



Law Enforcement Health Benefits Mental Wellness Resource Guide

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Philadelphia Police Employee Assistance Program

Penn Behavioral Health

If you would like some information or resources, call **(888) 321-4433**, 24-hours a day, 7-days a week.

This is a no cost, professional, confidential EAP service for you and your dependent's personal and professional needs. Get up to three counseling sessions at no cost to you.

Your benefits include:

- ACCESS to a confidential toll-free number 24-hours a day, 7-days a week where you can speak directly to a master's level counselor who will help answer questions and direct you to therapists within our EAP network.
- NO COST COUNSELLING SERVICES for you and your eligible dependents through a network of high-quality EAP providers located at offices near where you live or work.
- FOLLOW UP AND APPROPRIATE REFERRALS for ongoing counseling needs.

For more information, visit:

<https://www.med.upenn.edu/psychiatry/pbhcs.html>

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Critical Incidents

A critical incident is any horrible, awful, terrible, grotesque or terrifying event. Strong, but normal, stress reactions are common and expected when these events occur. Possible critical incidents for EMS personnel are:

- Line-of-duty death.
- Serious injury to or suicide of a colleague.
- A mass casualty or multi-casualty event.
- Events of considerable threat to operations personnel or the accidental killing or wounding of innocent people.
- Responding to victims who are relatives or friends.
- Terrible events involving children.
- Prolonged serious events with negative outcomes.
- Events with excessive media attention or public scrutiny.

While people generally have the ability to adapt to most demanding circumstances, certain severe traumatic events may threaten their physical and mental health.

- An unusually intense stress response may interfere with one's immune system, rational thinking and emotions.
- Severe stress impairs a person's ability to respond to further challenges.
- Extreme stress disrupts performance and threatens health. It may leave permanent psychological scars.

If you need help coping with trauma, call the National Suicide Prevention Lifeline to speak with a trained crisis counselor: 800-273-TALK (8255) Or, call EAP: (888) 321-4433



Depression

- Depression is a common and highly treatable disorder that affects approximately 1 in 10 adult Americans.
- Major depression can develop at any age.
Average age of onset is 32.
- A common emotional reaction to chronic or excessive stress.

Depression Signs & Symptoms

Which statements are generally true about how you've been feeling and thinking lately?

- Feelings of sadness, hopelessness, depression
- Loss of interest or pleasure in activities that used to be enjoyable
- Change in weight or appetite (either increase or decrease)
- Difficulty sleeping or sleeping too much
- Feeling tired or not having any energy
- Feelings of guilt or worthlessness
- Difficulties concentrating and paying attention
- Thoughts of death or suicide*

*If you or someone you care about is having active thoughts of suicide, seek medical/psychological attention right away.

Call the **Suicide Prevention Lifeline** at: **800-273-TALK** or text **"HOME" to 741741** to reach the **Crisis Text Line**. The staff are there to help with a variety of crisis we go through in our lives, whether you are actively suicidal or not. If you're unsure - send them a text anyway.

Learn about the myths of crisis resources here:

<https://youtu.be/p8ekS0WRzd0>



Depression Treatment

Talk therapy and medication are typical treatments for most forms of depression. More severe depression is usually treated with both therapy and medication.

Self-help

Deep breathing: Long, slow, deep breaths can lower anxiety and facilitate feelings of calm.

Exercise: Increasing your daily physical activity can be helpful in reducing symptoms of depression.

Meditation/pray: Focus on forgiveness, healing and support for the future.

Social support: Be with others. Avoid the tendency to isolate yourself when you feel down. Find a support group.

Pets: Get a pet for companionship. Animals provide unconditional love and comfort, and caring for a pet helps us feel needed.

Writing: Keep a journal. Expressing your feelings on paper can be very therapeutic.

Professional Help

Individual therapy: One-on-one meetings with a professional to diagnose and treat your problems

Family therapy: Useful when children and/or adult parents are living in the home

Medication management: Can help with major depression if followed by a psychiatrist

Inpatient therapy: Recommended for major depression



Suicide

There is rarely a single cause of suicide. In most cases, it is a combination of many factors. If you are concerned about a loved one, remember to ask if they are having thoughts of suicide. It is not true that mentioning suicide might cause someone to consider suicide for the first time. So it's better to act.

