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November 2016 Newsletter FLORIDA SUICIDE PREVENTION COALITION

*A statewide, grassroots organization
of survivors, crisis centers, & interested citizens*

WHAT DID SHE SAY?



"I hope to collaborate with as many agencies as possible to bring mental health education and resources to those in crisis and to support to those that are healing from a loss." Tara Sullivan, FSPC Region 7 Director

NEWSWORTHY

US Office of Veteran Affairs, Office of Public and Intergovernmental Affairs
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VA Conducts Nation's Largest Analysis of Veteran Suicide

WASHINGTON — The Department of Veterans Affairs (VA) has undertaken the most comprehensive analysis of Veteran suicide rates in the U.S., examining over 55 million Veteran records from 1979 to 2014 from every state in the nation. The effort extends VA's knowledge from the previous report issued from 2012, which examined three million Veteran records from 20 states were available. Based on the 2012 data, VA estimated the number of Veteran deaths by suicide averaged 22 per day. The current analysis indicates that in 2014, an average of 20 Veterans a day died from suicide.

"One Veteran suicide is one too many, and this collaborative effort provides both updated and comprehensive data that allows us to make better informed decisions on how to prevent this national tragedy," said VA Under Secretary for Health, Dr. David J. Shulkin. "We as a nation must focus on bringing the number of Veteran suicides to zero."

The final report will be publicly released later this month. Key findings of the analysis will include:



- 65% of all Veterans who died from suicide in 2014 were 50 years of age or older.
 - Veterans accounted for 18% of all deaths from suicide among U.S. adults. This is a decrease from 22% in 2010.
 - Since 2001, U.S. adult civilian suicides increased 23%, while Veteran suicides increased 32% in the same time period. After controlling for age and gender, this makes the risk of suicide 21% greater for Veterans.
- Since 2001, the rate of suicide among US Veterans who use VA services increased by 8.8%, while the rate of suicide among Veterans who do not use VA services increased by 38.6%.
 - In the same time period, the rate of suicide among male Veterans who use VA services increased 11%, while the rate of suicide increased 35% among male Veterans who do not use VA services.
 - In the same time period, the rate of suicide among female Veterans who use VA services increased 4.6%, while the rate of suicide increased 98% among female Veterans who do not use VA services.

Please also see our Suicide Prevention Fact Sheet at the following link:

http://www.va.gov/opa/publications/factsheets/Suicide_Prevention_FactSheet_New_VA_Stats_070616_1400.pdf

VA is aggressively undertaking a number of new measures to prevent suicide, including:

- Ensuring same-day access for Veterans with urgent mental health needs at over 1,000 points of care by the end of calendar year 2016. In fiscal year 2015, more than 1.6 million Veterans received mental health treatment from VA, including at over 150 medical centers, 820 community-based outpatient clinics and 300 Vet Centers that provide readjustment counseling. Veterans also enter VA health care through the Veterans Crisis Line, VA staff on college and university campuses, or other outreach points.
- Using predictive modeling to determine which Veterans may be at highest risk of suicide, so providers can intervene early. Veterans in the top 0.1% of risk, who have a 43-fold increased risk of death from suicide within a month, can be identified before clinical signs of suicide are evident in order to save lives before a crisis occurs.
- Expanding telemental health care by establishing four new regional telemental health hubs across the VA healthcare system.
- Hiring over 60 new crisis intervention responders for the Veterans Crisis Line. Each responder receives intensive training on a wide variety of topics in crisis intervention, substance use disorders, screening, brief intervention, and referral to treatment.

**Veterans
Crisis Line**



1-800-273-8255
PRESS 1

- Building new collaborations between Veteran programs in VA and those working in community settings, such as Give an Hour, Psych Armor Institute, University of Michigan's Peer Advisors for Veterans Education Program (PAVE), and the Cohen Veterans Network.
- Creating stronger inter-agency (e.g. Substance Abuse and Mental Health Services Administration, Department of Defense, National Institutes of Health) and new public-private partnerships (e.g., Johnson & Johnson Healthcare System, Bristol Myers Squibb Foundation, Walgreen's, and many more) focused on preventing suicide among Veterans.



