



# Coming Together On The 911 Stress Front

**Progress, good news, and crucial next steps**

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*James Marshall*

**T**his issue of the *Journal of Emergency Dispatch* points to steady progress in addressing the 911 industry's pivotal issue: telecommunicator stress and wellness. As you review the articles written by a wide collection of stakeholders—frontline 911 professionals, scientists, and mental health professionals—you will see that a larger community is gathering to answer the most important question facing 911: “What are the psychological risks of doing 911 work and what are we going to do to ensure the well-being of our telecommunicators?”

This current *Journal* issue is just one example of this growing momentum in the pursuit of answers to this question. Two recent issues of the National Emergency Number Association's flagship magazine were also dedicated to 911 wellness (*The Call*: Fall 2015; Winter 2016). Alliance partners NENA and IAED™ have recently featured entire conference tracks on stress and wellness at their annual conferences. These advances follow the landmark creation of the industry's first national “Standard on Acute/Traumatic and Chronic Stress,” which calls for all 911 centers to establish Comprehensive Stress Management Programs for their personnel (NENA, 2013).<sup>1</sup> Researchers beginning with Roberta Troxell (2008)<sup>2</sup>, then Heather Pierce and Michelle Lilly (2012)<sup>3</sup>, followed by Lilly and Christy Allen (2015)<sup>4</sup>, and now others are affirming the seriousness of 911 stress-related problems and the importance of finding solutions. Mental health professionals are also educating their clinical peers about 911 traumatic stress and how to bring healing to this population with Evidence-Based Treatments, such as EMDR.<sup>5</sup>

### Calling all stakeholders

Such progress is heartening indeed, and now is the time to consider the advancing Next Generation 911 technology. The well-being and peak performance of telecommunicators require that same level of dedicated, coordinated effort by all 911 stakeholders as the highly coordinated planning efforts of stakeholders that have brought NG911 toward its reality.

### Next Generation

This fall, the 911 Wellness Foundation will host an industry-wide “Virtual Summit on 911 Stress and Wellness” so that all stakeholders can join to begin shaping a Next

Generation 911 Wellness Plan. A full-day summit is seen as an essential event to:

- Launch strategic evaluation of current and predicted stress-related risks for health and performance of 911 professionals
- Define what we have accomplished thus far to address these risks
- Determine what we must do now and in the future as an industry to ensure telecommunicator well-being
- Describe how we will accomplish these objectives through four Streams of Activity: 1) Research, 2) Education and Prevention, 3) Policy and Standards, and 4) Treatment and Intervention

Emergency dispatchers are at the core of our society's emergency response infrastructure. The success of our 911 system will depend on their well-being. New research suggests that these frontliners can enjoy better health and a higher quality of life than those in less stressful jobs if they are confident and hopeful in the face of these demands (McGonigal, 2015).<sup>6</sup> But we must each do our part to prepare them with this mindset. An ancient proverb declares, “Where there is no vision, the people perish.”<sup>7</sup> •

### Sources

- <sup>1</sup> “NENA Standard on 9-1-1 Acute/Traumatic and Chronic Stress Management.” National Emergency Number Association. 2013; Aug. 5. [http://c.yimcdn.com/sites/www.nena.org/resource/collection/88EE0630-CA27-4000-BAA7-24FFA-3F9029A/NENA-STA-002\\_9-1-1\\_AcuteTraumatic\\_&\\_ChronicStressMgmt.pdf](http://c.yimcdn.com/sites/www.nena.org/resource/collection/88EE0630-CA27-4000-BAA7-24FFA-3F9029A/NENA-STA-002_9-1-1_AcuteTraumatic_&_ChronicStressMgmt.pdf) (accessed May 17, 2016).
- <sup>2</sup> Troxell R. “Indirect Exposure to the Trauma of Others: The experience of 9-1-1 telecommunicators.” ProQuest Dissertations and Theses. 2009; May. <http://pqdtopen.proquest.com/doc/304351154.html?FMT=ABS> (accessed May 17, 2016).
- <sup>3</sup> Pierce HA, Lilly MM. “Duty-related trauma exposure in 911 telecommunicators: Considering the risk of Posttraumatic Stress Disorder.” *Journal of Traumatic Stress*. 2012; March 29. [https://www.researchgate.net/profile/Michelle\\_Lilly/publication/223980094\\_Duty-related\\_trauma\\_exposure\\_in\\_911\\_telecommunicators\\_Considering\\_the\\_risk\\_for\\_posttraumatic\\_stress/links/53da57c50cf-2631430c818df.pdf](https://www.researchgate.net/profile/Michelle_Lilly/publication/223980094_Duty-related_trauma_exposure_in_911_telecommunicators_Considering_the_risk_for_posttraumatic_stress/links/53da57c50cf-2631430c818df.pdf) (accessed May 17, 2016).
- <sup>4</sup> Lilly MM, Allen CE. “Psychological inflexibility and psychopathology in 9-1-1 telecommunicators.” *Journal of Traumatic Stress*. 2015; June 28. <http://www.ncbi.nlm.nih.gov/pubmed/25964163> (accessed May 17, 2016).
- <sup>5</sup> Marshall J, Gilman S. “EMDR Scripted Protocols: Anxiety, Depression, and Medical Related Issues.” *Reaching the Unseen First Responder: Treating 911 Trauma in Emergency Telecommunicators*. Luber M, ED. Springer Publications. New York. 2015.
- <sup>6</sup> McGonigal K. *The Upside of Stress: Why Stress is Good For You and How to Get Good at It*. Second Edition. Avery; New York. 2015
- <sup>7</sup> Proverbs 29:18.



## There's A Snake In My Room

Normal to react to abnormal situations

*As told by Kim Rigden*

It was 6 a.m., and a sleepy Kim Rigden could not recall bringing a bathrobe to her hotel. So how did something that looked like a bathrobe sash get coiled around the toilet seat?

As she stood at the threshold of the bathroom, she turned on the light and was shocked into readiness. This was not a sash; sashes don't slither. The next moment Rigden remembers, she was standing at the open door of her hotel room—as far away from the toilet as she could get—speaking on the phone to the front desk clerk. Her heart was racing. Her hands were sweaty. She felt nauseated.

Yet, the person at the front desk sounded so calm.

"Later, I learned that front desk clerks have something in common with emergency communicators—they both get calls from 'crazy' people," said Rigden, Commander of Communications Education and Quality Improvement, Toronto Paramedic Services, Ontario, Canada.

The desk clerk soon found out that Rigden was not crazy. This was not a sash circling the porcelain. She was sharing her room with a 4-foot-6-inch long ball python left behind by the owner who did not want to report that his snake went missing in his hotel room.

"The hotel has a no pet policy," Rigden said.

The snake had taken up residence behind the toilet, and Rigden was the first to make its acquaintance.

