

Theodore P. Smith, President • New England Chiefs of Police

2016



91st ANNUAL CONFERENCE

Congratulations Theodore P. Smith, the Board of Officers, the Executive Board and the Chiefs of Police and their families for a productive and successful year.

Best wishes to the new Board of Officers and Executive Board on the commencement of their term of office.

Special thanks to the Chiefs of Police, the business and professional community and many individuals for their continued support as we begin the Annual Publication for 2015–2016.

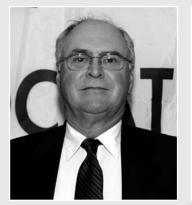
TABLE OF CONTENTS

Board of Officers 2015 – 20162
Officers and Executive Board
Past Presidents
Message from the President4
Life Members5
Committees 20166
Annual Conferences
NEACOP Highlights7, 10, 11, 17
Active Members
Professional & Associate Members12
Cases of Interest to Law Enforcement13-16
Sustaining Members
Code of Ethics



Special thanks to photographer Chief Peter King (Ret.)

BOARD OF OFFICERS 2015–2016



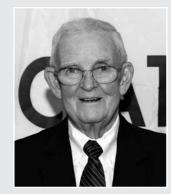
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Chief Douglas Johnston Springfield, VT **Incoming President**



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Chief Ross A. Atstupenas Blackstone, MA 2nd Vice President



Chief Theodor G. Short Eliot, ME 3rd Vice President



Chief Michael E. Metzler Seymour, CT 4th Vice President



Chief Brian W. Sullivan Lincoln, RI 5th Vice President



Chief Robert Cormier Tilton, NH Sergeant-At-Arms



Chief George L. Kelley, III Pawtucket, RI Treasurer



Chief Louis J. Fusaro, Sr. Norwich, CT Secretary

NEW ENGLAND ASSOCIATION OF CHIEFS OF POLICE 2015–2016

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JUSTICE SYSTEMS TRAINING & RESEARCH INSTITUTE Robert W. McKenna, Bristol, RI

Peter King, Raynham, MA

1926-28	GEORGE HILL Worcester, MA
1928-29	,,, _,, _
1929-30	CHARLES WHEELERBridgeport, CT
1930-31	FREDERICK COEWoonsocket, RI
1931-32	H. ALLEN RUTHERFORD Brookline, MA
1932-33	HARRY ROWEAuburn, ME
1933-34	MICHAEL HEALYManchester, NH
1934-35	GEORGE ABBOTT Wallingford, CT
1935-36	EDWARD TIGHERevere, MA
1936-37	THOMAS CROWLEYBangor, ME
1937-38	MICHAEL CARROLLMeriden, CT
1938-39	ARCHIE BULLOCKW. Harwich, MA
1939-40	GEORGE COLLETTECentral Falls, RI
1940-41	GEORGE HUBBARDLaconia, NH
1941-42	WILLIAM ROACH Waterbury, CT
1942-43	MELVIN MOORESpringfield, VT
1943-44	WILLIAM KINDELAN Warwick, RI
1944-45	RALPH STEARNSNashua, NH
1945-46	THOMAS GODLEYFitchburg, MA
1946-47	THOMAS JOHNSONLewiston, ME
1947-48	KENNETH HOWLAND Woodbridge, CT
1948-49	NELSON BOURRETCranston, RI
1949-50	ARTHUR MCISAACConcord, NH
1950-51	FRANCIS CONEBennington, VT
1951-52	WILLIAN CALLAHAN Athol, MA
1952-53	EARL BRADBURYBrewster, ME
1953-54	WALTER SANDSTROM W. Hartford, CT
1954-55	ANTHONY FERRERABristol, RI
1955-56	CHARLES DUNLEAVYLaconia, NH
1956-57	JAMES MULCAHYNewport, VT
1957-58	ROBERT HILDRETH Winchendon, MA
1958-59	ROLAND AMNOTTLewiston, ME
1959-60	JOHN LYDDYBridgeport, CT
1960-61	WILLIAM BOYLECumberland, RI

1961-62 FRANCIS Mo 1962-63 GEORGE HE 1963-64 MICHAEL K 1964-65 RALPH WILL 1965-66 THOMAS SU 1966-67 JOSEPH STE 1967-68 RICHARD FI 1968-69 ARTHUR CA 1969-70 WILLIAM FI 1970-71 ROBERT WA 1971-72 G. ROBERT T 1972-73 MATTHEW 1973-74 HAROLD KN 1974-75 REGINALD H 1975-76 PATRICK RY 1976-77 WILLIAM M 1977-78 FREDERICK 1978-79 GEORGE RO 1979-80 CHARLES RI 1980-81 THOMAS TA 1981-82 JOHN D. COY 1982-83 ALBERT SM 1983-84 CLARENCE 1984-85 WILLIAM LA 1985-86 BRIAN BURI 1986-87 GILBERT CA 1987-88 JOSEPH CON 1988-89 WILLIAM CA 1989-90 GEORGE ME 1990-91 MADISON B. 1991-92 ALLVIN LEO 1992-93 WAYNE SOU 1993-94 WILLIAM E. 1994-95 CRAIG B. HA

PARLIAMENTARIAN Charles D. Reynolds, Dover, NH

STAFF PHOTOGRAPHER

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cGRANAGHAN	Manchester, NH
BERT	St. Albans, VT
ELLY	Clinton, MA
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JLLIVAN	.Wethersfield, CT
TKIEWICZ	Central Falls, RI
LYNN	Dover, NH
RRON	Burlington, VT
ITZPATRICK	.Milford, MA
GNER, JR	Bath, ME
TRIANO	Southington, CT
	Woonsocket, RI
JOWLTON	.Laconia, NH
BELVILLE	.Brattleboro, VT
DER	Lancaster, MA
IACDONALD	
SULLIVAN	Waterbury, CT
СНА	E. Providence, RI
EYNOLDS	Dover, NH
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7LE, JR	N. Attleboro, MA
ITH	Camden, ME
DRUMM	.E. Hartford, CT
AWTON	Scituate, RI
KE	Lee, NH
AREY	Chester, VT
NELL	.Westford, MA
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ERRIAM	Cheshire, CT
AILEY, JR	Portsmouth, RI
NARD	Lancaster, NH
RDIFF	.Waterbury, VT
	.Middleboro, MA
\LL	.Falmouth, ME



The New England Association of Chiefs of Police, Inc.