Learn more about helping someone who is suicidal here:
<https://www.mentalhealthfirstaid.org/2018/12/how-to-help-someone-who-is-suicidal/>

If you suspect someone you know is considering suicide, [Mental Health First Aid](#) teaches the following “**ALGEE**” action steps:

- **ASSESS** for risk of suicide or harm: The best way to find out if someone is considering suicide and determining the urgency of the situation is to ask them: Are you having thoughts of suicide?
- **LISTEN** nonjudgmentally: If not in crisis, encourage them to talk about what they're thinking and how they're feeling. When you listen and genuinely care, you can have a calming, positive impact on them, and you can start to learn about the root cause(s).
- **GIVE** reassurance and information: People having suicidal ideation may not have much hope. Clearly state that suicidal thoughts are often associated with a treatable condition, and if you feel comfortable, you can also offer to help them get the appropriate treatment.
- **ENCOURAGE** appropriate professional help: If you are concerned for the person's immediate safety, call 911.
- **ENCOURAGE** self-help and other support: Ask what has helped them in the past. Perhaps a therapist, family member, friend or spiritual leader has given them support, or maybe a particular community, like a club, has been there for them. They should tap into their support system as much as possible during this time.

These steps do not have to go in this order. Apply them in a way that makes sense for you and the person you're addressing.



Signs of Suicide

- Feeling trapped or hopeless
- Exhibiting dramatic mood changes
- Withdrawing from loved ones and society
- Talking/writing about death or suicide
- Threatening to kill themselves
- Increase use of alcohol or other substances
- Behaving recklessly
- Seeking revenge or feeling rage
- Experiencing anxiety or agitation
- Sleeping constantly or not being able to sleep

Other Risk Factors Associated with Suicide

- Social isolation and loneliness
- Feelings of intense loss and grief caused by the death of a loved one or the breakup of a relationship
- Severe family, work, financial, legal or social problems
- Alcohol or other substance abuse issues
- Severe depression or other mental illness
- Severe chronic stress
- Domestic violence
- Post-traumatic stress disorder (PTSD)
- Low self-esteem

Suicide Prevention Lifeline: 800-273-8255

Crisis Text Line: Text "HOME" to 741741

Learn about the facts and myths of crisis resources here:

<https://youtu.be/p8ekS0WRzd0>



Anxiety

Anxiety is best described as a feeling of fear, concern or worry. Some anxiety is caused by ongoing experiences or memories of past events. However, anxiety is often about something that has yet to happen. It is a natural reaction when people are expecting new, unusual, difficult, challenging or potentially dangerous situations.

Everyone has anxiety - it's a part of being human. Not all anxiety is bad. Anxiety causes us to pause, focus our attention, assess danger and proceed cautiously. But it can go too far and detrimentally impact our lives.

Physical Reactions to Anxiety

Anxiety is not only a mental reaction, but a physical reaction to a challenge or to an unusual or unexpected situation.

- Your heart may beat faster.
- You may feel a knot in your stomach.
- You may feel physically hyperalert.
- You may find it harder to fall asleep or stay asleep.

These symptoms are fine as long as they are not excessive or prolonged beyond a reasonable time.

When Anxiety Becomes a Problem

If anxiety becomes excessive (high or severe), especially when it is prolonged, it can be harmful instead of helpful. Thinking can be impaired and a significant increase in physical and psychological symptoms can impair health and performance.

If your anxiety lasts longer than a few weeks and interferes with your normal life functions (sleeping, eating, thinking, decision making, working, controlling your emotions, etc.), it has probably become a problem for you.



Problematic anxiety can develop into one or more mental conditions or disorders, such as:

- Panic attacks.
- Panic disorder.
- Generalized anxiety disorder.
- Phobias and phobic disorder.
- Obsessive compulsive disorder (OCD).
- Adult separation anxiety disorder (ASAD).
- Post-traumatic stress disorder (PTSD).