Many of these efforts were catalyzed by VA's February 2016 *Preventing Veteran Suicide—A Call to Action* summit, which focused on improving mental health care access for Veterans across the nation and increasing resources for the VA Suicide Prevention Program.

Suicide is an issue that affects all Americans. Recent Centers for Disease Control and Prevention (CDC) data reported in [April 2016](#) that from 1999 through 2014 (the most recent year with data available from CDC), suicide rates increased 24 % in the general population for both males and females.

VA has implemented comprehensive, broad ranging suicide prevention initiatives, including a toll-free Veterans Crisis Line, placement of Suicide Prevention Coordinators at all VA Medical Centers and large outpatient facilities, and improvements in case management and tracking. Immediate help is available at www.VeteransCrisisLine.net or by calling the Crisis Line at 1-800-273-8255 (press 1) or texting 838255.

IN FOCUS

Get to know a Regional Director or Officer a little better in each newsletter.



Lisa Zeller: FSPC Region 4 Director (Baker, Clay, Duval, Nassau, St. Johns). Lisa was born in Indiana but grew up in Florida and has lived here nearly all her life. Lisa likes to create jewelry, mosaics, and stained glass; she enjoys music, cooking, gardening, and anything outside. Lisa is currently the Chief of the Florida Department of Law Enforcement Crime Laboratory in Jacksonville. Additionally, she served as Guardian Ad Litem, advocating for the rights of abused and neglected children in our state from 1998-2004.

Lisa lost her husband on Thanksgiving 2004. They had been married for seven years with two children who were 6 and 4 at the time. Lisa presented her story at "Lighting the Darkness" in Tallahassee during Suicide Awareness week in 2012. Subsequently, Lisa was approached and asked if she would be willing to consider serving as one of two FSPC Vice Chairs. After careful consideration, she agreed and subsequently became Vice Chair. As a member of FSPC, Lisa would like to bring awareness to the effects of suicide on loved ones and to hopefully help dispel some of the stigmas that surround this tragic event. Lisa is actively involved in FSPC having served as FSPC Vice Chair from 2012 until May of this year (2016). She is continuing to volunteer as Region 4 Regional Director and has fulfilled this role since 2014.

A MOTHER'S JOURNEY

Friday November 11th is Veteran's Day. Myrtice Landers, mother of an Army Reservist and a recent survivor of her son's suicide, writes about her loss and her experience at the Tragedy Assistance Program for Survivors (TAPS) *National Military Suicide Survivor Seminar and Good Grief Camp* held September 30 - October 3, 2016 at the Tradewinds Resort, St. Pete Beach.



June 2015 we were notified of our son's suicide. Derek was a young man who brightened a room with his smile. We soon learned that a disease was eating away at him from the inside. Unknown to us, Derek was battling depression. Our 27 year-old son was an enlisted soldier in the United States Army Reserve since 2006. He exhibited a zeal to serve and help others throughout his life. I recall we witnessed a car accident. Before we could say "wow", Derek jumped out the car and ran to the scene. Derek loved family. I smile as I recall his hugs. Even as an adult he freely showed his affection with hugs. He was full of compliments. Yes, many females shared that Derek's greeting was "Hi beautiful." It made you smile. He was competitive and committed to exercising, cross training, and running. Our son was handsome and gave great attention to his stylish appearance.

In spite of His love for God, family, having a good time, he became engulfed by life's circumstances. His decision to withdraw from this life resulted in total devastation to family and friends. No suicide note. As he left that Sunday morning (final day of his two-week summer military training), he said goodbye to his dad. Nothing unusual in his behavior. The struggle of the grief connected me with military resources to assist in the grieving process. A mentor from TAPS called, expressed her condolences, shared her story regarding the son's suicide and continued to counsel with me. The mentor highly recommended I attend the Tragedy Assistance Program for Survivors (TAPS) seminar. Looking for answers, understanding, a support group, I registered for the TAPS seminar.