The incident chilled Rigden to the idea of staying in hotels, which is certainly problematic considering her extensive traveling schedule. When she books a stay, she checks under beds, behind the curtains, in closets, and, of course, behind toilets and under sinks. She calls it consequences of a critical incident stress (CIS) exposure, and the story fit perfectly into her NAVIGATOR session "Stress and the Emergency Dispatcher."

The python was real, and her reaction was well within the definition of CIS: a normal response by a healthy person to an abnormal event.

"It's OK to feel overwhelmed by something," she said. "It's OK for you to feel symptoms after the event."

Her symptoms—racing heart, nausea, and fast breathing—were physiological responses to a surprising and stressful situation that had mostly subsided by the time she was giving her NAVIGATOR presentation three weeks later. The fight or flight hormones, adrenaline and cortisol, were most likely back to normal levels. And although she does not relish the idea of a second encounter with a snake, the incident is far from causing post-traumatic stress disorder (PTSD).

That, she said, would be something to be very concerned and proactive about.

PTSD can be triggered by a single terrifying event or an accumulation of stressful incidents piling one on top of another. It is a debilitating mental health condition that can last for months or years, with symptoms including persistent frightening flashbacks, nightmares, and severe anxiety. PTSD can also recast an individual's emotional reactions and thinking.

"This debilitating stress changes the way you view the world," Rigden said. "A person diagnosed with PTSD will have difficulty functioning."

The constant barrage of stressful 911 calls combined with a demanding work environment and conflicts in personal life can set the stage for PTSD, according to various studies focusing on 911 dispatchers. In 2012, Michelle Lilly, a psychology professor at Northern Illinois University, DeKalb, and Heather Pierce, a former 911 dispatcher, analyzed surveys completed by 171 emergency dispatchers from 24 states and found that dispatchers experience high levels of "peritraumatic distress," defined as the strong emotions felt during a traumatic event. Participants reported experiencing fear, helplessness, or horror in reaction to nearly one-third of the different types of potentially traumatic calls.<sup>1</sup>

A survey conducted at NAVIGATOR 2014 by the Academy's research team found similar results. Significant

findings from the survey showed that 17 percent of the 189 respondents completing the survey met criteria for Acute Stress Disorder (ASD) related to incidents occurring in the 30 days prior to taking the survey.

Although the 189 responses represent only a small segment of the number of individuals expected to contribute data to future studies conducted by the Academy, the results nearly mirror findings from Roberta Troxell's 2008 study of 497 Illinois 911 dispatchers. In that study, 16.3 percent acknowledged symptoms consistent with Compassion Fatigue (CF), defined as a condition in which a person experiences struggles with work-related secondary traumatic stress symptoms and burnout.<sup>2</sup>

Rather than dwell on the stress, Rigden prefers to concentrate on developing positive coping mechanisms. During her talk, she gave suggestions dispatchers can follow to create healthy behaviors to promote wellness.

"Compassion satisfaction—that's what drives us and empowers us, and stress is an epidemic in emergency communications," Rigden said. "And because we are exposed to a higher level of stress than the general public, we have to be proactive about our health. We need to stay in an optimally healthy place."

Other tips<sup>3</sup>:

#### **Sensible eating**

- Do not use alcohol or drugs to cope
- Avoid refined sugars, fats, and excessive salt
- Avoid excessive caffeine
- Drink lots of water

#### **Time to enjoy life**

- Find activities you enjoy
- If an incident at work upsets you, talk to someone about it; seek help
- Assess your situation carefully
- Rest and relax



- Implement healthy sleeping technique (e.g., have a dark and cool room, white noise, don't work, don't look at a device or watch TV)
- Breathe deeply
- Learn relaxation techniques and visual imagery

#### **Exercise and education**

- Get some good exercise within 24 hours of the incident
- Find an activity you enjoy and keep it up
- Expect the incident to bother you; take comfort in knowing that the incident will not bother you forever
- Learn about traumatic stress; through reading you will feel less abnormal, and the information/empathy can lead to recovery

#### **Social support of family, colleagues, and friends**

- Talk about it; don't keep the feelings inside

#### **Satisfying expression of self and spirituality**

- Do the things that you love to do
- Fulfill your feelings of self-worth outside of the job
- Balance home life, recreation, and work
- Seek your spiritual center
- Talk to spiritual leaders and seek guidance ●

#### **Sources**

- <sup>1</sup> "NIU psychology study links 911 dispatchers with post-traumatic stress disorder symptoms." 2012; March 29. <http://www.niutoday.info/2012/03/29/niu-psychology-study-links-9-1-1-dispatchers-with-post-traumatic-stress-disorder-symptoms/> (accessed Feb. 24, 2016).
- <sup>2</sup> Troxell R. "Indirect Exposure to the Trauma of Others: The Experience of 9-1-1 Telecommunicators." 2008. <http://gradworks.umi.com/3335425.pdf> (accessed Feb. 24, 2016).
- <sup>3</sup> "Stress Management for Service Members and Emergency Personnel." QuickSeries Publishing. Heroes are Human: The Tema Center Memorial Trust/Best Practices and Research Resources. 2009. <http://quickseries.com/index.php?prod-code=02-0543-001-01> (accessed March 8, 2016).



## It's Not All In Your Head

Constant stress triggers biochemical reaction

Audrey Fraizer

Anne Raskin is among 10 people on a river raft pulling straight toward long and formidable rapids, standing waves, and boiling eddies demanding coordinated and fast maneuvers under heavy pressure. Raskin and her crew understand moves they must take above dangerous hazards that Class IV rapids require.

The ride down the river is Raskin's metaphor describing an emergency communication center: dispatchers and calltakers braced at consoles constantly on the alert for unavoidable situations. Risk of injury to callers may be moderate to low, and scene situations may make self-rescue difficult despite the availability of Pre- and Post-Arrival Instructions. Group assistance is required.

"I love the pulling together of the group and at the end of the day, knowing we've done something that makes a difference," Raskin said. "It's what makes this worthwhile."

People on a raft heading toward Class IV rapids and people answering and dispatching 911 calls have something else in common: stress.

Broadly speaking, stress is caused by a change in the environment forcing a person to adjust and respond, either fight or flight. As studies show, such constant demand can lead to the kind of stress that builds up over time.

The effects of stress on dispatchers and calltakers in the communication center immediately caught Raskin's attention. To put it bluntly, Raskin noticed a major focus on food and the cravings for high-calorie foods.

"There are 20 pounds we all put on in dispatch," said Raskin, who has been with the San Francisco Department of Emergency Management/Department of Emergency Communications for going on 11 years. "I actually gained 30 pounds within the first year but was able to lose 10. I can't seem to shake the other 20."