Causes of Anxiety

Personal

- Past experiences of physical or sexual abuse
- Worries over past issues
- Death or injury of a good friend
- Medical illnesses or injuries
- Use of amphetamines, excessive caffeine or nicotine
- Financial concerns
- Stress from personal relationships
- Being a victim of crime, especially violent crime

Family Relationships

- Conflicts
- Problems with in-laws
- Caring for ill or aging parents
- Concern over your children's well-being
- Emotional losses or trauma from the death of loved ones
- Loss of property as a result of fires, floods or storms

Work

- Stresses and frustrations at work
- Reduction of income or loss of job
- Difficulties with supervisors or colleagues at work
- Exposure to dangerous assignments or traumatic events



Symptoms

There are hundreds of anxiety symptoms, and every person will experience a different combination of them in stressful conditions. While some first responders will experience mild symptoms, others will experience severe symptoms. Below are some common signs and symptoms of excessive or problematic anxiety:

- Hyperalertness; worry; excessive concern
- Difficulties with sleep
- Jaw clenching; teeth grinding; choking
- Stomach or intestinal distress
- Increased blood pressure
- Constant fatigue
- Flushed or pale face
- Frequent urination
- Tingling sensations in the jaw or on the skin
- Excessive energy and inability to relax
- Muscle tension and twitching
- Unusual cravings for sugar or chocolate
- Dry mouth; unusual thirst
- Nausea; vomiting
- Muscle stiffness
- Feeling as if your mind is blank
- Inability to experience emotions
- Feeling so overwhelmed that decisions cannot be made and actions cannot be taken



Panic Attacks

Panic attacks are sudden, overwhelming feelings of fear. They are so strong that they cause physical reactions, such as breathing difficulties or a racing, pounding heart. People who experience panic attacks often report symptoms like nausea, dizziness, increased sweating and muscle tension that interfere with normal movements. Some people may be unable to communicate or move during a panic attack. There is rarely a clear warning that a panic attack is about to occur.

Sometimes a panic attack occurs only once or twice in a person's life and never again. In other cases, panic attacks occur often and may become the disabling mental condition known as **panic disorder**.

The following signs and symptoms are common in panic attacks and panic disorder:

- Racing heart or palpitations
- Lightheadedness; dizziness
- Feeling overwhelmed; in grave danger
- Abnormal heart rhythms
- Shortness of breath
- Loss of emotional control
- Trouble establishing
- Intense desire to run away or hide



Getting Help for Anxiety

With help, anxiety disorders can be healed. They are generally treated with psychotherapy, medication or both.

Psychotherapy or “talk therapy” can help people with anxiety disorders. Cognitive behavioral therapy (CBT) is a type of psychotherapy that can help people with anxiety disorders. It teaches a person different ways of thinking, behaving and reacting to anxiety-producing and fearful situations.

People with anxiety disorders might benefit from joining a **self-help or support group** and sharing their problems and achievements with others. Talking with a trusted friend or member of the clergy can also provide support, but it is not necessarily a sufficient alternative to care from an expert clinician.

Stress management techniques and **meditation** can help people with anxiety disorders calm themselves and may enhance the effects of therapy.

Medication does not cure anxiety disorders but often relieves symptoms. It is common for patients treated with a combination of psychotherapy and medication to have better outcomes than those treated with only one or the other. The most common classes of medications used to combat anxiety disorders are antidepressants, anti-anxiety drugs and beta-blockers.

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Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is an emotional and behavioral condition that may develop after exposure to an exceptionally stressful, threatening or catastrophic event. It is one of the worst consequences as a result of experiencing severe trauma. The person's capacity to resist distress and to be resilient is overwhelmed or impaired.

Common Causes of PTSD

- Disasters
- Sexual assault
- Life-threatening
- Violent crimes accidents
- Threat of serious injury or death
- Witnessing violent death or mutilation of others
- Torture
- Combat

Factors Contributing to PTSD

- More exposure to recent horrific events
- Greater level of personal involvement in a traumatic event
- Sustaining a significant physical injury
- Perception of personal life threat
- Stressors (e.g., pregnancy, illness, death of a loved one)
- Individual's personality
- A level of anxiety higher than average
- History of severe traumatic events
- Reminders of childhood trauma
- Strong feelings of personal responsibility for what happened or intense feelings of guilt



Symptoms Associated with PTSD

Arousal symptoms: Restless, sleepless, hyperalert, unable to relax, jumpy, difficulty concentrating. Arousal symptoms suggest heightened physiological and psychological activation.