The TAPS seminar was awesome. As a first time attendee, there were opportunities to attend small sharing groups and informational workshops. I wanted to write my story and workshops were provided to assist with this process. I totally appreciated having a relaxing, therapeutic time to reflect, unwind, explore (unveil) my creative skills and fellowship with other survivors. There was a 'care' room that was absolutely divine. So if you felt overwhelmed, needed to cry, needed counseling, or just a hug . . . the care room. The ambience, comfy seating, chocolate candy, counselors, and so forth set the atmosphere to 'regroup'. I didn't find any strangers. The attendees were warm, open to share, open to listen, and open to comfort. Yes, the food was magnificent. The seminar ended with designing a lantern for your loved one and setting it afloat. Not a farewell but a note of love . . . a message to Derek.

MILITARY SUICIDE SUPPORT SERVICES AT TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)



Carla Stumpf-Patton, EdD, LMHC, NCC, FT, CCTP
Manager, Suicide Survivor Services (TAPS)

When addressing military suicide prevention and postvention programs for U.S. service members, veterans, and military families, the Tragedy Assistance Program for Survivors (TAPS) is the leading organization at providing long-term assistance and emotional, caring support to all those grieving the death of a loved one who have served in our Armed Forces.

As a young military spouse, my life was changed forever on October 31, 1994, when my husband, Sgt. Richard Stumpf, who was a 24 year-old Marine Corps Drill Instructor, died by suicide just days before our first child was due to be born, and several days later on the day of his funeral, I gave birth to our son. Feeling isolated, overwhelmed and disconnected, I had no idea in those early moments how I would survive or how this would later come to impact my life, but I knew that I needed to connect with people who understood my loss and to somehow find a way I could continue to honor my connection as a military family member. Everything I needed all those years ago is what TAPS offers everyday to bereaved survivors. For loved ones who have experienced a military suicide, it can be comforting to know TAPS has an entire program built by, and created for, suicide loss survivors, and where I am proud to manage our suicide survivor services.

At TAPS, we understand the devastation of suicide loss, specifically within the military culture. You are not alone and we are here to walk alongside you, and offer comfort and help. Our suicide survivors are



welcome at all TAPS events for families of our fallen and we have services to meet these needs, such as our suicide loss forums which include peer support programs, services, events and resources. In addition to survivor services such as casework support, educational assistance, and referrals for free and unlimited counseling, TAPS survivors are invited to participate in forums where they can connect with fellow peers, such as seminars, retreats, expeditions, marathons and social media. Additionally, TAPS is at the forefront of military suicide prevention efforts with all branches of the military, and works closely with military leadership, casualty departments, and the Department of Defense Suicide Prevention Office.

Since 1994, TAPS has provided comfort and hope, 24 hours a day, seven days a week to surviving families and loved ones at no cost through a national peer support network, connection to grief resources, and assisted over 60,000 surviving family members, caregivers, casualty officers, and military commands. If you are suffering the loss of a military loved one, or if you know someone who can benefit from our support, please call our toll-free National Military Survivor Helpline at: 1-800-959-TAPS (8277).

Dr. Carla Stumpf-Patton manages Suicide Survivor Services at TAPS as a subject matter expert in grief, trauma, and suicide. She holds a B.S. in Psychology, a M.A. in Clinical Mental Health Counseling, and a Doctorate of Education in Counseling Psychology. She is a Licensed Mental Health Counselor, National Certified Counselor, Certified Fellow Thanatologist, and Certified Clinical Trauma Professional. Dr. Stumpf-Patton is the surviving spouse of U.S.M.C. Drill Instructor Sgt. Stumpf who died by suicide in 1994, several days before their only child was born.

RESEARCH FOR THE REST OF US



Sometimes important research is filled with jargon, is hard to understand, or doesn't seem to make sense. We've tried to summarize research in common English language.

Military and Veteran Suicides are associated with being male, previous mental health conditions (i.e., depression, manic-depressive disorder), and substance use (i.e., alcohol-related problems).

