team members were continuing to increase their visibility and look for other unique ways to fulfill their mission. The team met regularly to address concerns and feedback, strategize on training opportunities, and schedule presentations. Whenever a critical incident of any type occurred, they were involved, as outlined by the new policy changes. This provided proven credibility to the mission of the team and the commitment of administration toward a healthy workplace. A litmus test as to the confidentiality of the peer support team came when the team lead reported that they had served 75 officers in a period of two years. The feedback the lead received was positive, with most officers expressing surprise at this data because there were so few rumors circulating about officers needing help.

Current status of team

By 2015, the peer support team had coalesced into a more structured organization with a dedicated officer in charge of the team. Up to this time, selection of team members was random, based on recommendations from the chief and two of the most senior team members. The dedicated officer in charge of the team was chosen because of her initiative during her tenure on the team and her life experience.

With this change, additional strategizing and goals were needed to define the purpose of the dedicated officer in charge of coordinating the peer support team. The team leader was also charged with solidifying team member expectations, creating a membership application for new members, defining length of service on the team, creating confidentiality agreements, vetting service providers, and adding depth and breadth to the team to match the demographics of the agency. All of these efforts are ongoing at the time of this publication. In addition to overseeing these projects, the lead officer coordinates peer support response to critical incidents. She is also committed to aggressively advertising the algorithm of accessing the team. This is done partially through a personal goal of meeting with each member of the department to seek feedback about refining the team. She enjoys meeting new officers as well as seasoned veterans and strives to meld the generational, cultural, and professional differences in their views of staying healthy on the job. She also collaborates with a Milwaukee (Wisconsin) Fire Department colleague to provide training to other agencies on how to establish a peer support team.

In a four-month time period during 2015, the peer support team successfully responded to two officer-involved shootings and was able to assist in de-escalating a dangerous situation when an officer was threatening suicide. Peer support team members were able to “talk him down,” and he is alive today after receiving necessary medical treatment.

Key points: Peer support team as a complementary suicide prevention strategy

- Role and function of the team must be clearly defined.
- A vetting process should be used to ensure that all team members align well with the mission of the team.
- Confidentiality clauses hold team members accountable for their work on the team.

- Aggressive advertising and promotion of the team during non-acute crisis times allows officers to absorb and process information about the team at their discretion.
- A dedicated team leader can market the team, serve as a liaison with administration, and advocate for officers regarding system changes that better serve the officers.
- An active peer support team has a presence throughout the department and can be accessed at any time (during acute or non-acute crisis situations).
- An effective peer support team has membership that is trained in various behavioral health, stress management, and career issues that affect officers throughout their life.
- An effective peer support team has diverse membership with various life experiences.
- Demonstrated administrative support for the work of the team is essential.
- An effective peer support team has support from leadership to develop innovative programs and trainings that will enhance the welfare of the officers.

Media productions—Impetus and Evolution

Through her interviews and meetings with each officer in the department, the peer support team coordinator formulated several initiatives for how to use life experiences of the officers she met as mentoring opportunities. At the same time, the chief was looking to develop a resource that was more dynamic and poignant in addressing the impact of a suicide death on the department. These two concurring initiatives evolved into the production of the following multimedia resources. All but one of the resources was produced entirely with department funds and resources. Many officers donated their time and their skills to create the materials.

Following is a description of each of the media items including the history of their development and some perspectives of the officers involved in the production.

- *The Empty Chair*. A one-minute suicide prevention for law enforcement public service announcement available through YouTube that gives statistics, warning signs, and resources: <https://www.youtube.com/watch?v=NhIRFA67bUc>.

The idea for this video came from the chief as he prepared for the International Association of Chiefs of Police (IACP) National Symposium on Law Enforcement Suicide and Mental Health in July 2013. He envisioned a short yet poignant tool that could be

used at roll call or in-service that would dramatically demonstrate the impact of suicide loss on a department. The content was written and developed by the chief and a suicide prevention specialist from outside the police department.

The scene involves a roll-call room at the Kenosha Police Department. As officers gather in the room, the voice-over begins. A male voice (representing the statistic that more men die by suicide than women) begins to speak, describing the deceased officer. The camera pans throughout the room showing officers from all ranks, administrators, and civilian staff. The video ends with a poignant visual and strong language discouraging the viewer from becoming another statistic. Statistical data open the video; resources end the video.

Some of the themes expressed in the voice-over include the following:

- The officer was a high achiever, well liked, and highly regarded among his colleagues.
- The officer knew that his colleagues would have helped if they had known how to help him.
- The officer asks the viewers to identify the person in need of help.
- Help is available.
- There is no shame in asking for help; it is a life-saving step.