Intrusive symptoms: Mental replays or dreams in which the person sees, hears, feels, smells and tastes aspects of the event and has repeated bad dreams or nightmares. Sometimes replays appear real, vivid and frightening.

Avoidance symptoms: Shutting off one's emotions, avoiding reminders such as places, people, conversations and stimuli; shutting oneself off from the world.

PTSD symptoms last beyond a month. Sometimes, they appear long after the initial trauma. The condition causes significant disruption to and impairment of normal life pursuits: social, school, work and home life.

Treating PTSD

The most effective treatments are available only from people with a master's degree or above in counseling or clinical psychology, social work or psychiatry. The therapist must be experienced in the treatment of PTSD. Effective treatment types include:

Behavior therapy: Aims at recognizing stress reactions in the body and controlling those reactions.

Cognitive behavioral therapy (CBT): Pairs new thoughts and associations with the trauma. Makes the event feel less upsetting and decreases symptoms.

Pharmacotherapy: Helps to control painful symptoms of PTSD with medication.



Coping Measures That Do Not Work

- Alcohol or drug use to sleep, relax, lower anxiety or block thoughts and images. Substances cannot cure PTSD.
- Social isolation. Avoiding people limits friendships, social support and emotional closeness. It also means more time to worry, be lonely and feel helpless.
- Dropping out of pleasurable or recreational activities. This means fewer opportunities to feel good about yourself and to develop a sense of achievement.
- Anger. Anger keeps people away and blocks support from those who care about you.
- Avoiding people, places, thoughts or situations that remind you of the traumatic event. You have to face those things to conquer them.
- Constant work. Overworking is no solution. It deepens isolation and eliminates many of life's positive experiences.

Tap as Many Resources as You Need

You are not alone in your struggle. Reach out to some of the following resources:

- Family members
- Chaplains
- Friends
- Legal advisors
- Team members
- Command officers or supervisors
- Critical incident stress management teams
- Community contacts
- Medical personnel
- Veterans Administration or Vet Centers (if a Veteran)
- Employee assistance personnel
- Nonprofit organizations
- Counselors
- Family assistance resources



Grieving & Loss Support

Grief is a normal human response to the loss of someone or something you love. People may experience grief as a mental, physical, social or emotional reaction. How long grief lasts depends on how close you were to the person who died, if the person's death was expected and other factors.

Are There Stages of Grief?

You may have heard about the stages of grief: denial, anger, bargaining, depression and acceptance. Unfortunately, the grieving process does not occur in orderly steps. It's not possible to complete one phase and go on to the next. Instead, people tend to swing back and forth among many grief reactions.

What Does Grief Feel Like?

Many analogies are used to describe the experience of the grieving process. You might identify with one of the following:

Roller coaster: Disorientation, loss of control; sudden emotional changes

Waves: Emotional highs and lows; random and unpredictable emotions
Storms: Intense emotional buildup; unexpected emotional outbursts

Pinball machine: Bouncing between intense emotions: sorrow, anger, confusion, despair, depression, etc.

Whatever grief feels like to you, you'll likely experience moving back and forth from one emotion to the next. You may also experience sudden inexplicable changes in intensity, abruptly going from mild to extreme grief.

Friends, family and faith may be sources of support during the grieving process. Grief therapy is also helpful to some people.



Physical Reactions to Loss

When you are grieving, your body will be affected. The following is a list of common ways that grief physically presents itself:

- Headaches
- Chest pain
- Tightness in neck/throat
- Hair loss
- Stomach pain
- Difficulty breathing
- Rapid heartbeat
- Shaking
- Sleep disturbances
- Fatigue
- Eating problems
- Nausea
- Compromised immunity

Grief and Your Health

Grief will impact any preexisting medical conditions you might have. It's important to see your doctor for a physical exam and let him or her know your circumstances so that current health issues can be monitored.