In 2005, active duty military suicide rates began to rise significantly. Researchers investigated factors associated with these increasing rates of suicide in the U.S. military. Participants were a random sample of active, Reserve, and National Guard members in all military branches that had served from October 2000 through December 2008. Once enrolled in the study, participants were surveyed about their mental, behavioral, and functional health every three years regardless of their current military status. Of the over 151,000 participants, 83 died by suicide during or after military service.

The researchers discovered that suicide risk was associated with being male and having mental disorders (i.e., manic-depressive disorder, depression, alcohol-related problems). Somewhat surprisingly, researchers in this study found no association between suicide risk and military-specific deployment variables (i.e., combat experience, total/combined number of days deployed, frequency of deployments); those who were deployed in support of Operation Iraqi Freedom and Operation Enduring Freedom were *not* more likely to die by suicide than those who were not deployed.

The researchers concluded that we should continue to support prevention programs for military personnel with previous mental health disorders, screen for behavioral health issues, and facilitate high-quality treatment for mental and substance use disorders in primary care, specialty mental health care, and post-deployment settings. Additionally, the researchers call for new and ongoing research into prevention and program effectiveness. (Summary by Stephen Roggenbaum & Yaritza Carmona)

LeardMann, C.A., Powell, T.M., Smith, T.C., Bell, M.R., Smith, B., Boyko, E.J., . . . Hoge, C.W. (2013). Risk factors associated with suicide in current and former US military personnel. *Journal of the American Medical Association*, 310(5), 496-506. doi:10.1001/jama.2013.65164

WHAT'S HAPPENING



Saturday November 19, 2016 is *International Survivors of Suicide Loss Day*. *Survivor Day* supports people affected by suicide loss who gather at local community events to find comfort and gain understanding as they share stories of healing and hope. Gatherings include a screening of *Life Journeys: Reclaiming Life after Loss*, a new AFSP-produced Survivor Day documentary that traces the grief and healing journey that follows a suicide loss over time. Events may also include presentations by loss survivors and mental health professionals, as well as small group discussions that bring together people who have experienced similar losses. Ten Florida events are currently scheduled, search at: <https://afsp.org/find-support/ive-lost-someone/survivor-day/#section2>

December 2 – 4th *NAMI Florida Annual Conference: No More Time: Decriminalization of Mental Illness* at Sheraton Suites, 4400 W. Cypress Street, Tampa. Register at <http://events.r20.constantcontact.com/register/event?oeidk=a07eaizp0sl20597b04&llr=usms7ycab>

April 6, 2017 Save the Date: *Suicide Prevention Day at the Capitol*. Advocacy event (Tallahassee)

April 4 & 5, 2017 Save the Date: *FSPC 2017 Second Annual Florida Taking Action for Suicide Prevention Mini-Conference*. Two-half day mini-conference (Tallahassee).

THE IN HARM'S WAY STORY



Donna G. Schulz, Law Enforcement Coordination Manager (ret.), U.S. Attorney's Office, Middle District of Florida

There is a brutal truth in law enforcement . . . that an officer is more likely to be a victim of suicide than a homicide. More officers die from suicide than from line-of-duty deaths, yet little is being done to address this highly preventable loss.

I have experienced this first hand, the hard way. On the morning of March 8, 1995, my husband, FBI Special Agent Bruce Schulz, took his own life. This vital, strong, proud, capable man of 45 years could no longer take the pain. He died in his boxer shorts, unable to even get dressed. Like so many officers, he was our family's rock...a good husband, father, and son; a strong marine and law enforcement officer; a truly great man. He served his country since he was 17, first as a Marine in Viet Nam, then as a Tallahassee Police Officer and Investigator, and finally as an FBI Agent working in Foreign Counter Intelligence. FBI Director Louie Freeh called Bruce an "American Hero" at his memorial service in Washington, DC, yet this vibrant, powerful man no longer was able to live. Out of this horrific event, I made a promise...that he must not have died in vain . . . that out of his life's story other officers could be saved.