(Established 1926)





Office of the President CHIEF THEODORE SMITH P.O. Box 488 Lincoln, NH 03251 (603) 745-9000 Fax: (603) 745-8694 Email: tpsmith@roadrunner.com

Dear Friends and Colleagues

The New England Association of Chiefs of Police is an organization comprising the finest group of law enforcement professionals in the country. The organization has committed itself to representing the highest standards of honesty, commitment and professionalism. To serve as the association's President is one of the highest honors that has been bestowed on me.

The Association is made up of numerous members who have devoted themselves to serve through various committees to enhance and protect the standards that we hold sacred in law enforcement.

Chief Jack Coyle (Mr. NEACOP) guides us and has provided me with a vast amount of assistance and works hard to assist the association in moving forward. He also ensures that our association takes care of families of our fallen officer if the need arises.

Our Community Police Committee lead by Chief Rick Hayes, after working hard reviewing application has awarded two awards this year to Jamestown, RI and Putnam, CT. Both were rated as exceptional in this category and should be congratulated.

The association also provides the Medal of Honor and other awards to deserving officers throughout New England. This Committee led by Chief Ted Short has continued to do a tremendous job reviewing all the applications that are submitted.

This year while we continue our hard work, is also one of reflection. We are looking at developing a strategic plan as we move forward reaching our 100 years in serving Police Chiefs throughout New England. Like all organization we realize that we need to continually evolve worked on the foundation of that plan this year.

I want to congratulate Chief Doug Johnson on putting together a great Conference and as he takes over the leadership of our organization, I know it is left in the best of hands.

Sincerely

Theodore P Smith President



NEW ENGLAND ASSOCIATION OF CHIEFS OF POLICE

Arena, John Armitage, Paul F. Bailey, Madison A. Barcellos, Peter F. Barkhouse, John R. Barretto, John M. Barry, Kevin Basile, John P. Bastian, Arthur G. Beebe, John C. Betro, Armando Bonney, Sherman C. Borowski, Joachim-ingo Botelho, John J. Braga Jr, Richard A. Breiling, H. Frank Brooker, Donald F. Brouillette, Armand Burke, Brian Burke, David I. Burke, Gene Campbell, Raymond Campbell, Robert D. Carroll, John F Carter, Richard G. Chapman, Robert F. Charamut, Gerald R. Ciarleglio, Richard Clisham, Dennis E. Collamati Jr, Joseph Colleary, William J. Connell, Joseph R. Coyle, John Daly Cullen, Walter D. Curran, John P. D'alessandro, Michael Decastro, Anthony Desmarais, John R. Dias, Gary Diblasi, George J. Dicarlo, James X.

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Article 7: Section 1 Constitution & By-Laws

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ANNUAL CONFERENCES

1939	PARKER HOUSE	,
1940	HOTEL VERMONT	
1941	MT. WASHINGTON, Boston	Woods, NH
1942	NASHUA COUNTRY CLUB	Nashua, NH
1943-1945	POLAND SPRING HOUSE	Poland Spring, ME
1946	MT. WASHINGTON, Bretton	Woods, NH
1947-1948	POLAND SPRING HOUSE	Poland Spring, ME
1949	WENTWORTH BY THE SEA	Portsmouth, NH
1950	POLAND SPRING HOUSE	Poland Spring, ME
1951	THE BALSAMS, Dixville	
1952-1953	POLAND SPRING HOUSE	Poland Spring, ME
1954	WENTWORTH BY THE SEA	Portsmouth, NH
1955	POLAND SPRING HOUSE	Poland Spring, ME
1956	MT. WASHINGTON	
1957	WENTWORTH BY THE SEA	Portsmouth, NH
1958	THE BALSAMS	Dixville Notch, NH
1959	POLAND SPRING HOUSE	Poland Spring, ME
1960	WENTWORTH BY THE SEA	Portsmouth, NH
1961	THE BALSAMS, Dixville	Notch, NH
1962	POLAND SPRING HOUSE	oland Spring, ME
1963	MT. WASHINGTON, Bretton	
1964	WENTWORTH BY THE SEA	Portsmouth, NH
1965	POLAND SPRING HOUSE	Poland Spring, ME
1966-1977	MT. WASHINGTON	1 0
1978	SHERATON VIKING	Newport, RI
1979-1984	MT. WASHINGTON	