This project took less than two weeks from concept to completion. Participants in the video volunteered their time, and the production of the video was done in-house. It was premiered at the IACP symposium in July 2013 and is now available through YouTube for public use. Response to the video has been predominantly positive particularly because it is brief and effective. Some members of Kenosha Police Department did report, though, that they felt it was a knee-jerk reaction and more of a memorial to the officers who died.

- *Breaking the Silence: Suicide Prevention in Law Enforcement*. Published on July 19, 2014, this 12-minute education and awareness video was created in conjunction with the Kenosha Police Department, the Denver (Colorado) Police Department, the National Action Alliance for Suicide Prevention, the American Association of Suicidology, and the IACP. Funded through the Carson J. Spencer Foundation, the video is also available on YouTube at <https://www.youtube.com/watch?v=u-mDvJIU9RI>. A downloadable video facilitation guide is available at <https://theactionalliance.org/sites/default/files/leguide.pdf>.

The video originated during the IACP's National Symposium on Law Enforcement Suicide and Mental Health after the chief presented the Empty Chair video. Networking with other attendees led to the proposal of elaborating on the premise of the short video and creating a longer video with more depth. The Carson J. Spencer Foundation is based in Colorado, and its mission is to develop innovative ways to prevent suicide in schools, homes, and businesses. The concept fit well into the foundation's mission, and it embraced the opportunity to produce the video featuring staff from the Kenosha and Denver Police Departments.

Some officers of the Kenosha Police Department reported that this video was more effective than the one-minute video. They said it was a better representation of the emotional response to the suicide death of the second officer. Their personal testimonies articulate clearly the impact his death had on the agency. It validated what other officers might have been experiencing or feeling and gave them permission to speak about it openly.

The collaborative effort with another agency and endorsements from police administrators (including the current president of the IACP) gave credibility to the idea that suicide occurs across the ranks and across the nation. It sent a strong message that no department should presume suicide will not happen in their agency and that hindsight is painful. Personal testimonies revealed how the widespread culture of image armor, an emotional toughness seen as a necessity of the job, can conflict with basic emotional needs that occur throughout an officer's career. Support personnel (chaplains, department psychologists, peer support team members) stress how mental health services are a "pay now or pay later" expense and that the expense can be minimized during less acute stages of crisis with simple, inexpensive tools such as empathic listening. Two interviews with administrators reiterate that a culture of care message must be highly visible and permeate all levels and bureaus of the agency in order for any suicide prevention strategy to be effective.

The video concludes with suicide warning signs, risk factors, and resources for use in strengthening existing suicide prevention programs or building a new program.

- *In-house Peer Support Team Promotional Videos.* Following her interviews with current and retired officers, the peer support coordinator brainstormed on how she could use their life experiences as a mentoring tool within the agency. She acknowledged that having the officers speak with her and provide testimony to the effectiveness of peer support

services intervention was important, yet they were doing so in a safe environment. She wanted to take this testimony to a broader level without compromising the trust these officers had placed in her or putting the officers at risk of ridicule by their peers.

The peer support coordinator formulated a plan that she first presented to the chief and her colleagues on the peer support team. They discussed the potential risks and rewards of the project. These people reinforced her assumption that the reward would outweigh the risk, and they provided guidance on getting buy-in from the potential interviewees.

She then approached the officers with her idea to videotape a one-on-one conversation between herself and the officer that would tell the story of their personal experience with mental health issues and how intervention from the peer support team had a positive impact on their lives. The goal was to have them serve as a mentor by describing a difficult time in their life, how the intervention took place, how they have benefited from services, and how their life has changed in a positive manner. Several officers were considered for the project, and eventually three accepted the challenge.

Prior to the taping, the officers expressed that they understood the value of the project. However, all of them felt some reluctance as they knew the risk involved. They met prior to the taping to discuss potential concerns and provide support to one another. Even after this support, they still had concerns. One officer reported that right up to the time of the taping, he had doubts. However, he reached a tipping point on the risk/reward spectrum deciding that the one or two people who might pass judgment on him based on his testimony should not overshadow the potential benefit to many others on the department.

The videos are used in roll call as models and mentors for other officers who may be in need of help but struggling with the stigma or process of seeking help. The response has been positive and has yielded results that the peer support coordinator and the interviewees had not expected, such as seasoned veterans of the department seeking out the officers interviewed and thanking them for their courage.