Sure, there's never a lack of foods high in sugar and carbohydrates within easy reach in the break room, and, sure, staff could avoid the doughnuts, chocolate, potato chips, and fried snacks.

But healthy food isn't what most dispatchers crave after a call from a mother distraught because her baby isn't breathing, a young man pleading to save his father

who is in cardiac arrest, or a multi-car accident on icy roads resulting in numerous and fatal injuries.

"You're taking call after call, and when not on a call, you're on a radio," she said. "There really is no break, and then you try to eat as fast as you can, and it's the comfort foods you want."

The job's stress triggers emotional eating. In addition, for some, food is a coping mechanism used to replace the real feelings that in a 911 center can result from managerial expectations, lack of time off, and the panic they hear in callers' voices.

Raskin sticks to a healthy diet, even in the face of a frosted cupcake or bag of potato chips.

"I'm known as somewhat of an oddball because I'm so healthy," she said. "But I still gained the weight and couldn't lose it. I started to suspect that the issue was not only about using food as a coping mechanism."

Raskin did some research, quantifying her suspicions. Habit was only partly to blame; there was also a biochemical element involved. The body's release of stress-related hormones—adrenaline and cortisol—she discovered were accessory to the problem.

Cortisol and adrenaline are essential to health.

Adrenaline increases heart rate, elevates blood pressure, and boosts energy supplies. Cortisol, the primary stress hormone, increases sugars (glucose) in the bloodstream, enhances the brain's use of glucose, and increases the availability of substances that repair tissues.<sup>1</sup>

In tandem, cortisol and adrenaline are the "fight-or-flight" hormones; they provide temporary increases in energy, at the expense of processes not needed for immediate survival.<sup>2</sup> Adrenaline is released in response to anxiety, exercise, or fear. Cortisol inhibits insulin production to prevent glucose storage in favor of flooding the large muscles with a direct energy source.

Once the situation resolves, hormone levels return to normal. Chronic stress derails the balance. When the body manufactures too much cortisol over the long haul, the resulting glucose overproduction can

wreak havoc on health. Repeated elevation of cortisol leads to weight gain (overeating to satisfy glucose starved cells and cravings for foods high in both fat and sugar), suppresses the immune system (making us prone to illness), and is linked to insomnia, chronic fatigue syndrome, and depression.<sup>3</sup>

The information corroborated Raskin's suspicions.

"As long as we have that cortisol flowing through our veins at the wrong time of day, the body will hold onto its weight," she said. "There are indeed people here that keep gaining and gaining, which I believe is probably due to eating weight-gain-oriented foods, but in this environment, increased cortisol production can increase struggles with weight gain and other stress-related symptoms."

Although Raskin cannot control work-related events causing stress, she is trying to keep her stress at bay through diet and exercise. She avoids white sugar and brings a healthy stash of food to work. She walks 45 minutes daily, and every other day, she goes to the gym. She talks to co-workers about changes in lifestyle.

"It takes a tremendous amount of awareness to resolve the effects of cortisol," she said. "The natural inclination is to work out and eat well, but that's not the whole answer. I don't know what it does take."

Rather than give up, Raskin continues to look into the effects of stress and ways to minimize the effects of cortisol. She has also consulted experts specializing in the study of stress, as shown in the Q&A accompanying this article.

She can't say where the interest will take her.

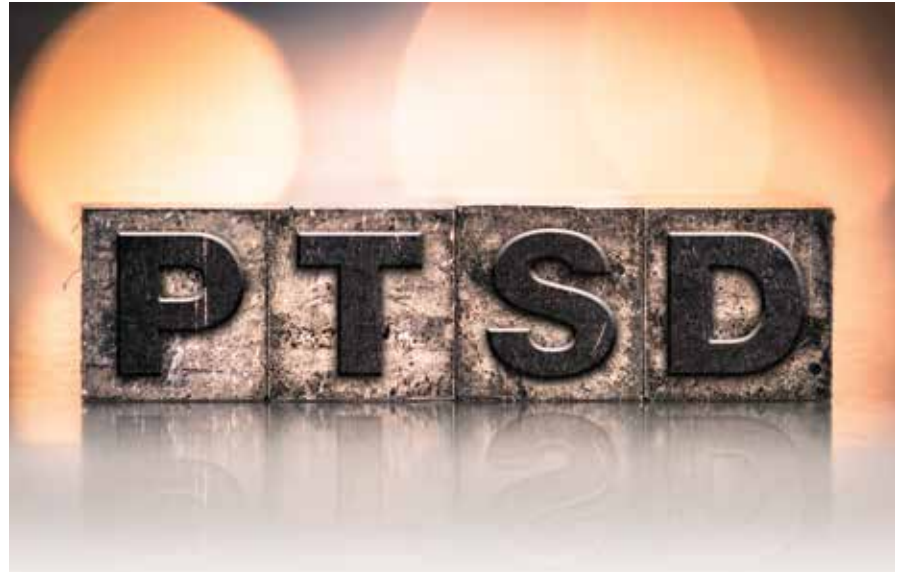
"We will see as time goes on, won't we?" she said. ●

## Sources

<sup>1</sup> "Stress Management." Mayo Clinic. 2013; July 11. <http://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress/art-20046037> (accessed Feb. 22, 2016).

<sup>2</sup> Aronson D. "Cortisol—Its Role in Stress, Inflammation, and Indications for Diet Therapy." *Today's Dietitian*. 2009; November. <http://www.todaysdietitian.com/newarchives/111609p38.shtml> (accessed Feb. 17, 2016).

<sup>3</sup> See note 2.



## PTSD In 911 Telecommunicators

An interview with Michelle M. Lilly, Ph.D.

*Anne Raskin*

*This interview first ran in "The Call," the official publication of NENA: The 9-1-1 Association.*

Dr. Michelle Lilly published a groundbreaking study on 911 telecommunicators in the *Journal of Traumatic Stress* in April 2012 titled "Duty-Related Trauma Exposure in 911 Telecommunicators: Considering the Risk for Post-traumatic Stress." Bringing to light the PTSD symptomatology in telecommunicators, the study has been instrumental in showing that dispatchers are at risk for PTSD in a similar way as police officers. Dr. Lilly has been at Northern Illinois University since the fall of 2009 and is an Associate Professor of Clinical Psychology. She has a wealth of experience studying victims of intimate partner violence, survivors of sexual and physical assaults, and other survivors of traumatic stress.

What follows is a telephone interview of Dr. Lilly on June 12, 2015, in which she shares her insights and additional study data.