1985	SEACREST MOTOR INN	Falmouth, MA
1986	THE BALSAMS, Dixville	Notch, NH
1987-1989	MT. WASHINGTON	Bretton Woods, NH
1990	SEACREST MOTOR INN	Falmouth, MA
1991-1992	THE BALSAMS, Dixville	Notch, NH
1993	RADISSON HOTED, Burlington	Burlington, VT
1994-1995	TARA HYANNIS HOTEL & RESORT	Hyannis, MA
1996-1997	SHERATON FOUR POINTS HOTEL	No. Conway, NH
1998	KILLINGTON GRAND RESORT	Killington, VT
1999	SHERATON HYANNIS RESORT	
2000	SHERATON RESORT	South Portland, ME
2001	SAYBROOK POINT INN	Old Saybrook, CT
2002	PROVIDENCE MARRIOTT	Providence, RI
2003	WENTWORTH BY THE SEA	
2004	CLARION HOTEL	South Burlington, VT
2005	SEA CREST RESORT	North Falmouth, MA
2006	DOUBLE TREE HOTEL	Portland, ME
2007	SAYBROOK POINT INN	Old Saybrook, CT
2008	SEA CREST RESORT	North Falmouth, MA
2009	ASHWORTH BY THE SEA HOTEL	Hampton, NH
2010	DOUBLE TREE HOTEL	Burlington, VT
2011	SEA CREST BEACH HOTEL	
2012	ASHWORTH BY THE SEA HOTEL	Hampton, NH
2013-2014	RADISSON PLYMOUTH HARBOR	
2015	ASHWORTH BY THE SEA	Hampton, NH
2016	WOODSTOCK INN	

NEW ENGLAND ASSOCIATION OF CHIEFS OF POLICE 2016 Highlights







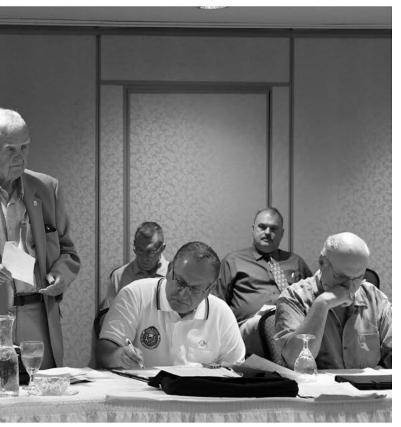








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NEW ENGLAND ASSOCIATION OF CHIEFS OF POLICE ACTIVE MEMBERS

CONNECTICUT

Ackley, Margaret Baker, Alan D. Boyne, Shawn M. Canelli, Matthew J Cappiello, Frank P. Caron, David A. Cox, Sean P. Custer, Michael D. Daly, Jack Dittman, William, D. Dooley, Joseph M. Drumm, John Edson, Christopher Edwards, Timothy Finch, Jeffrey W. Fitzgerald, Paul Fitzgerald, William T., Jr Flaherty, Thomas E. Fuchs, Douglas S. Fusaro, Louis J., Jr. Fusaro, Louis J., Sr. Gadett, Joseph L., Jr. Gagne, Robert Gavallas, John Gould, Brian Gove, Tracey G. Hayes, Rick L. Heavey, James J. Hotsky, Jeffery J. Hurliman, Joel W. Hutchinson, Jeffrey C. Ingvertsen, Peter Kenny, James L. Lee, Walter, Jr Lombardo, Michael Lovello, Duane J. Macnamara, Gary Maniago, Michael Marcucci, Gene Maruzo, Lisa Mckenna, William N. Metzler, Michael Montgomery, Robin Montminy, Marc, L. Narowski, Gerald Rinaldo, Mark Roche, John S. Rodriguez, Edgar Salvatore, John L. Sansom, Scott Sferrazza, Carl, J.

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Carmichael, John F. Jr.

NEW ENGLAND ASSOCIATION OF CHIEFS OF POLICE ACTIVE MEMBERS

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NEW ENGLAND ASSOCIATION OF CHIEFS OF POLICE 2016 Highlights

















































NEW ENGLAND ASSOCIATION OF CHIEFS OF POLICE

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Abany, Samuel Alven, John Archer, Frank Baterman. Larry Baxter, Kerry Baynard, Donald D. Bazarewsky, Todd Belanger, David Benford, Shumeane Benoit, Andy Bettencourt, Anthony Bitomske, Lee Blinn, Raymond Boe, Vegar Bonney, James Booth, Andrew Bourgeois, Frank Bousquet, Robert boyle, Timothy F. Brck, Timothy brennan, Michael brennan, Stephen J. Brown, Richard N. Bruno, Daniel Buckley, Conrad Buckley, Mark cain, Jeffery M. Calvello, Thomas Canuel, Peter Carrier, Mark carroll, Sean ciampoli. Anthony cinci, Chris cochran, Charles collins, John M. Cook, Daniel L. Cooper, Maurice A. Cota, Andrew L. Crosby, Robert Cryan, Thomas Cummings, James Cusson, Marc L. Daigle, Eric Daley, Patrick I. Dalrymple. Nancy J. Dantona, John Davis, Corey Davis, Owen Day, Donald Dchiczzo, Eric Default, Joseph Denigris, Joseph Dessert, Earl J Desv, Steve Diflumeri. Robert Dimitres, John E. Distefano, Don Dorgah, Daniel M. Dunn, Christopher A Dunn, John Edwards, Paul A. Ellinwood, Darren D. Eno, Gerry

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KEEPING OUR HEROES SAFE: A Comprehensive Approach to Destigmatizing Mental Health Issues in Law Enforcement