Make sure you're taking action to care for your physical health. Engage in as many healthy practices as you can: take a multivitamin, go for a short walk, eat a piece of fruit or schedule a massage.

Finding Support

When grieving, it's important to seek the support of others as you try to heal. Don't isolate yourself in your pain – consider the following sources for help:

- Family and friends
- Peers (coworkers or others in your network)
- Your Employee Assistance or Benefits Program
- Therapist, counselor, pastoral counselor



Substance Use

Alcohol Use Disorder

Many adults can drink alcohol in a safe and responsible way. However, drinking too much or as a way to cope with life's problems can lead to serious difficulties.

Risks of Drinking

Mental: Poor judgment; confused thinking; slow reflexes; distorted vision; blackouts; anger or depression

Financial: Cost of alcohol; increased car insurance due to tickets and accidents; loss of income associated with missed work, lateness and loss of concentration

Social: Risk of divorce or serious damage to relationships; loss of friendships; loss of freedom if sent to prison

Physical: Stomach ulcers; weight gain; hypertension and heart disease; liver damage; cancer

Assess Your Drinking

The Alcohol Use Disorders Identification Test (AUDIT) was developed by the World Health Organization. Answer the following questions about your alcohol consumption in the past year (12month period). You can take the AUDIT by [clicking here](#) or speaking with your provider.

Saying Goodbye to Alcohol

Deciding to quit drinking is the easy part. Quitting and remaining abstinent may be more difficult.



Group Treatment

Group treatment can help someone quit drinking and reduce the risk of relapse. Finding the right group for you can make all the difference. There are two types of groups: self-help groups and professional therapy groups.

Self-Help Groups

Alcoholics Anonymous (AA) - AA holds meetings across the country and offers the opportunity to attend meetings every day of the week, if desired. Get more information at: www.aa.org

Self-Management And Recovery Training (SMART) – Based on the scientific principles of Rational Emotive Behavior Therapy, SMART emphasizes abstinence as the goal of its program. Learn more at: www.smartrecovery.org

Moderation Management (MM) - As the name suggests, this program provides strategies for people who want to learn to control their drinking. Get more information at: www.moderation.org

Professional Therapy Groups

12-Step Programs - Based on the AA model, these groups are similar to traditional AA programs, but they are led by professional therapists.

Cognitive-Behavioral Programs - These methods take an individualized approach.

Alcohol Treatment Navigator:

<https://alcoholtreatment.niaaa.nih.gov/>

To find an substance use recovery group meeting near you, visit: www.addiction.com/meeting-finder



Prescription Drug Misuse

In addition to alcohol, some people try to cope with stress by using drugs for their mind-altering effects. Prescription and over-the-counter (OTC) drugs are one of the most commonly misused substances. Classes of prescription drugs include opioids (for pain), central nervous system depressants (for anxiety and sleep disorders) and stimulants (for ADHD and narcolepsy).

Do You Have a Prescription Drug Problem?

If you answer yes to some or all of these questions, speak with your provider or utilize the resources below:

- Do you think a lot about drugs?
- Did you ever try to stop your drug use but couldn't?
- Do you ever use drugs because you are upset or angry?
- Have you ever made mistakes at a job or at school because you were using drugs?
- Does the thought of running out of drugs scare you?
- Have you ever stolen drugs or stolen stuff to pay for drugs?
- Have you ever overdosed on drugs?
- Has using drugs hurt your relationships?

Treatment

Most people with substance use disorder cannot stop using drugs on their own. Different types of treatment work for different people. Treatment can happen in an inpatient or outpatient setting, and may include medication and/or counseling.

Call **800-662-HELP** (4357) or visit the Behavioral Health Treatment Services Locator to find drug and counseling treatment near you: <https://findtreatment.samhsa.gov>.

Buprenorphine (for opioid use disorder) Practitioner Locator: <https://www.samhsa.gov/medication-assisted-treatment>



Relationships

Family Resilience

Family resilience refers to the ability of the family to use skills, attitudes, behaviors and resources to withstand, recover and even grow from significant challenges. Resilient families share a variety of traits that help them during life's challenges, including:

- A shared sense of family, commitment and dependability, open affection and respect for one another.
- Effective communication that is honest, clear and positive, and the ability to listen and respond to others.
- Effective problem-solving and conflict-resolution abilities.