- The department is currently writing the script for another in-house video resource designed to reduce the stigma of seeking help. It focuses on how willing officers are to help others in crisis compared to how resistant they are to get help for themselves.

Dedicated Employee Assistance Program (EAP)

While the City of Kenosha has had an EAP, the peer support director researched the effectiveness of the program in meeting the needs of Kenosha police officers. She met with the administrator overseeing the EAP as a liaison for the officers. She gave the administrator feedback directly from the officers about their experiences. She also asked how many care providers were trauma-informed and experienced with the helping professions. She then asked about how she could advocate for extended coverage.

As a result of her meeting with the administrator, the EAP now has more therapists experienced in the treatment of post-traumatic stress disorder (PTSD) and other career-related traumas. Acknowledging that police officers experience the same type of stressors as any city employee (financial, relationship, communication), the peer support coordinator wanted to be sure that there were sufficient therapists who were educated and experienced in treating trauma.

In addition, the department uses a company that provides experienced mental health therapists and training opportunities that address specific needs of law enforcement. The relationship between Kenosha Police and Perspectives, a workplace health consultant in Chicago, began when the chief got involved in a subcommittee of the National Suicide Action Alliance Network dedicated to workplace suicide prevention. It evolved through frank, in-depth conversations between the chief and the owner of Perspectives regarding how EAPs and police departments can better serve all involved.

As a result of this relationship, Perspectives provides the training for the peer support team. Their therapists are available to the Kenosha Police Department as needed for emergent or specialized counseling services.

Key points: EAP as a complementary suicide prevention strategy

- A representative of the police department should be involved in the vetting process for an EAP to ensure that the vendor selected to serve the city can meet the specific needs of law enforcement officers.
- EAPs should include trauma-informed therapists who can more readily assist officers who present with post-traumatic stress or accumulated career stress.
- Departments should be willing to approach the employee assistance provider to provide feedback from officers as to the effectiveness of the service.
- EAP directors should be open and responsive to feedback.
- Counseling sessions with an EAP should be long enough (minimum six weeks) to provide for trust building and relationship building before a treatment or care plan begins.
- Transitioning from an employee assistance counselor to a specific therapist (if necessary) should be streamlined and allow for the officer's input.

Chaplaincy

The chaplaincy program at the Kenosha Police Department began around the same time as the first peer support team in the early 1980s. An officer is assigned as the Chaplain Liaison Officer, and the person currently serving in that position has done so for nearly 20 years. The officer's role is to organize the trainings, monthly meetings, and functions of the chaplains. The chaplains volunteer their time but must apply for the position. All department chaplains must fill out an application, go through a background check, and participate in a personal interview with the Chaplain Liaison Officer and the peer support team coordinator. Recommendations for the chaplain corps are then presented to the chief, who makes the final decision.

Chaplains are not remunerated, but they are provided department IDs and some clothing (jackets and polo shirts) that identify them as chaplains. The program includes a diverse staff that has built trust and respect among the officers. Because the five chaplains are immersed in routine department activities, such as in-service trainings, their presence at a time of crisis does not create discomfort or suspicion. They distribute monthly letters of support for all officers, participate in ride-alongs on a frequent basis, and visit officers and officer family members who are injured, sick, or hospitalized. They also assist as needed in CISM debriefings, provide counseling to officers on financial and relationship issues, and have presided at the funeral of officers or retired officers. They receive the same training as the department's peer support team and are members of the International Conference for Police Chaplains (ICPC).

Kenosha Police Department Chaplains say immersion in the agency through ride-alongs and attendance at in-service trainings provides an opportunity to learn more about the behavioral and mental health of the people they serve. It also creates a conduit for officers to comfortably share their thoughts or emotional reactions to the stressors of the job or stressors of daily life. This embodies suicide prevention principles at the less acute crisis stage.

Key points: Chaplaincy as a complementary suicide prevention strategy

- An officer serving as the liaison between the chaplains and the agency assures accountability, responsibility, and continuity of the chaplaincy program.
- Chaplains should engage in other department activities in addition to ride-along programs to maintain high visibility.
- Building trust between chaplains and officers requires commitment and a willingness on the part of the chaplain to learn more about the police culture and psyche.
- Trust building and educational opportunities develop when chaplains are included in in-service events, training activities, and social aspects of the department.
- Chaplains who volunteer time to meet with officers concerning financial or relationship issues are providing upstream suicide prevention that may minimize acute crisis situations.
- A chaplaincy program should not exist only on paper, implying it is surreptitious or ceremonial in nature.