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In police culture, a major obstacle that impedes the maintenance of The suicide of a police officer is a tragedy on multiple levels: the senseless psychological health is the stigma attached to asking for help. Law loss of the officer's life to his or her family, community, department, and the enforcement culture values strength, self-reliance, controlled emotions, law enforcement profession. Recent estimates on national law enforcement and competency in handling personal problems. These values discourage suicides were reported to be 141 in 2008 and 126 in 2012.1 Although these help-seeking behavior, and there is a sense of having lost control by asking numbers do not indicate higher rates than a matched demographic group someone else to help fix the problem. If these values are held too rigidly, an in the general population, leaders can support a continuum of prevention officer can feel weak, embarrassed, and like a failure for seeking help from strategies that reduces the stigma associated with asking for help and others. One study found that stigma and help-seeking attitudes were inversely culturally deters police suicides. The fact that suicidal urges could overcome related.3 In other words, a person facing a higher level of stigma for seeking one of our "heroes behind the badge" can be shocking and unthinkable, and, help was less likely to have a help-seeking attitude. This generates concern for so long, it was the secret law enforcement dared not discuss. for officers who unconditionally conform to the traditional values of law enforcement culture-they will be more likely to avoid seeking help, even Many in the law enforcement profession have begun to discuss this "secret" when distressed, and potentially pay the price of detrimental health effects.

in hopes of reducing future police suicides. The International Association of Chiefs of Police (IACP) has initiated efforts to break this silence, as Because police officers often respond to the seriously mentally ill, police may evidenced by past conference presentations, magazine articles, and the recent hold a skewed view of what mental illness looks like. Although the Centers for National Symposium on Law Enforcement Officer Suicide and Mental Health Disease Control (CDC) has determined that the incidence of mental illness ("Breaking the Silence").2 The wider law enforcement community is also in the United States is 25 percent of the adult population with the majority of embracing the concepts of wellness and resiliency with innovative programs these disorders being treatable anxiety and mood disorders (e.g., depression), aimed at promoting the overall health and well-being of law enforcement the limited exposure to only the seriously mentally ill by police officers officers. Familiar concepts such as training, coaching, and mentoring apply contributes to the stigma against using mental health services. Moreover, the not only to the success of becoming officers, but also to the resiliency officers law enforcement profession's notorious reluctance to ask for help, fear of being develop throughout their careers by successfully adapting and thriving in the viewed as weak or unreliable by their brothers and sisters in law enforcement, profession despite the many adversities encountered. or fear of being labeled psychologically unfit to perform their duties impairs officers' willingness to make use of tertiary mental health services.

The Stress-Distress-Impairment Problem

Supervisors can unintentionally reinforce the value of being too self-reliant by not encouraging peers and subordinates to seek help when significantly distressed. A study by a team of researchers found that men who endorsed greater restriction of emotions were less willing to refer friends and family members experiencing a psychological problem for treatment.4 Supervisors may also unintentionally perpetuate the stigma against the use of mental health services due to an unawareness of the many "faces" of mental illness and may suspect that an officer seeking mental health treatment or support may be unfit for duty. Furthermore, supervisors may caution officers not to seek mental health assistance as it could be damaging to their careers. Supervisors are in highly influential positions and should promote longevity in the profession by sending explicit and implicit messages that responsible help-seeking behavior is encouraged and respected. A supervisor who shares a personal example of going through a rough time and recovering after receiving confidential, professional help from a police psychologist can normalize the problem, make help-seeking behavior seem less threatening, and increase the willingness of other officers to ask for help. Traditionally, suicide prevention activity has been aimed at helping the "mentally ill." Joel to increase the stigma against mental illness. Dvoskin advocates instead for prevention activities to shift focus to helping "people in crisis," and to acknowledge that "the antidote to suicide is solutions."5 Such an approach is highly consistent with a law enforcement wellness perspective favoring an emphasis on problem solving, resource identification, and support, which might be less stigmatizing options for officers.

As previously mentioned, one of the greatest critical incidents faced by police officers is the suicide of a fellow officer. When officers respond to tragedies that occur to community members at large, they rely on adaptive coping mechanisms (e.g., compartmentalizing, distancing, remaining stoic, engaging in physical activity) to help remain resilient. However, when one of their partners commits suicide, it is often experienced as a personal assault; it is not uncommon for officers to describe feeling personally violated and betrayed by one of their own whom they trusted. Reeling from this personal tragedy can often hinder the effectiveness of an officer's usual way of dealing with human violence. To complicate matters, personal life stresses compounded with the loss can overwhelm even the strongest of officers. For example, the death of a partner could trigger prior loss experiences and tax family relationships that are sometimes barely remaining afloat. An officer feeling out of control will rely on what has worked under normal circumstances, such as compartmentalizing and distancing. If the officer's normal coping style is ineffective, a repetitive strategy of ever-increasing intensity of established coping methods is a typical response. Not surprisingly, coping that is adaptive under normal circumstances can become maladaptive and ineffective in crisis situations. Being stuck in an unsuccessful problem-solving loop can A. Dvoskin suggested that this emphasis, though well-intentioned, has served compromise the officer's mental well-being, work, and relationships, while extending the period of pain. Police officers are able to show greater strength than most others in dangerous situations. They are an elite group who are courageous enough to run towards danger to protect others. Yet despite their bravery, their mind and body absorb the hits from encountering a steady diet of critical incidents and other insidious stress events. Many officers will be heavily affected by the years of [continued on next page] law enforcement stressors. Eventually, these officers will contend with personal

emotional or physical fires. Although police officers will always remain an elite group, they are not invincible. Even model cops need career-long, proactive maintenance work to maintain psychological health.

The Problem of Stigma

A Stepped Approach to Prevention in a Psychological Health Wellness Initiative

Law enforcement organizations have a plethora of competing priorities and demands that makes it challenging to commit to a career-long strategic prevention program. A compromise might be reached in which agencies decide some prevention activities are better than none. In this case, officers might receive an occasional mental health flyer and attend a stress management or suicide prevention training sometime during their careers. Wellness messages in this format tend to be fleeting when the benefits of repeated exposures are not present.