### Q: What led you to do this particular study?

**A:** In 2010, I was having a conversation with an undergraduate research assistant in my lab, Heather Pierce. We were talking about research that I had done with police officers while I was in graduate school when she began describing her previous job as a telecommunicator. Heather had the idea of looking at mental health in telecommunicators, so we developed the first study focusing on telecommunicators. We had a cross-section of 170 telecommunicators from across the country. At first, we thought it would be an interesting one-time project, but after seeing the reactions and interest from the 911 community, I felt drawn in, and decided to do a follow-up study measuring PTSD symptomatology in a different way. In less than a year, my lab recruited over 800 participants for a second study. With support from NENA, the International Academies of Emergency Dispatch®, the 911 Wellness Foundation, and APCO, I got connected with people and was able to publish a second paper in April 2015.



**Q: How does PTSD in dispatchers look different from other forms of PTSD?**

**A:** It does not look different from other forms of PTSD. Individuals who have been assaulted, in motor vehicular accidents, and in disasters all present the same symptoms as are present in telecommunicators. The rate of PTSD across telecommunicators is somewhere between 18 percent and 24 percent, as this percentage of individuals report enough symptoms of PTSD that they would likely receive a diagnosis if they were seen by a psychologist and were formally evaluated. The only sub-classification of PTSD is called delayed onset, which means that PTSD is not developed until after a subsequent event is experienced down the road. PTSD can develop when people have a lot of cumulative trauma exposure.

Secondary PTSD is a different construct. An example of secondary PTSD would be PTSD-like symptoms that develop from hearing about something bad that happened to somebody. According to the DSM (the “Diagnostic and Statistical Manual of Mental Disorders” published by the American Psychiatric Association), hearing about someone else’s trauma has been removed as a potential traumatic event, unless that event is particularly violent in nature. Yet, the DSM has specifically stated that being continually exposed to graphic, traumatic details of events as part of one’s job does fall into the definition of trauma, which of course fits for telecommunicators. In our recent study, we’ve been looking at PTSD symptoms, and it is very clear that even if it does not happen to the telecommunicator, just the fact that they have this recurrent exposure to very traumatic events can lead to PTSD.

Does the data show that repeated exposure to a high volume of 911 calls with trauma can lead to PTSD?

That is a stress response, and absolutely, when we are repeatedly confronted with stressful events, stress reactions occur. PTSD occurs when people handle calls that are particularly distressing or upsetting and that stick with them for a long period of time. The more of those types of calls a telecommunicator handles, the more they are put at risk for PTSD. PTSD is not a stress disorder; it is a distress disorder, so it is kind of mislabeled in that way. PTSD may develop because you have been exposed to events that are potentially traumatizing, distressing, and emotionally upsetting in some way. People will not develop PTSD simply from having a high-stress job.

**Q: What symptoms stood out among dispatchers in the study in your opinion?**

**A:** I reviewed the study data prior to this interview and will explain the data regarding symptoms. PTSD has four symptom clusters: 1) avoidance (avoiding thoughts, memories, or feelings that bring back memories of a particularly upsetting call); 2) numbing (feeling detached, feeling as though the world has changed or that the world is a bad, malicious place); 3) hypervigilance (having a strong startle response, feeling on edge all the time, having trouble concentrating or sleeping); and 4) re-experiencing (flashbacks, unwanted thoughts, thoughts about the call that come up repeatedly).

So, when I looked at the data, the most commonly reported symptom by telecommunicators was hypervigilance: feeling keyed up or agitated; feeling on edge; trouble concentrating and sleeping. Some of that is related to the job—being on high alert all the time. I was surprised because I thought that avoidance would be necessary to do the job, as burying certain experiences could be helpful when having to handle similar calls. In fact, it turned out to be one of the lower symptom clusters. Hypervigilance really stuck out. Given that, telecommunicators who present as really keyed up and who can’t calm down and may use alcohol and drugs to fall asleep stand out as having some of the bigger warning signs when looking for telecommunicators at risk for PTSD.

What was very interesting was data that seemed to link job longevity with positive beliefs about the world. Assumptions about the benevolence of the world and people seem to be more positive in veteran dispatchers than in new hires. That said, veteran dispatchers also have the highest rate of PTSD and the lowest job satisfaction. It might suggest that they hold onto those assumptions in order to stay in the job. It also might suggest that people who don’t have compassion or feel that the world is a terrible place cannot survive in the job because their assumptions are attacked on a daily basis.

**Q: Did you obtain any data comparing smaller agencies to larger agencies?**

**A:** Every participant in the study was asked how many telecommunicators were in their communication center. Across the board, the data showed that there were no differences in mental health, physical health, job satisfaction, and coping as a function of agency size. There were very small differences between urban and rural centers. People in urban centers had slightly higher job satisfaction and world assumptions. People in rural settings reported worse mental health (depression). When people were asked if they would quit their job, the No. 1 reason they wouldn't was pinned to the job benefits and the role of the telecommunicator as the family financial breadwinner.

**Q: What type of scenario seems to be a key trigger for telecommunicators?**

**A:** Definitely kid calls. When asked, "What is the worst call you have ever taken?" nearly a quarter of the participants reported an incident involving a child, regardless of whether it was the death of a child, child-related injuries, sexual assault of a child, etc. Those telecommunicators are at the highest risk for adverse mental health and functioning. Certainly, those calls involving kids would be the types of calls where follow-up with the telecommunicator is warranted. The next-highest incident cited was officer-involved shootings or line-of-duty deaths. The third-highest was "other": Some other type of call that was particularly unique, hard to classify, but also conferred higher risk for poorer outcomes.

**Q: Did you acquire any data on physical health complaints common among dispatchers?**

**A:** Obesity is incredibly high. About 83 percent of telecommunicators in the study were obese or overweight. Fifty-three percent alone fell into the obese category. The U.S. is an obese place, but

the U.S. general population has an obesity percentage in the low 30s, so this is 20 percent higher than the general population. On average, there were 17 different health complaints with an occurrence at least once a month, all the way up to once a week. In addition to obesity, the most common complaints were headaches, backaches, insomnia, heartburn, and upset stomach.

Cortisol dysregulation may be a major factor in some of these symptoms. My plans for next steps in studying the 911 field include cortisol functioning as one topic of interest. Looking into cortisol functioning with a telecommunicator sampling in Chicago could provide some hard data regarding why some of these health symptoms are occurring. It may specifically link cortisol to recurrent stress in this job.

The other piece is the shift work schedule, which can have a significant impact on physical health. Shift work interferes with sleep, specifically impacting metabolism and the hormone ghrelin that is released when the body does not get enough sleep. Ghrelin prompts hunger signals. So stress, poor sleep patterns, dysregulated cortisol, and the sedentary nature of the job can all impact the health of the telecommunicator.

Regarding ideas on how to handle some of these symptoms, there is a lot of interest all over the U.S. in installing treadmills and bikes at telecommunicator workstations. Incentivizing some of these habits might create interest in using these machines.