How Can Families Improve Their Resilience?

- Value one another and spend time together.
- Develop, observe and honor family history and rituals, customs, values and beliefs.
- Communicate effectively with one another in honest ways, sharing feelings, actively listening, problem-solving and respecting differing points of view.

Communication

Communication is vital to relationships. Your communication skills affect how you solve problems and how you resolve conflict.

Be a Good Listener

- Clear your mind to avoid wandering mentally. Your thoughts can distract you from listening.
- Focus on what the other person is saying.
- Don't interrupt.



- Use body language (e.g., eye contact, head nod, gestures) to indicate your interest and attention.
- Acknowledging responses such as "Uh-huh" and "I see" encourages others to speak and shows that you are interested.
- Paraphrase what you believe the other person has said. This will indicate that you have been listening, and ensure that your understanding is accurate.

Communicate Better

- Be organized. Think before you speak and present your thoughts/information in an organized manner.
- Use "I" phrases such as "I feel ...," "I need ..." or "I would like..." "I" statements focus on feelings, are less accusatory, create less defensiveness, and help others understand your point of view.
- Use open-ended questions that promote a response, such as "Tell me about...," "How do you feel about..."
- Be open. Share your feelings truthfully but respectfully.

Find the Time

- Make your relationship a priority. A relationship is a work in progress. It needs attention and effort to grow. No matter how busy you are, make time to spend quality time together, even if you have to schedule specific time slots on your calendars.
- Seize the moment. Catch up with when you have a chance. Being in a car together is almost always a good chance to talk; having a quiet night at home is another way to catch up.
- Eliminate distractions. Cutting down on distractions, such as the computer, phone, and television, sets the stage for conversation.



Do not distract yourself with your smartphone when it's possible to spend some real time together.

Dealing with Children's Feelings

- Acknowledge their frustration.
"I understand why you're frustrated."
- Validate their feelings.
"I see you're upset. I would be too if I were you."
- Communicate their importance to you.
"I wish I could tuck you into bed tonight."
- Express your own frustration.
"I'm disappointed I'm going to miss your game."

Intimate Partner Violence

Intimate partner violence (IPV) is any behavior in the relationship that causes physical, psychological or sexual harm. Risk factors are not a direct cause. Many people experience risk factors but never become involved in violence. However, risk factors include:

- Exposure to or experiences of violence in childhood
- Parenthood before age 21 - risk for survivors and perpetrators
- Alcohol use: There is a strong link between men's problem drinking and violence against female intimate partners
- Severe poverty: The lower the household income, the higher the rate of reported IPV
- Rigid social beliefs about what is "masculine" and "feminine"
- Family conflict



- History of being violent or abusive
- Controlling behavior in relationships

Leaving an Abusive Relationship

If you are in an abusive relationship, you may find it difficult to decide to get help or leave. You may be concerned for your safety or for the safety of your kids; you may still love your partner; or you may think it will get better. These feelings are understandable.

Keep in mind that:

- Abuse often gets worse. It may be possible for a partner to change, but change takes work and time. If your partner is blaming you or other factors for his or her behavior, your partner probably is not ready to change.
- You deserve to be safe and happy.
- Even if you are not ready to leave, you can still contact a hotline or shelter for support and services.
- People want to help. Many services are available at no cost, including child care, temporary housing and legal aid.
- You need support. Reach out to people you trust.

If you are in an unhealthy or abusive relationship, or are afraid to end the relationship, consider getting help. Call a confidential hotline to get the help and support you need.

National Domestic Violence Hotline: 800-799-SAFE (7233)

If you are in immediate danger, call 911 or leave. The police can arrest the abuser and escort you and your children to a safe place. If you are hurt, go to a local hospital emergency room.



When Leaving the Person Hurting You...