It is a well-known fact that law enforcement officers (LEOs) do not hesitate to roll back-up and protect their fellow officers when they are in danger – even if it puts their own lives at risk. But the stigma and taboo attached to psychological and mental health issues within the law enforcement community prevent officers from taking action. Bruce's supervisor and fellow agents knew that something was wrong, and yet they did nothing. They did not know what to do and hesitated to get involved. There was nowhere to turn for help, and I didn't know what to do because of the undercover world in which we lived.



As I came to grips with this incredible loss and, as a former Tallahassee Police Officer/Sergeant myself, I made a commitment to do everything possible to erase the stigma of reaching out for help; to educate LEOs on the importance of stress management; to change agency protocols, policies and procedures; and, to develop and provide training for America's Finest.

Suicide is the last step in an ongoing, inner struggle that can be prevented with knowledge and the willingness to help. Steps can be taken to intervene and provide assistance to the LEO before suicide becomes the answer. Suicide prevention is everyone's business and with a modicum of training, anyone can save a life.

Unfortunately, law enforcement has been turning a blind eye to its own officers, allowing them to suffer in silence, not deliberately, but through an unwillingness to admit there is an issue. The stigma of reaching out for help prevents LEOs from getting the much needed help. They are afraid of being seen as weak, afraid of losing their badge and gun, afraid of being alienated from their peers and afraid of being put on a rubber gun squad. They are problem solvers and are used to being in control; thus, they cannot cope with the inability to solve their own problems, suffering from post-traumatic stress and/or major depression while continuing to serve their community. The agency is afraid of liability, afraid of the impact on the department, afraid the

survivors will not receive any benefits. And yet, though the causes are complex and multifactorial, suicide is preventable. Thus, the race is between education and tragedy.

Through a partnership between the Florida Regional Community Policing Institute at St. Petersburg College and the United States Attorney's Office, Middle District of Florida, we developed and began to offer a series of training seminars, IN HARM'S WAY: Tactics for Psychological Survival in Law Enforcement (IHW). Experts in the field have served as speakers and helped us develop our IHW initiative. The first IHW training was held in 2001 at the University of Tampa. The enthusiasm and interest were overwhelming. LEOs were thirsting for this knowledge. After learning about the successful Air Force suicide prevention model, the USAF Commandant's motto, "It takes courage to ask for help. Be Courageous!" became our mantra.



Governor Jeb Bush funded an IHW Statewide Conference for all Florida's law enforcement in 2007, as well as the development of the IHW Toolkit, complete with a resource CD and "Rolling Back-Up" CD with roll-call and in-service videos, which was disseminated free to every state and local law enforcement agency.

The U.S. Department of Justice, Bureau of Justice Assistance began funding our national IN HARM'S WAY initiative in 2009. Superb trainers and speakers provide this national training but also offer regional training seminars and training-of-trainers (TOT) workshops, along with Fire Fighter TOTs, Correction Officers training, Critical Incident Peer Support training and, working with the USDOJ COPS Office, we are developing materials and training for LEO families. Through these *free* training opportunities and the resource materials provided in the *free* IHW Toolkit, agencies can help solve these problems that plague our colleagues, and LEOs can resume their careers and their lives before it is too late. It is time to take a stand and make a commitment to aid an officer in need – AID LIFE.

We are committed. We hope you are, too. Together, we can assure that the free training, programs, and resources are in place (in Florida and nationally) to help our officers. We can encourage our officers to get voluntary annual mental health checkups and erase the stigma of reaching out for help by talking about it. We can achieve our goal to ensure that our officers not only live, but live better, more positive and productive lives both on and off the job. We can instill the mantra: "It takes courage to ask for help. Be Courageous!"

RESOURCES



If you or someone you know is in crisis, please call **1-800-273- 8255** (*National Suicide Prevention Lifeline*)

Crisis Text Line – text "start" to **741-741**

Veteran's Crisis Line **1-800-273- 8255, press 1** &
<https://www.veteranscrisisline.net/>

St. Petersburg College's *In Harm's Way* web page, PoliceSuicide.SPCollege.edu provides resources (i.e., research, model protocols and policies, information & support programs available to officers and agencies) that can be individualized and used to present

academy and in-service Law Enforcement Suicide Prevention Awareness Training.
Information on requesting free trainings is available at the site.