Educated, Inclusive, and Proactive Leadership

All administrators are expected to attend mental health training provided to line officers. Chief Daniel Miskinis is involved with mental health issues in law enforcement on a local, state, and national level. He serves on work groups with the IACP, sat on the National Action Alliance for Suicide Prevention Workplace Task Force (see figure 2 and sidebar), and serves on other projects in his capacity as a law enforcement executive. This participation sends a strong statement that the Kenosha Police Department is part of a solution rather than part of a problem. Peers, officers, and city administrators respect his leadership on the national level.

Figure 2. National Action Alliance for Suicide Prevention Workplace Task Force website



Source: "Breaking the Silence: Suicide Prevention in Law Enforcement Video," National Action Alliance, accessed October 7, 2020, <https://theactionalliance.org/resource/breaking-silence-suicide-prevention-law-enforcement-video>.

National Action Alliance for Suicide Prevention Workplace Task Force members

The members of this task force produced the video in figure 2 and assisted with the preparation of this report.

Sally Spencer-Thomas, PsyD

Co-Lead Private Sector
CEO and Co-founder, Carson J. Spencer
Foundation

Yost Zakhary, MA

Co-Lead Private Sector
Immediate Past President, International
Association of Chiefs of Police
Public Safety Director, City of Woodway, Texas

Bob Anadell

Executive Director, Building and Construction
Resource Center

Deborah Atkins, PhD

EAP Administrator, U.S. Postal Service

Judy Beahan, LMSW

Director, Clinical and Network Operations,
Crisis Care Network

Dave Dias

Vice President, Board of Directors, InterWest
Insurance Services
Founder and Chairman,
InsuranceThoughtLeadership.com

Jeff Dill, MA

Assistant Chief, Palatine Rural Fire
Department
Founder, Firefighter Behavioral Health
Alliance

Bernie Dyme, AM

President and CEO, Perspectives Ltd.

Donna Hardaker

Director, Wellness Works, Mental Health
America of California

Ben Harrington, MA

Executive Director, Mental Health Association
of East Tennessee

Michelle Holmberg, MA

Director of Programs, Workplace Response
NDS, Screening for Mental Health, Inc.

Jodi Jacobson Frey, PhD, LCSW-C

Associate Professor, School of Social Work,
University of Maryland

Patricia (Tricia) Kagerer, MA

Vice President, CF Jordan Construction

Irv Kooris

Director, Associate Services, Medical &
Health Management, The Home Depot

Clare Miller

Director, Partnership for Workplace Mental
Health, American Psychiatric Foundation

John W. Morrissey

Chief, Kenosha (Wisconsin) Police Department

Rich Paul, MSW

Senior Vice President, ValueOptions

Candice Porter, MSW, LICSW

Executive Director, Screening for Mental
Health, Inc.

Kelly M. Andreoli

Clerical Supervisor, Kenosha Police
Department
Staff support

The chief also requires administrators to present regularly at in-service training on the subject of stress management, behavioral health, and suicide prevention. Administration also participated in the production of the videos cited on pages 11–14. This illustrates the belief that mental health concerns and suicide in law enforcement cross the strata of the agency.

Accessible resources for internal and external use

Wallet cards with information on maintaining good overall health, peer support, and accessing appropriate resources are given to all personnel. Brochures and posters on the available services are omnipresent. They are refreshed and replenished on a regular basis.

Modeling, mentoring, and sharing resources

Personnel at all levels of the department consistently provide resources and services to other law enforcement agencies, mental health providers, and suicide prevention coalitions. The department currently has two officers trained to present QPR (Question, Persuade, Refer). They share model programs and willingly mentor other agencies interested in starting programs such as peer support teams. An example of their involvement in community resources (see figure 3 on page 22) can be found on the Suicide Prevention Resource Center (SPRC) website under the library and resources tab: <http://www.sprc.org/sites/sprc.org/files/LawEnforcement.pdf>.

Further evidence of the department's commitment to suicide prevention and good mental health can be seen in the way officers respond to their constituents (see figure 4 on page 22).

Figure 3. Law enforcement involvement in suicide prevention brochure, page 1



Source: *The Role of Law Enforcement in Preventing Suicide* (Waltham, MA: Suicide Prevention Resource Center, 2013), <http://www.sprc.org/sites/default/files/resource-program/LawEnforcement.pdf>.

Figure 4. Kenosha Police Department Facebook post



Source: Kenosha Police Department, "The 3rd annual Police and Firefighters Ball was a success Saturday night," Facebook post, March 9, 2015, https://www.facebook.com/permalink.php?story_fbid=10153101418282207&id=55321332206.