**Q: Do you have any conclusions about treatment for telecommunicators after PTSD has set in?**

**A:** As a licensed clinical psychologist, I have seen a number of very well-supported treatment approaches for PTSD. Two of the approaches with the most support are prolonged exposure and cognitive processing therapy. Both treatments have been proven effective across a spectrum of cases: veterans, sexual assault victims, assault victims, vehicle accident survivors, etc. These treatments do not require long therapy but are specifically focused on helping the person alleviate their PTSD symptoms. If people could get access to those types of treatments, they would be in a good position to recover from their PTSD.

**Q: Knowing that some of these things can help people, do you have an opinion on how to help telecommunicators notice their symptoms and treat them?**

**A:** Any way to get people on board would be a start. For example, a communication center finding an online PTSD screener quiz and telling employees, "Hey, if you go online and take this quiz, you can have an extra break." By having telecommunicators actually do some of the online quizzes and engage in wellness checks online, the results could provide telecommunicators with some feedback on their functioning. It may provide some feedback such as, "Hey, you might be at risk for depression." Incentivizing people to get involved might at least show them that they may have an issue. Extra days off would be a great incentive, although communication centers are chronically understaffed. That would be the first step. I have suggested offering continuing education credits through some of the major 911 organizations to telecommunicators who participate in online interventions. That would be one way of ensuring they would continue being taken care of. Peer support programs have promise: Leaders within the call center who are more informed front-line people and know about the resources, but are not supervisors, might be a less threatening way to bring support to employees.

*Dr. Lilly published a new study titled "Psychological Inflexibility and Psychopathology in 9-1-1 Telecommunicators" in the April 2015 issue of the Journal of Traumatic Stress.* •





## 911 Employment and Stress

The two go together for better and worse

Audrey Fraizer

Employment and stress are something of a “Catch-22” in emergency communications. To hire dispatchers and calltakers able to handle a constant stream of unpleasant and stressful situations, you want to know how an individual might cope in these types of situations. But in order to recognize the individual’s ability to handle these types of emergencies, there must be situations to test the individual’s ability to do so. And the last thing you want to do is expose an employee to an event that could spark a potentially life-altering condition leading to post-traumatic stress disorder (PTSD).

“Stress has always been here in emergency communications,” said James Lake, Director, Charleston County Consolidated 911 Center in South Carolina. “But in the last five to seven years, we’ve realized the events heard over the phone could be as bad as seeing the incident, and we don’t want to put a person in a triggering event.”

PTSD develops in some people involved directly or indirectly to a traumatizing event. People with PTSD may feel stressed even when not exposed to a threatening event.<sup>1</sup>

Studies have shown that emergency calls involving children are particularly difficult as well as calls where emergency dispatchers hear someone die, whether it is from injuries or suicide. The on-duty death of a responder is also difficult to block out.

“It’s not so easy to shake some of the calls,” Lake said.

The triggering event isn’t always predictable, and there’s a host of possibilities represented by the Academy’s fire, police, and medical Chief Complaints. The event could be personal, such as a family history of domestic violence that triggers a bad reaction from a call involving a spouse physically or verbally abusing the other spouse. It also could be an event that occurred at a former job in emergency communications.

One call could tip the balance when combined with personal unresolved grief or it could be the constant stream of negative calls mixed with long hours, fatigue, and—without Dispatch Life Support—the inability to influence the outcome of an incident.

“It’s different for everyone,” Lake said. “I know what dispatchers go through and everybody reacts differently. Symptoms are not always the same.”

The onset of symptoms also varies from within several weeks of the incident, to months and years afterward.<sup>2</sup> Considering the lag time, an individual might not recognize the symptoms—depression, difficulty sleeping, and dulled emotions, for example—and, in the hiring process, the applicant does not acknowledge the potential of experiencing a stress-induced reaction.

If and when a reaction does happen, there’s no going back to the source. A calltaker or dispatcher might recognize events from the past instrumental to a present reaction, but the fault lies in the current position.

*Admitting there is a problem and allowing someone to help takes a great deal of strength.*

“The call or event might have occurred somewhere else, but the responsibility lies with the place where the response to stress occurred,” Lake said.

Lake has seen the effects of overload and stress on personnel during his 30 years in emergency communications. He knows the havoc that untreated stress can play on a person’s life, and he understands the hesitancy of 911 personnel to admit there is a problem.

“Often, telecommunicators perceive admitting they need help as a sign of weakness when in fact admitting there is a problem and allowing someone to help takes a great deal of strength,” he said.

He also knows he cannot base hiring on perceptions of an applicant or a known incident that caused the applicant stress in the past. Not only would that be the wrong thing to do, Lake said, but there are also protections in place to keep that from happening.

An employee diagnosed with PTSD is protected under the Americans with Disabilities Act (ADA), Lake said, and, consequently, preserves the individual’s right to stay employed at the communication center through the ADA’s reasonable accommodations provision. For example, a person experiencing trauma induced at a calltaking position could accept a career transfer to radio dispatch. Other options to treat PTSD include training on how to manage stress, utilizing employee assistance programs, and the opportunity to meet with a chaplain or other counselor skilled in helping individuals work through trauma.

“The end goal is to get people the appropriate help,” Lake said. “We’re trying to take care of our people, but, at the same time, they have to find ways to take care of themselves.” •

## Sources

<sup>1</sup> “Post-Traumatic Stress Disorder.” National Institutes of Health. National Institute of Mental Health. 2016; February. <http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml> (accessed March 28, 2016).

<sup>2</sup> See note 1.



## From Anecdotal to Hard Data

Clinical psychologist delves into the stressful job of dispatch

*Audrey Fraizer*

The subject of stress in the 911 center surfaced repeatedly during Dr. Genelle Sawyer’s research into the effect of traumatic incidents on police, fire, and ambulance field personnel.

Although she realized that dispatchers and calltakers might experience the fatal traffic accidents, violent domestic disputes, and other potentially high pressure situations from a different perspective, she had heard enough stories in their retelling to switch her academic focus, at least temporarily.

“In my work with first responders, 911 was a topic that kept coming up,” said Sawyer, Department of Psychology Associate Professor and Director of the Master of Arts in Clinical Counseling program at The Citadel Military College, Charleston, S.C. “There’s certainly an impact on people, but most of what I heard was anecdotal.”

Sawyer started to investigate, conducting a review of literature, including the work of well-known 911 researcher Michelle Lilly. An Assistant Professor of Psychology, Northern Illinois University, DeKalb, Ill., Lilly specializes in cognitive and emotional processes to predict PTSD in 911 telecommunicators.

In 2012, Lilly and her former student, NIU Research Associate Heather Pierce, who worked for more than a decade as an emergency dispatcher in a western suburb of Chicago, published the results of their groundbreaking research into the on-duty emotional distress experienced by 911 dispatchers. During the past four years, she has published several other dispatch-related research studies.