Make The Connection is an online resource designed to connect Veterans, their family members and friends, and other supporters with information, resources, and solutions to issues affecting their lives. <http://maketheconnection.net/what-is-mtc>

Telephone Coaching for Families of Veterans - Coaching Into Care. *Coaching into Care* assists family members and friends in helping a Veteran seek care. *Coaching Into Care* provides a motivational “coaching” service for family and friends of Veterans who see that a Veteran in their life needs help. Coaching involves helping the caller figure out how to motivate the Veteran to seek services. The service is free and provided by licensed clinical social workers and psychologists. <http://www.va.gov/coachingintocare>

List of VA health care facilities, Vet Centers, their local Suicide Prevention Coordinators. Veterans and interested parties can find a complete list of VA health care facilities, Vet Centers, their local Suicide Prevention Coordinators, and other resources under the resource section of www.veteranscrisisline.net or at www.va.gov

Tragedy Assistance Program for Survivors, Inc (TAPS), Caring for the Families of our Fallen Heroes. TAPS offers comfort and help. Suicide survivors are welcome at all TAPS events for families of our fallen. TAPS hosts a suicide loss chat each month and holds an annual gathering for suicide survivors in the fall. <http://www.taps.org/suicide/>

Project ChildSafe® is committed to promoting firearms safety among firearms owners through the distribution of safety education messages and free firearm [Safety Kits](#) [cable-style gun-locking device and an informational [brochure](#) (also in [Spanish](#))]. Find Florida Law Enforcement partners to inquire about a free Safety Kit from *Project ChildSafe*. <http://www.projectchildsafe.org/safety/safety-kit/Florida>

Harvard's Means Matter is part of the Harvard Injury Control Research Center (Harvard School of Public Health), dedicated to reducing injury through training, research, intervention, evaluation, and dissemination. The Center has published hundreds of studies on injury topics ranging from motor vehicle crashes to alcohol use to youth violence and suicide. <https://www.hsph.harvard.edu/means-matter/means-matter/>

Florida's Statewide Office of Suicide Prevention (DCF):
<http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention>

National Action Alliance for Suicide Prevention: The Public-Private Partnership Advancing the National Strategy for Suicide Prevention:
<http://actionallianceforsuicideprevention.org/resources>

Is there a local NAMI Chapter in my area? <http://www.nami.org/Local-NAMI?state=FL>

Controlled Substance Public Disposal Locations. Proper disposal of expired drugs or unused medications can be an effective suicide prevention tool by eliminating access to lethal means. Many community-based drug *take-back* programs offer the best option for disposal. For disposal locations
<https://www.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s3>

AN EXTRA HELPING . . .

Additional information for *In Harm's Way*.

In Harm's Way is a federally funded program that offers training seminars and workshops nationally on suicide prevention. The *In Harm's Way* webpage, PoliceSuicide.SPCollege.edu, offers a plethora of resources, reproducible materials, articles with varying viewpoints, statistics and opinions from which readers can form their own conclusions on the magnitude of the law enforcement suicide problem, its causes and the best approaches to finding a solution. Statistics are skewed due to the fact that agencies are not required to catalog and report suicide cases and, therefore, frequently agencies do not record suicides as such due to a variety of reasons. Those law enforcement suicide statistics that appear to be most valid are found in the work of John M. Violanti, Ph.D., *Police Suicide: Epidemic in Blue*, and Andy O'Hara, *Badge of Life, Tracking Police Suicides 2008, 2009*. The *In Harm's Way* training-of trainers is listed on the Suicide Prevention Resource Center's Best Practice Registry (<http://www.sprc.org/resources-programs/harm%E2%80%99s-way-law-enforcement-suicide-prevention>) . Donna Schulz and other IHW experts served as subject matter experts on the development of the International Association of Chiefs of Police (IACP) initiative "Breaking the Silence on Law Enforcement Suicide Prevention."

FSPC MEMBERSHIP

New FSPC Membership or Renewal information available online at:

<http://www.floridasuicideprevention.org/membership.htm>