A stepped approach to prevention begins with primary wellness initiatives that target all officers in the department. Psychological health topics tend to be more general, such as stress management, alcohol awareness, sleep medicine, suicide prevention, and dealing with critical incidents. Moreover, misperceptions can be addressed about counseling by covering the strictness of confidentiality, the most problematic presenting issues, and the efficacy of psychological treatments. Educational information is introduced in different formats, including educational articles, brochures, or flyers that are sensitive to law enforcement values, wallet cards, online videos, websites, annual mental health screenings, and trainings. These broad-reaching prevention activities can help officers and their families prepare for the impact of the job, learn healthy tools to survive and thrive, and develop trust in mental health resources.

Secondary prevention concentrates on specific, higher-risk groups of officers to identify and address their health needs. They can be at greater risk for various reasons, such as job functions (e.g., Homicide Bureau, Family or Sex Crimes Bureau) or other descriptors. For example, Caucasian males below the rank of sergeant who are 40-44 years old are more vulnerable to committing suicide than other demographic groups.6 Wellness activities are modified to boost resilience and decrease the risk factors in these specialized units. Possible formats for this higher level of prevention can look similar to the ones in primary prevention, but address more specific triggers, reactions, and coping skills that are specific to each targeted group. Other prevention activities include a department-mandated post-shooting intervention to ensure mental health recovery occurs after being involved in a shooting. In addition, trained and supervised peer support members, chaplain program volunteers, or veterans support group members can serve these specific groups to help maintain the psychological well-being of officers. Finally, firstline supervisors and those interacting with higher-risk officers (e.g., Internal Affairs, Return to Work, Personnel or Human Resources) should be trained to identify early warning signs of impairment or high distress as well as assess for suicidal thoughts. Useful guides for supervisors can be found in IACP's Suicide Prevention CD and the Los Angeles County Sheriff's Department video, Rolling Back-Up.7 Also available is an empirically based five-question suicide screening for laypersons referred to as the Columbia Suicide Severity Rating Scale (C-SSRS).8 Preparing supervisors to take appropriate steps to intervene and properly refer is critical to secondary and tertiary prevention.

Tertiary prevention involves clinical intervention because an officer is already exhibiting signs and symptoms indicative of a psychological disorder. This type of intervention can be (mis)perceived as being the most threatening to the officer and his or her career. However, with effective lower-level prevention initiatives implemented throughout the career span of officers, the stigma and fear of seeking counseling can be minimized. Furthermore, seeking help for psychological problems sooner rather than when in crisis should become more of the norm. Although psychotherapy is a key component in tertiary prevention, other intervention strategies include crisis response (24/7), post-intervention, Alcoholics Anonymous or Peace Officer's Fellowship, intensive alcohol treatment, medication treatment, and detoxification or other medical treatment. As a last resort, voluntary and involuntary psychiatric hospitalizations are options. A current successful program for suicide intervention conducted by the U.S. Department of Veterans Affairs for combat veterans takes a problem-solving approach.9 This program provides the opportunity to involve all of the natural helpers and supports in the military officer's life in collaboration with the mental health specialist. The mental health specialist enlists family and friends to contract as supports for the veteran in his or her effort to ward off suicidal thoughts and impulses and develop more effective coping strategies such as problem-solving skills. This approach attempts to destigmatize treatment by focusing on suicidal behaviors, instead of psychiatric diagnoses. This treatment approach emphasizes the availability and accessibility of help (e.g., family, friends, and therapists). It establishes a clear plan of action for emergencies and emphasizes skill-building and personal responsibility. These are all concepts that are inherent elements of good police planning, training, and enforcement. Comprehensive initiatives that are geared around this focus should be a natural fit for police officers. Many of the elements and processes could be replicated in existing secondary and tertiary law enforcement efforts.

Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) can be used as an example of an issue that can benefit from a stepped approach. PTSD has a "dose-response" relationship. That is, the more potential trauma a person is exposed to, the greater the risk of developing PTSD. Potentially traumatic events include exposure to actual or threatened death, serious injury, or sexual violation. Emergency responders, by the very nature of their job, are exposed to these types of events much more frequently than non-emergency responders. The National Institute of Mental Health reports that approximately 3.5 percent of people age 18 and older have PTSD. Estimates of the prevalence of PTSD in law enforcement range from 10 to 15 percent.10

Primary prevention could involve training on stress management, self-care, the importance of adequate sleep, and common reactions that might suggest some complications. A training goal will be recognizing that responses such as intrusive memories of the event, nightmares, avoidance of the scene, reduced interest in enjoyable activities, hypervigilance, self-destructive behaviors, or increased alcohol use suggests that the officer may benefit from discussing the traumatic incident with someone.

Secondary prevention might provide a focused response to officers exposed to potentially traumatic events, such as officer-involved shootings, crimes against children, or particularly heinous crime or motor vehicle crash scenes. Rolling out peer support team members or chaplain volunteers for affected personnel to speak with is likely to help personnel maintain their psychological well-being. Remember that affected personnel could include not just officers, but also investigators, crime scene or crime lab technicians, dispatchers and communication personnel, civilian and support staff, and others who may be involved in the incidents in any way.

If officers are willing to talk with someone, there are multiple sources available, including police psychologists; trained peer support personnel; chaplain volunteers; and their personal faith-based leader, family members, and friends. If the officer is seeking a truly anonymous source to talk to, Safe Call Now is a confidential, 24-hour crisis referral service for all public safety employees, all emergency services personnel, and their family members nationwide.