“[Lilly and Pierce] are virtually the only ones to study this population, and I want to expand on the research,” Sawyer said. “I want to continue this on a broader basis.”

Sawyer said there is research on stress-related outcomes among emergency service workers with direct exposure to stress and trauma, such as post-traumatic stress disorder, depression, burnout, and stigma associated with seeking mental health services. Still, few studies examine how distressed callers or aversive details of traumatic events occurring on a regular basis impact 911 calltakers.

“There’s so much we don’t know,” she said. “Here is this entire group of people



regularly exposed to difficult calls and only minimally studied in terms of the effects on them.”

Sawyer plans to collect data through an online survey to dispatchers employed at various police, fire, and ambulance associated emergency centers to validate “what’s going on out there.” By March, she had contacted several agencies, predominantly in the southeastern U.S., eliciting interest not only in the topic but, also, her voluntary and confidential approach to the study. Participants complete the surveys anonymously, and personnel at the centers enrolled in the study are not required to participate. Depending on the time it takes to collect data, she looks to late summer for preliminary results.

She said initial goals include developing a better sense of day-to-day operations at a communication center and—through the data collected—learning more about how constant exposure to traumatic events influence mental health, professional burnout, coping strategies, and beliefs about the world. She also wants to dig deeper into the factors that promote career longevity and resiliency that she noted in the data from her past research into emergency services.

“My research suggests there is more burnout [attributed to stress] among shorter-term public service emergency people,” she said. “Maybe individuals longer on the job develop resiliency. They have learned ways to cope.”

Although the current study will not directly involve members of the military community, it complements her research interests in trauma, post-traumatic stress disorder, and development of evidence-based treatment.

“I am drawn to populations where the data is lacking,” she said. “Not knowing the extent that telecommunicators are affected by their job evolved into a concern. The study should help to better understand what they’re going through and what they need to help develop coping skills to maximally do their job.” ●

*The study should help to better understand what they’re going through and what they need to help develop coping skills.*

## A Helping Hand

Comm. centers have programs to help staff cope with stress

*Josh McFadden*

When it comes to stressful jobs, being an emergency dispatcher has to be near the top of the list. While many jobs bring with them stressful situations that include deadlines, complicated problems, heavy burdens, and fiscal responsibility, few literally deal with life and death—multiple times throughout each day.

And it happens call after call.

Fortunately, many centers around the world are doing something to help staff members deal with and overcome the relentless onslaught of stress.

### Peer Support Program

The staff at SA Ambulance Service (SAAS) in Adelaide, Australia, are serious about helping dispatchers cope with stress. Staff members volunteer to participate on the center’s Peer Support Program, which helps mitigate stressful situations for fellow employees. Volunteers are trained on how to best help those in need. Program Development Manager Liz Charles explained how this program functions.

“When an event has the potential to be stressful (personal or work related), staff are proactively contacted and provided support at an appropriate level determined at the time,” Charles said. “It may be just a phone call, coffee catch-up, further catch-ups, or nothing required. If the event is deemed extra difficult, we will bring in professional psychologists to support the staff as needed.”

SAAS works with four psychologists and a chaplain to address and assess issues staff members are having. The center also provides phone numbers and websites of various additional resources that employees may contact to discuss challenges they’re facing or to simply find someone with a listening ear.

Supervisors or managers may suggest the program to staff members as a way

to help them through their stress, or staff members can take their own initiative.

"If staff are having personal issues, they are able to self-refer to the support program and gain direct access to psychologists to help them in their lives," Charles said.

### Employee Assistance Program

Stress management and stress coping are also important topics at Dane County Public Safety Communications in Madison, Wis. The department understands that stress is a part of the job and that staff members do respond to incidents that cause psychological distress or emotional strain. The center has instituted an Employee Assistance Program to help victims recognize such events and for colleagues to know how to react to the person having the issue. This program is available to staff members 24 hours a day, seven days a week, 365 days a year and covers stressful, traumatic situations including:

- Serious injury or death of any on-duty Public Safety Communications member
- Serious injury or death of a fellow employee
- Suicide or homicide of an employee
- Any incident that can be considered a serious physical or psychological threat to an employee in the line of duty
- Loss of life that follows extraordinary and prolonged expenditures or physical or emotional energy in a rescue attempt
- A series of incidents that may have cumulative effects
- An incident with unusual circumstances that produces immediate or delayed emotional reactions that surpasses normal coping mechanisms

A couple of recent events in the lives of Dane County dispatchers underscore how helpful the program has been.

"A few years ago we had a dispatcher who had suffered a miscarriage," said Dane County Public Safety Communications Operations Manager Paul Logan. "Obviously, this was a terrible situation



with a lot of associated stress as part of the grieving process. Subsequent to this episode, this same employee answered a 911 call from a mother experiencing a similar situation, and this 'landmine' triggered many of the past emotions and caused a fairly significant stress reaction."

Through the program, the employee was able to take steps to help her appropriately handle future calls that would be similar to this one.

"We pride ourselves on providing resources for our employees," Logan said.

In December 2015, the center dealt with the tragedy of a police officer line of duty death. In just over two hours after the incident, Dane County jumped into action by providing a crisis counselor in the comm. center. The counselor was on hand to visit one-on-one with any staff member who needed to talk, whether or not that person was directly involved with the event. It was a completely voluntary activity.

Later that evening a Critical Incident Stress debriefing session was held for all police, fire, EMS responders, and dispatchers who needed extra help dealing with the tragedy. Meetings such as these are held to facilitate closure and reconstruction and to allow discussion among participants in an effort to cope with the stress brought on by the event, Logan said.

### Don't lose hope

Every person is different, and every incident affects people differently. While one dispatcher may be able to shrug off one dramatic call and move on without ill effects, another dispatcher may be rendered incapable of performing his or her regular duties.

No one in this profession is immune to stress, and there is no shame in requesting help. If you find yourself feeling a greater amount of stress than usual, or if you are experiencing adverse physical, emotional, or psychological symptoms, speak to a member of your center's management team and start the healing process. ●

*No one in this profession is immune to stress, and there is no shame in requesting help.*



## No Space Available

Stress overload comes from many directions

Audrey Fraizer

Denise Thompson thought it was a cosmic sign to change her life.

She loved her job as a calltaker at Charleston County Consolidated 911 Center, S.C., but something was pushing her to pack up the car and return to her home state of Michigan.

It didn't take long for Thompson to realize leaving South Carolina wasn't about a midlife crisis, job burnout, or nostalgia for the place where she was raised. Michigan wasn't the cure-all, although the move back to her home state allowed her to tie up a few loose ends and—maybe more importantly—grasp the message the cosmos had intended. She was grieving over the death of her sister two years earlier.

"I was sorting through boxes of her stuff," Thompson said. "It was causing me a lot of pain—the memories—and that's when I started thinking. Stress from the job was part of it, but it wasn't the cause."