- Pack an escape bag. Hide the bag well. If it's discovered, call it a "hurricane bag" or "fire bag."
- Prepare your support network and keep them informed.
- Tell them what to say if your abuser contacts them.
- Create code words: between you and your children that means "get out" and with your support network that means "I need help."
- Plan where to go. Locate the nearest domestic violence shelter or homeless shelter and police station.
- Plan a route and a backup route. Keep your car's gas tank filled at all times and know the public transportation routes and departure times. If possible, hide an extra set of car keys so you can leave even if your partner takes away your keys.
- Find out about getting a court order of protection and about free or low-cost legal aid.
- Stay safe at home. If the person hurting you lives with you, take steps to feel safer. If you're protecting yourself from someone who does not live with you, keep all the doors locked and install an outside lighting system with motion detectors.
- Have a cell phone on hand at all times.
- Think of several plausible reasons why you might need to leave the house at different times.
- Keep computer safety in mind. Regularly clear your cache, history and cookies, or use a computer at a friend's house or at the public library.



Anger Management

Work stress or experiencing a traumatic event can contribute to a person's tendency to get easily angered. Persistent anger can have serious negative consequences on your relationships, mental and physical health, career and future. It can:

- Affect your relationships and your ability to communicate effectively with other people.
- Affect your career by your inability to control your temper.
- Create many health issues, such as loss of or excessive appetite, sleep problems, digestive disorders and increased risk of heart attack.

Coping Techniques

You do not always have control over the situation you are in, but you can manage the way you choose to react. Try the following:

- Listen to music.
- Watch a movie or television, or play a video game.
- Write down your feelings or text, email or call a friend.
- Go for a walk or to the gym.
- Take deep breaths to relax.
- Talk to yourself.
- Focus on pleasant thoughts.

When to Seek Professional Help

- Your self-help efforts haven't been working.
- Upsetting thoughts, feelings or behaviors have been increasing.
- Worried about physically hurting yourself or someone else.
- You are using alcohol or drugs.



Workplace Conflict

Workplace stress and conflict can have negative effects on a company and its employees, causing lost productivity from absences, lateness, poor performance, careless errors, accidents, etc.

Self-Control

Managing your emotions is the key to keeping work stress under control, having fewer conflicts at work and managing them more effectively when they do happen.

- Always treat others the way you want to be treated.
- Be a team player. Pitch in when you can. Go the extra mile when needed.
- Stand up for yourself when it is warranted and do what is right and consistent with your values - even if it is not the most popular decision.
- Don't be irritated by the small stuff.
- Challenge your negative thoughts.
- Practice forgiveness; don't hold grudges.

Effective Communication

Effective communication is essential to interacting well with others and managing workplace stress and conflict. Instead of reacting negatively, practice active listening to avoid conflicting with others. Active listening involves giving your full attention to the speaker and responding in ways that show you hear and understand what is being said. Below are some examples of some active listening responses:

"From the tone of your voice, you sound angry."

"I certainly understand your disappointment in not getting the raise you were expecting this year."



Other Resources

Additional Resources

1. Philadelphia Police Department Employee Assistance Program
24/7, Confidential Service - (888) 321-4433
2. Law Enforcement Health Benefits (LEHB): 215-763-8290
3. NeuroFlow PPD Resource Page:
www.neuroflow.com/ppd_resources
4. Magellan Healthcare (Independence Blue Cross) - 800-688-1911
5. Cop 2 Cop Hotline: 866-COP-2COP
*Staffed by retired officers who are Licensed Clinical Social Workers
6. Badge of Life: Psychological Survival for Police Officers
www.badgeoflife.com
7. Suicide Prevention Lifeline, 800-273-8255
Online chat: <https://suicidepreventionlifeline.org/chat>
8. Veterans / Military Crisis Line, 800-273-TALK (8255) – press 1,
Text Line: 838255, Online: www.veteranscrisisline.net
9. National Domestic Violence Hotline, 800-799-SAFE (7233)
10. SAMHSA Behavioral Health Treatment Services Locator:
<https://findtreatment.samhsa.gov/>
11. Mental Health America
- Finding Helping: <https://www.mhanational.org/finding-help>
- Mental Health Treatments:
<https://www.mhanational.org/mental-health-treatments>
12. Centers for Disease Control - Suicide Prevention:
<https://www.cdc.gov/violenceprevention/suicide/index.html>