Tertiary prevention involves clinical intervention because personnel are already exhibiting signs and symptoms. There are many effective treatment paths for PTSD, including talk therapy (perhaps with a police psychologist), medications, or some combination of the two.

The Police Psychologist's Role in a Psychological Health Wellness Initiative

The role of a police psychologist in psychological health wellness initiatives can vary on a number of dimensions, mostly determined by the individual needs of the department or agency hiring the psychologist or contracting for the psychologist's services. However, there are some specific ways in which a psychologist can function more effectively if the goal of the relationship with the department involves fostering a comprehensive psychological health and resiliency initiative.

In order for a psychologist to be an effective part of a psychological health initiative, there must be clarity on the part of the department, the officers, and the psychologist on the functions being served. For example, delineatin the role of the psychologist as evaluator for fitness for duty from that of the psychologist providing officer support, resources, and consultations is important in building trusting relationships

The police psychologist will ideally have the ability to work with training units on developing wellness trainings at the primary prevention level on a variety of topics that can help officers to buffer stress. In addition to standard stress management and suicide awareness trainings, officers can often make use of primary prevention training to develop skills in the areas of relationships, conflict management, parenting, and other areas that can lead to a cumulative buildup of stress for an officer. At the secondary level, the police psychologist who successfully collaborates with other department officer resources, such as peer support teams, chaplaincy programs, and veteran assistance and reintegration programs, will enhance the connection between these efforts and the psychologist's services.

More specifically, police psychologists must exhibit their willingness to word as a team by first of all demonstrating great respect for the natural healing resource of the police brotherhood. Peer supporters are the specially trained colleagues of other officers. They play an important role in the first-line response to officers who are experiencing stress, distress, or impairment. If the police psychologist can earn the respect, trust, and collegiality of the peer support providers, then peer support will act as a natural bridge to the psychologist when the peer encounters an officer in need of the special services available only from the mental health provider. Psychologists will need to play an important role in facilitating such collaborations. A consultation and client-centered approach is the hallmark of effective psychological assistance and central to the training of psychologists. Such skills can be extremely valuable in the effort to foster teamwork and establis a psychological health initiative.

A police psychologist can and should perform the traditional roles of providing an assessment of a potentially suicidal individual if the officer has reached the stage of obvious impairment, as well as implementing or arranging the appropriate type of tertiary prevention. However, the police psychologist who adopts a focus on "problem solving for people in crisis" in carrying out these professional activities can do much to reduce the stigma associated with using both secondary and tertiary suicide prevention programs and, in that way, help to prevent an officer from becoming impair and suicidal. A police psychologist is a specialist in stress management and helps to reverse the downward cascade of poorly managed stress before it becomes distress, impairment, and ultimately problem behaviors (e.g., suicidal thoughts or acts, substance abuse, or dysfunctional relationship dynamics on the job or at home). Police officers are natural problem solver who do not like to ask for help, but they are smart enough to seek out the experts and the specialists for DNA analysis, complex data analysis and management, or whatever else it takes to get the job done. Consulting with police psychologist regarding the maintenance of the officer's most importa "piece of equipment"-his or her health and wellness-is just smart police work. The police psychologist who can serve as a consultant to the officer in this way can serve a valuable role.

ith nd	The specific class of furnitary vectorins Thousands of law enforcement officers are also members of the U.S. Armed Forces, a duty they perform with pride and honor. Veteran officers embody many positive characteristics such as physical fitness, leadership skills, discipline, loyalty, and experience in tactical operations. If they have mobilized, they will likely return to their agencies with enhanced weapon- handling, problem-solving, and quick reaction skills. They also are likely to have experienced working with culturally or ethnically diverse groups.
	Many veteran officers successfully transition from their combat experiences and resume their law enforcement careers, perhaps repeating this cycle multiple times. The IACP, together with other criminal justice agencies, has produced several handbooks regarding prevention programs for veteran officer transition that law enforcement leaders can use to help restore, maintain, and enhance the psychological health of veterans.11
ent ons	Reintegrating, however, is not as simple as changing uniforms. For some officers, the lingering effects of their deployments may provide challenges they did not anticipate. As part of any broad-based wellness program, education on assisting veterans in crisis will provide assistance from an officer safety standpoint. This education would also assist officers within an agency to better respond to their fellow veteran officers.
ork g ed	Veteran officers returning from mobilization may find they are overly sensitive or hyperalert to possible danger. In combat, there is minimal, if any, downtime available, so service members adapt to always being "on." This can be difficult to turn off when they return home. Coworkers may notice potentially dramatic responses to relatively small issues. Returning veteran officers may also develop new hobbies in an attempt to recapture some of the adrenaline rush they often experienced while mobilized.
l lish	Veteran officers may return with a sense of altered priorities. They may feel angry or disappointed when their coworkers complain about "small stuff" and the veteran officers are used to making frequent life-and-death decisions. They may feel like they were making a daily difference in people's lives while mobilized, and now they are back in the "same old, same old" where they feel like they are not making a dent in ongoing crime and violence.
	This disappointment, and potential home problems, may lead to depression, sleep difficulties, increased substance use or abuse, additional difficulties reintegrating to civilian life, and problems on the job. Returning veteran officers may also experience survivors' guilt, questioning why they may have survived an event and one or more of their buddies perished. These issues can lead to suicidal thoughts.
ion ired d	Resources for Law Enforcement Officers SAFE CALL NOW (confidential, 24-hour crisis referral service) www.safecallnow.org or 1-206-459-3020 NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-TALK (Press 1 to reach someone knowledgeable about veteran issues)
rs tant ce in	For Military Officers or Veterans MILITARY ONE SOURCE (for military and their families) www.militaryonesource.mil or 1-800-342-9647 DEPARTMENT OF VETERANS AFFAIRS (VA) www.va.gov NATIONAL CENTER FOR STATE COURTS, VETERANS COURTS www.ncsc.org/Topics/Problem-Solving-Courts/Veterans-Court/ Resource-Guide.aspx JUSTICE FOR VETS www.justiceforvets.org

The Specific Case of Military Veterans

[continued on next page]

Some may also return with medical or mental health concerns, such as physical injuries, amputations, and post-traumatic stress or the more debilitating PTSD. These post-trauma sequelae may increase the challenges in successfully reintegrating to civilian life.