The unexpected loss of her sister from sudden cardiac arrest (SCA) was not the first in Thompson's list of personal tragedy. Her mother, father, and step-dad had died over a four-year period between 2005 and 2009, and, after each death, rather than mourning, she did what all good communication center professionals might do. Thompson went on to the next day. She shoved the sorrow into compartments and locked them away, never to be felt again.

"You can't do that forever," she said. "Sooner or later, there's no room for any more compartments. Eventually, you reach overload."

Thompson's final straws were two 911 calls, and they were the types of calls that the self-described law enforcement enthusiast would typically handle with no problem. The first was a call she answered involving a Snapchat message that led to the fatal stabbing of a 16-year-old male in January 2015. The second was in June 2015 when she was on duty for a call garnering national attention: the murder of nine congregants at Emanuel African Methodist Episcopal Church in Charleston by a shooter later indicted on federal hate crime charges.

"After that call I wondered where my adrenaline pump had gone," she said. "I

wanted to smoke a bunch of cigarettes, listen to Rod Stewart as loud as my radio would go, and drive 75 miles per hour away from the center."

Fortunately, she chose the safest high-octane option—Stewart music—and drove home under the speed limit.

"I was maxed out," she said. "My compartments were overloaded."

She was in Michigan within three months.

Although the job sorting her sister's belongings was wrenching, it also was an inroad to decompression and, as Thompson explained, confronting the grief she had locked away.

"I could feel myself unwinding," she said. "The compartments were emptying."

Less than four months later, Thompson headed back to South Carolina, where one of her adult children lives. Thompson was eager to go back to calltaking and contacted her former supervisor at the Charleston County Consolidated 911 Center.

In retrospect, she had never wanted to leave.

"Michigan was my past, and Charleston was where my life was now," she said.

She admits emergency calltaking is stressful, but so is life, she said, and the reaction to the avalanche of unresolved emotions—packing up and leaving—influenced Thompson to change a few things. She eats healthy (and has lost 60 pounds), she goes for walks, and she developed into a DIY home project painter to distract her during off-duty hours. She's on guard for the signs of overload.

"The job drains your emotions," she said. "You have to figure out what's causing you stress and what to do about it or the same thing that happened to me could happen to you. I've learned it's all about balance and boundaries and being aware of what will trigger stress in your life." ●

*It's all about balance and boundaries and being aware of what will trigger stress.*

## Relieve The Stress

Yoga balances mind, body, and spirit

Ryan Dedmon, M.A.

Jamie Zeller spent 18 years as a dispatcher with the Escondido Police Department, Calif., answering every type of 911 call imaginable, and, at the same time, she served as a tactical dispatcher on incidents that required SWAT team response.

She admits to the stressful nature of the dual role, and similar to most people in highly demanding careers, she ignored the signs of accumulated stress until the effects were almost overwhelming.

Rather than giving up public service, Zeller turned to yoga.

“Yoga carries over to the dispatch floor because you can easily do deep-breathing exercises while plugged in sitting at the console,” said Zeller, who started yoga seven years ago. “It really helps relieve tension.”

Yoga is perfect for emergency dispatchers, said Dina Jump, a yoga instructor in Las Vegas, Nev.

“Yoga is about teaching people how to live minute-to-minute with life’s ever-changing challenges,” she said. “People always say, ‘I can’t do yoga because I’m not flexible,’ but that’s exactly why you do yoga, so you get flexible—not in a crazy bendy way to become some kind of contortionist, but to learn to bend so you won’t break.”

### What is yoga?

Formal definitions describe yoga as a multi-disciplinary approach to balancing the mind, body, and spirit and incorporating different techniques of stretching, posing, breathing, mantra (chanting), and meditation in order to create more sustained joy. Yoga may help reduce stress, lower blood pressure, and lower heart rate.

That’s not all of what yoga is about, according to Ashley Arroliga, a certified yoga instructor and the founder of Apothecary Yoga, Irvine, Calif. Yoga, she believes, also brings a deep self-awareness to the present state in place of thinking about the past or the future.

“Many people live in the past or in the future,” Arroliga said. “This causes feelings



of guilt or shame for what has happened in the past or anxiety worrying about things to come in the future. Neither of those feelings exists in the present.”

It’s not only yoga instructors advancing the practice. According to several studies, there is growing evidence that yoga can reduce the symptoms of post-traumatic stress disorder (PTSD) and enhance overall well-being.

For example, a study on the effects of sensory-enhanced yoga on symptoms of combat stress found Hatha yoga effective in reducing state and trait anxiety and with a potential to effectively address symptoms before they develop into full-blown PTSD!

State anxiety describes the unpleasant feelings when an individual is confronted with specific situations, demands, or a particular object or event. Trait anxiety refers to the differences between people in terms of their tendency to experience state anxiety in response to the anticipation of a threat.<sup>2</sup>

A second study found a short-term yoga program reduced trauma symptoms in women with PTSD. In this study, 16 women between the ages of 25 and 55 were randomly assigned to either eight sessions of a gentle 75-minute Hatha yoga class or to a Dialectical Behavior Therapy (DBT) group. After

eight weeks, the yoga participants, compared to the DBT participants, reported a greater reduction in frequency of all PTSD symptoms as well as greater gains in vitality and body attunement.<sup>3</sup>

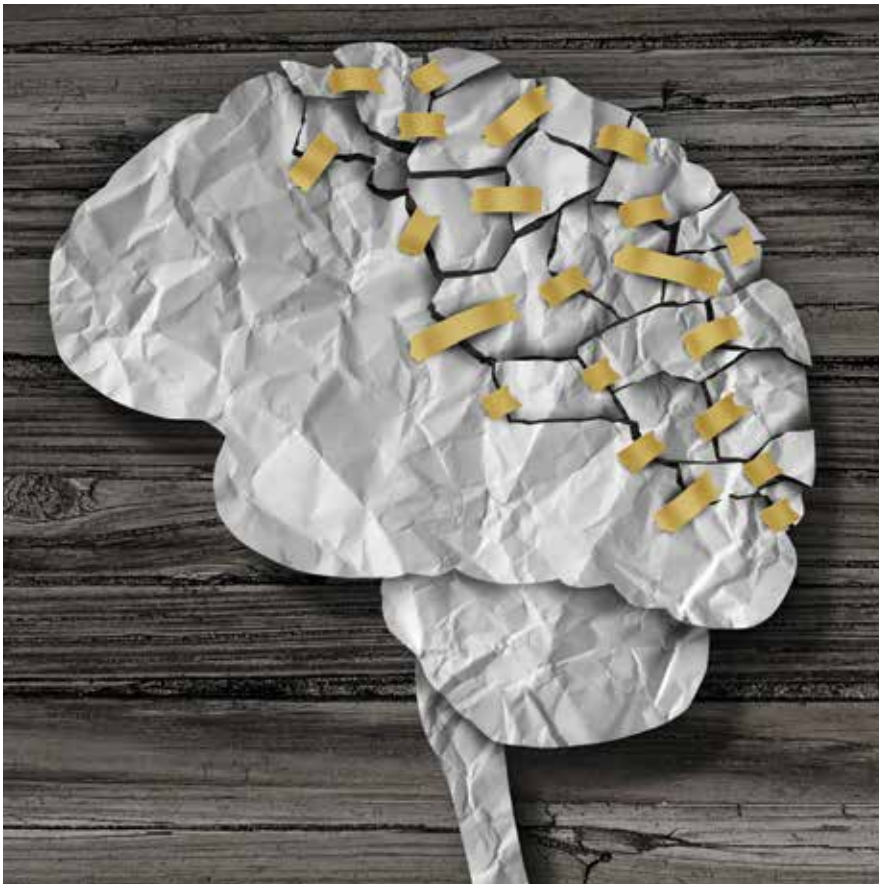
Hatha yoga, mentioned in both studies, is frequently used to describe a slower-paced stretching class to learn beginners’ poses and relaxation techniques.