Summary

The suicide deaths of two officers in a six-month period in 2010 was distressing and baffling for the Kenosha Police Department; however, they did not cause disruption or dysfunction. Instead of dismantling existing services, the deaths provided an opportunity to revisit existing services for the purpose of improving and enhancing them to meet the needs of their employees. Through assertive, proactive programming and training, the department has become a model agency for good behavioral health and suicide prevention awareness among all members of the agency. Strategic planning and budgeting ensure that the programs and trainings will be sustained.





About the Author

Mary Van Haute, a retired college educator, has 30 years' experience in adult education. Her avocation includes years of service to law enforcement related organizations including the coordination of National Police Week ceremonies in Green Bay, Wisconsin, where she spearheaded a campaign to build a local tribute to law enforcement.

Mary is a master trainer for the QPR Institute in Spokane, Washington, specializing in suicide prevention training for law enforcement. She also serves as a liaison between law enforcement and area suicide prevention coalitions. As a member of Wisconsin's statewide coalition, Prevent Suicide Wisconsin, she has presented at numerous conferences, advocated for law enforcement mental health issues, and secured private and public grant dollars for law enforcement suicide prevention training throughout Wisconsin. One of the founding members of Wisconsin's LEDR (Law Enforcement Death Response) Team, Mary has been an outspoken advocate for officer safety through mental health education and has served as a resource for families and departments who have lost a loved one to suicide. She has been a regular presenter at CIT trainings throughout Wisconsin speaking on the subject "taking care of our own." She is also experienced in suicide prevention training for EMS and fire personnel.

About the COPS Office

The **Office of Community Oriented Policing Services (COPS Office)** is the component of the U.S. Department of Justice responsible for advancing the practice of community policing by the nation's state, local, territorial, and tribal law enforcement agencies through information and grant resources.

Community policing begins with a commitment to building trust and mutual respect between police and communities. It supports public safety by encouraging all stakeholders to work together to address our nation's crime challenges. When police and communities collaborate, they more effectively address underlying issues, change negative behavioral patterns, and allocate resources.

Rather than simply responding to crime, community policing focuses on preventing it through strategic problem-solving approaches based on collaboration. The COPS Office awards grants to hire community policing officers and support the development and testing of innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders, as well as all levels of law enforcement.

Since 1994, the COPS Office has invested more than \$14 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention initiatives, and provide training and technical assistance to help advance community policing. Other achievements include the following:

- To date, the COPS Office has funded the hiring of approximately 130,000 additional officers by more than 13,000 of the nation's 18,000 law enforcement agencies in both small and large jurisdictions.
- Nearly 700,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations and the COPS Training Portal.
- Almost 500 agencies have received customized advice and peer-led technical assistance through the COPS Office Collaborative Reform Initiative Technical Assistance Center.
- To date, the COPS Office has distributed more than eight million topic-specific publications, training curricula, white papers, and resource CDs and flash drives.
- The COPS Office also sponsors conferences, round tables, and other forums focused on issues critical to law enforcement.

COPS Office information resources, covering a wide range of community policing topics such as school and campus safety, violent crime, and officer safety and wellness, can be downloaded via the COPS Office's home page, <https://cops.usdoj.gov>.



This comprehensive project focused on strengthening programs that help families support officers in mental or emotional crises or considering suicide. The suite of six publications includes four reports documenting innovative interventions currently being used around the country, one protocol for agencies on how to address an officer suicide, and a resources abstract. This publication, *Innovative Interventions and Practices for Suicide Prevention: Spotlight on Kenosha (Wisconsin) Police Department*, is a useful tool to study various successful model programs of other agencies and extrapolate applicable strategies, practices, and procedures. One such agency is the Kenosha (Wisconsin) Police Department. This document spotlights their implementation of a broad-based suicide prevention program that encompasses complementary programs of peer support and chaplaincy.



COPS

Community Oriented Policing Services
U.S. Department of Justice

U.S. Department of Justice
Office of Community Oriented Policing Services
145 N Street NE
Washington, DC 20530

To obtain details about COPS Office programs,
call the COPS Office Response Center at 800-421-6770.

Visit the COPS Office online at cops.usdoj.gov.

SPC St. Petersburg College
Center for Public Safety Innovation

St. Petersburg College
P.O. Box 13489
St. Petersburg, FL 33733-3489

<https://cpsi.spcollege.edu/>

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