On a positive note, military veterans, as individuals, have additional resources available to them. For example, if they do experience suicidal thoughts, they can call the National Suicide Prevention Lifeline, which provides access to people knowledgeable in veteran issues. Additionally, Military OneSource is a confidential Department of Defense–funded program providing comprehensive information on every aspect of military life at no cost to active duty, National Guard, and the reserves component members, and their families. Information includes, but is not limited to, deployment, reunion, relationship, grief, spouse employment and education, and parenting and child care.

A fairly recent development in the reintegration process for returning veterans is the establishment of veterans courts. Veterans courts were initiated in 2008, and there are now more than 168 veterans courts nationwide.12 Veterans courts "specialize in working with troubled veterans to get them counseling, link them to government benefits, help them regain the sense of discipline and camaraderie they had in uniform, and steer them onto a more positive course in life."13 Additional resources available may include "food and housing resources, employment counseling and legal advice for those who also face civil court issues such as child support."14

Conclusion

Suicides within the law enforcement community are not random and spontaneous events committed in isolation, but, rather, an intent that is communicated by the individual within his or her psychosocial environment. Suicide is neither a disease nor an irrational act but rather a complex problem-solving behavior.15 Therefore, the progressive law enforcement agency will optimally provide training to its members to understand the underlying processes of law enforcement suicide and the prevention strategies to mitigate and prevent suicidal acts.

The lasting success of a comprehensive prevention initiative is dependent on police department leaders, mental health providers, supervisors, and individual officers working together to overcome the barriers to optimizing psychological health. This long-term commitment requires a multilevel, integrated strategic plan to (1) continuously reduce the stigma of seeking help, and (2) roll out a continuum of mental health programs that offers a range of graded interventions. Designating the elements of suicide intervention as problem-solving assistance rather than as mental health assistance can also help to destigmatize these efforts and make the programs more acceptable and useful to officers. A successful prevention program instills values that include psychological well-being, solid work performance, physical health, relationship satisfaction, and a willingness to access help early on and to recommend others get help early on. It is hoped that with the upcoming release of the IACP Symposium on Law Enforcement Officer Suicide and Mental Health: Breaking the Silence on Law Enforcement Suicide (in press), the recommendations to further develop prevention materials will make it possible for police agencies to operate a full-scale prevention program.16

Management of the suicidal police officer—that is, preventing the individual in crisis from committing suicide—is the critical area of focus. To reduce departmental suicides, what is needed is incisive, pragmatic suicide training that also inculcates individual responsibility for competent identification, understanding, interaction, intervention, and referral (hospitalization). Anything less obliges the suicidal law enforcement officer to determine the solution alone.

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NEW ENGLAND ASSOCIATION OF CHIEFS OF POLICE 2016 Highlights

















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D

Henry J. Da Dalt Francis J. Dagon David Dannin John M. Davey George W. Davis Walter A. DeFilippi Edward F. DeGeorge Albert R. DeLucia Frank L. DeMaio Louis DeMattia Ralph Depanfilis Gerald L. Depardo John Desy Dominic DiClementi Arthur E. Dixson, Jr. Timothy D. Donovan Thomas M. Dugas Albert R. DeLucia Frank L. DeMaio Louis. DeMattia Gerald L. Depardo John Desy Dominic DiClementi John T. Dillon Timothy D. Donovan Eugene M. Dorok Margaret E. Draghi Thomas M. Dugas

E Norman E. Emerson

F

Joseph Farrington Raymond Ferguson William D. Finn Charles J. Fisher, Jr. Robert J. Fogg John J. Foley, Jr. Milos Forman William R. Furman

G

J. Leo Gagne Donald J. Gainer Kenyon Gardner Allen R. Garey Don Gaston Anthony Gedraitis Eddie Gomez Richard J. Gonda Pedro Gonzalez Edward F. Gorman, Jr. Virginia Grala Jeffrey J. Grandahl Emilio Greco George Gwizd

Η

Clinton H. Hackenson Harry Harootunian William F. Hart Daniel L. Hatt David E. Haviar, DVM Anne Horner Basil Hoyt Charles E. Hoyt Jr. Brian Humes

J Gerald Jaster Edward G. Jenkins Lawrence Jenkins Edwin L. Johnson

Ralph M. Johnson Leonard Johnson George F. Johnson, Jr. K Ronald Z. Kadar John J. Kamay Jr. Tae K. Kim Gilbert L. Klemann II John W. Kowarik Norman J. Kraft Jon Krijgsman Bernadette Kuchle George Kuchle Earl J. Kurtz

Roger LaGratta James LaMondia John A. Laneve William M. Latham John Leacu Elizabeth Leake Charles T. LeConche Marion LeCuyer Ronald A. Legere Thomas T. Leiper Frank Lener **Bobby Leung** Charles B. Lewis Jr. Robert F. Liguori Elsie T. Lin John D. Long Thomas L. Looper John L. Lucas Jack Lucas

M Rachel M

Rachel MacLellan Declan Mahar Paul L. Verille, Major Anthony Mancuso Edward M. Manion Theodore J. Marczyk Daniel Markle Albert Markov William Martin Theodore Martland Melissa I. Matolina Melvin McBreairty William B. McDonough James P. McGoniagle Don D. McKeever E. R. McMullen, Jr. James McNeill Jorge M. Melo Kenneth Messenger Richard Messenger, Sr.