### Happier and healthier

As practitioners attest and studies indicate, yoga and other mindful meditation provide another way to build resiliency to psychological and emotional stresses of the job. If dispatchers are more self-aware of their thoughts and feelings, they can also do a better job of managing their stress levels, making them healthier and happier dispatchers. ●

### Sources

- <sup>1</sup> Stoller C, Greuel J, Cimini L, Fowler M, Koomer J. “Stress in Deployed Military Personnel.” *American Journal of Occupational Therapy*. 2012; January. <http://ajotaota.org/article.aspx?articleid=1851541> (accessed May 16, 2016).
- <sup>2</sup> Hatfield R. “Difference Between State and Trait Anxiety.” *Livestrong.com*. 2015; April 19. <http://www.livestrong.com/article/98672-differences-between-state-anxiety/> (accessed May 20, 2016).
- <sup>3</sup> Emerson D, Sharma R, Chaudhry S, Turner J. “Trauma-Sensitive Yoga: Principles, Practice, and Research.” *Trauma Center at Justice Resource Institute*. 2009. [http://www.traumacenter.org/research/yoga\\_study.php](http://www.traumacenter.org/research/yoga_study.php) (accessed May 16, 2016).



## Stress And The Workplace

Americans with Disabilities Act covers post-traumatic stress disorder

Title I of the Americans with Disabilities Act (ADA) prohibits an employer from treating an applicant or employee unfavorably in all aspects of employment—including hiring, promotions, job assignments, training, termination, and any other terms, conditions, and privileges of employment—because the person has a disability, a history of having a disability, or because the employer regards the person as having a disability.

**Source:** “Understanding Your Employment Rights Under the Americans with Disabilities Act (ADA): A Guide for Veterans.” U.S. Equal Employment Opportunity Commission. [http://www.eeoc.gov/eeoc/publications/ada\\_veterans.cfm](http://www.eeoc.gov/eeoc/publications/ada_veterans.cfm) (accessed March 25, 2016).

### What is a “mental impairment” under the ADA?

The ADA rule defines “mental impairment” to include “[a]ny mental or psychological disorder, such as ... emotional or mental illness.” Examples of “emotional or mental illness[es]” include major depression, bipolar disorder, anxiety disorders (which include panic disorder, obsessive compulsive disorder, and post-traumat-

ic stress disorder), schizophrenia, and personality disorders. [However], even if a condition is an impairment, it is not automatically a “disability.” To rise to the level of a “disability,” an impairment must “substantially limit” one or more major life activities of the individual. U.S. Equal Employment Opportunity Commission. 1997; March 25. <http://www.eeoc.gov/policy/docs/psych.html> (accessed March 25, 2016).

### How long does a mental impairment have to last to be substantially limiting?

An impairment is substantially limiting if it lasts for more than several months and significantly restricts the performance of one or more major life activities during that time.

**Source:** “EEOC Enforcement Guidance on the Americans with Disabilities Act and Psychiatric Disabilities.” U.S. Equal Employment Opportunity Commission. 1997; March 25. <http://www.eeoc.gov/policy/docs/psych.html> (accessed March 25, 2016).

### What are the symptoms of PTSD?

Possible symptoms associated with PTSD are re-experiencing, avoidance, negative cognition and mood, and arousal. Re-experiencing involves spontaneous memories of the traumatic event, recurrent dreams related to it, flashbacks, or other intense or prolonged psychological distress. Avoidance refers to avoiding the distressing memories, thoughts, feelings, or external reminders of the event. Negative cognition and mood represent countless feelings, from a persistent and distorted sense of blame of self or others, to estrangement from others or markedly diminished interest in activities, to an inability to remember key aspects of the event. Arousal is marked by irritable, angry, aggressive, reckless, or self-destructive behavior; sleep disturbances; hyper-vigilance; or related problems (American Psychological Association, 2013).

**Source:** “Employees with Post Traumatic Stress Disorder.” Job Accommodation Network. 2015; Oct. 8. <https://askjan.org/media/ptsd.html> (accessed March 25, 2016).

### Are employees with PTSD required to disclose their disability to their employers?

No. Employees need only disclose their disability if/when they need an accommodation to perform the essential functions of the job. Applicants never have to disclose a disability on a job application or in the job interview, unless they need an accommodation to assist them in the application or interview process (EEOC, 1992).

### Can an employer ask an employee with PTSD to submit to a medical examination?

Yes, if the need for the medical examination is job-related and consistent with business necessity. Typically, employers will ask an employee with PTSD to submit to a medical examination (also called a fitness-for-duty exam) after the employee had an incident on the job that would lead the employer to believe that this employee is unable to perform the job, or to determine if the employee can safely return to work, and if any accommodations will be needed on the job (EEOC, 1992).

*Special note: Pre-job offer medical examinations or inquiries are illegal under the ADA. People with PTSD (or any disability) do not have to submit to a medical exam or answer any medical questions until after they are conditionally offered a job (EEOC, 1992).*

### Can an employer discipline an employee with PTSD who violates conduct or performance standards?

Yes, an employer can discipline an employee with PTSD who violates conduct standards or fails to meet performance standards, even if the behavior being exhibited is caused by the employee's disability. However, an employer is obligated to consider reasonable accommodations to help the employee with PTSD meet the conduct or performance standards (EEOC, 1992). ●

**Source:** "FAQ about PTSD and the Americans with Disability Act" Syracuse University. <http://toolkit.vets.syr.edu/wp-content/uploads/2012/12/FAQ-PTSD-and-the-Americans-with-Disability-Act.pdf> (accessed March 25, 2016).