Dr. Edward Michaud Carl Miller III Peter A. Mills Leon Moed John T. Monaghan Milton G. Moon Owen Moore Mr. Walter J. Mowad, Jr. Janis K. Murtha Jacqueline M. Musante

Ν

Douglas Nagan Vincent Nanfito Kenneth F. Nappi Sergio Nasta Alexander Natale James Neal Grace G. Newcomer Joseph M. Nicoloro

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Francis X. O'Brien Juan C. O'Callahan Wayne Olsen Ray O'Meara, Jr. Bruce Orcutt Ron Osimo Richard E. Ostop John F. Ouellette

Ρ

Eugene Pacapalli Patrick Pacelli Peter L. Paduano Robert Paolella Michael P. Pappas Mario Patermostro Paul D. Payne Tony S. Pereira Rachel T. Perez Robert S. Perkin Charles J. Persico Gary Philipp Robert Pidgeon George H. Planeta Jr. John R. Polasko Bernard Pollak Robert A. Porter Richard J. Puskarz

Q Joseph J. Quaratella Richard J. Quatrano

R

Charles Randall James V. Regan L. Ress James J. Riccio Stephen Rice Paul Rinaldi Curtis D. Robinson Steven Rotman Richard H. Roulston, Jr. Charles Rubertino Robert J. Ruggiero Joseph J. Russo

S

Lester Sadowsky James A. Salatto Evandro Santini Anthony J. Scata Robert Schulman William A. Scott Herbert Segien John C. Shaw James J. Shea, Jr. Ronald L. Sheiman **Denvs Shorthouse** Henry J. Showell Joseph Siklos Frank Simcic Charles H. Simon Edward C. Slattery Dennis Slavin Dr. Phillip Sleeman Leo H. Slight Ms. Elizabeth Smiles Arthur K. Smith Delbert B. Smith, MD Benjamin Soboleski Michael R. Sobon Lawrence Soltis James R. Spencer P. F. Spencer Frank Sponzo Susan S. Starr Else Steiner Joseph L. Steinfeld John W. Stewart Myron Stone Lyndon Strother Richard S. Sullivan Harvey E. Sussman H. Suzio

Kathy Tatro Roy E. Tatro Charles R. Taylor Daniel W. Teper Thomas R. Teraila Lewis Terlizzi James S. Thibeault John P. Thompson Juan Toro Riccardo Tota Joseph S. Tracey Fred G. Trudell Witold Trusiewicz Stephen R. Turcotte

V

Victor Valdez Gilbert N. Vasseur, Jr. Dan E. Vece Frank B. Velardi, Sr. Joseph J. Vinci, Jr. Joseph J. Vinci, Sr. Lance Violette Richard A. Volonino

W

Joseph T. Walsh Daniel E. Walsh, Pres. John Walton Philip Walton Marshall C. Warren J. David White Kenneth White Edward E. Wilbur Baozhu Williams Renee T. Wilson Kenneth Wilson Benjamin Wilson Lawrence H. Wimler Stephen F. Woolbert

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Mark W. Zacchio Steve Zafiris Francis G. Zwierlein, Jr.

CODE OF ETHICS For Police Executives NEW ENGLAND ASSOCIATION OF CHIEFS OF POLICE, INC.



We, members of the New England Association of Chiefs of Police, Inc., recognizing our responsibilities to the communities we serve and our obligations to society in general and with the knowledge that our profession requires the highest ideals and rules of conduct, hereby adopt the following code of ethics for police executives, and commend them to all persons in the police profession for their guidance.

We will put honesty, truth and justice above all other considerations, and we will not allow friendship, enmity, social position, political influence, nor personal motives to swerve us from the impartial performance of duty.

We will neither solicit nor accept, any gift, privilege, favor or advantage from any person which will place us under any obligation to overlook any violation of a law, or violate the ethics of our profession.

We will observe all the provisions of the Constitution of the United States, and will never illegally deprive any person of any right guaranteed by the great document. We will not become involved in any social, political, or religious controversy except as neutral agents of the public, and we will at all times endeavor to carry out the desires of the majority of citizens as legally expressed through proper legislative, judicial or executive channels of government.

Having efficient police administration as our objective, we recognize the need for professional fitness on the part of police executives and subordinates. We pledge ourselves to advance the science of police service through training courses and other methods adequate to meet the proper requirements of our profession.

Recognizing the mutual dependence of all law enforcement and social agencies, we pledge our cooperation to all officials and agencies interested in the promotion of justice and the improvement of social conditions. We will not allow envy, jealousy, or any other motive to interfere with such cooperation.

We will be fair with subordinates showing only that favor which has been honestly earned by meritorious service to the public: demanding that all police officers perform their duties and enforce the laws with impartiality, judgment and courtesy.

We recognize our responsibility to the press as a medium through which the public we serve can be kept informed of our activities. We solicit its support in all honest police endeavor, and its condemnation of any act or policy detrimental to the best interests of society. We deplore violations of the code of ethics for journalism in connection with publication of police news and respectfully recommend observance of that code.

