



## ***Greetings fellow EMDR therapist:***

This is a call for help that represents a phenomenal professional opportunity and privilege for EMDR therapists. We've been building a **Registry of EMDR Therapists for 911**, not to bypass the EMDRIA or EMDR Institute's Therapist Finder search engines but to target and better reach an under-served *sub-population of First Responders* who desperately need EMDR. There is no charge to join.<sup>1</sup>

### **The Background**

I am the director of the 911 Training Institute ([www.911Training.net](http://www.911Training.net)), joined by our past EMDRIA President Sara Gilman. We're inviting you to take local clinical leadership as part of this initiative to reach the country's 911 telecommunicators with EMDR therapy. 911 telecommunicators are the very first responders on the emergency scene (psychologically)—the first to hear the raw pain of callers when tragedy strikes—whether it is a call from the mother hysterically screaming that her baby is not breathing, or one of many suicide callers who end their lives by gunfire as the telecommunicator listens. They are the also the very first interventionist in these crises.

### **The Need**

This overlooked group really needs your help. Two recent studies (Pearce and Lilly, 2012; Lilly, 2015) indicate that the psychological risks to which emergency telecommunicators are exposed places them at far greater likelihood of incurring PTSD than the public realizes. Lilly's latest study indicates that 24.6% of 911 Professionals (911Pros) acknowledge symptoms consistent with this diagnosis (utilizing civilian cut-off scores).

The privilege of serving 911Pros has been among the most rewarding of my career. This population is virtually invisible and so they are understandably overlooked by our profession as emergency responders in great need of trauma therapy. (This is not a criticism: the only reason that I recognized telecommunicators to be the Very First Responder is that my sister was one!) Sara and I were affirmed in the need to reach out to them with EMDR when we informally polled the 104 clinicians who attended our first EMDRIA presentation in Long Beach (2011): whereas nearly all our colleagues who were present that day had treated emergency *field* responders, less than 10 reported treating 911 telecommunicators for work-related stress.

Sara and I began this project when I was chairing The 911 Wellness Foundation (911WF) and she served as our Chief Mental Health Officer on the board. While the Foundation has now closed so that other leading 911 groups can take over what we began, Sara and I continue to work to finally establish the **Registry**, a non-profit initiative. The Registry bridges two disconnected communities: mental health professionals qualified to treat traumatic stress utilizing Evidence-Based Treatment (specifically EMDR clinicians) and 911 emergency response service providers throughout North America. My work now is to train these telecommunicators fostering their resilience amidst their inordinately frequent exposure to traumatic events. Yet they also need EMDR, and everywhere I travel in the U.S. I am looking for therapists to whom I can bridge 911Pros who make decisions to seek help.

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<sup>1</sup> This Registry is a legacy project initiated by the 911 Wellness Foundation (911WF) which served the 911 industry from 2011-2017. The Registry project continues as a volunteer effort of 911 Training Institute which receives no remuneration for administering or providing this service. See [www.911wellness.com](http://www.911wellness.com) for background information. See <https://www.911training.net/seeking-personal-help> to learn how it works and how we're working to bridge clinicians to 911Pros.

**The premise for developing the Registry** is that most frontline telecommunicators still do not know that PTSD is curable with EMDR; and, as members of a paramilitary culture they are often skeptical of mental health professionals and thus ambivalent about seeking therapy help. So, when they begin treatment with clinicians unacquainted with their specific 911 stressors, there is greater likelihood of recidivism and treatment failure. This failure can perpetuate the 911Pro's skepticism and ambivalence regarding therapy and psychological self-care. So we need to inform our qualified EMDR clinicians and also encourage those already treating field responders to engage locally with our 911 centers.

**Groundwork laid for the Registry.** At the 2011 EMDRIA conference in Long Beach, Sara and I presented on the topic of *EMDR for First Responders*. In 2013 our EMDRIA presentation focused on the unique stressors faced specifically by 911 telecommunicators and their need for EMDR. At the 2015 Conference Sara joined Catherine Butler to further advance the cause, and we contributed a chapter, *Reaching the Unseen First Responder with EMDR: Treating 911 Trauma in Emergency Telecommunicators* was published in Marilyn Luber's clinical textbook *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols and Summary Sheets: Treating trauma, anxiety and medical related conditions* (New York: Springer).

The EMDR for 911 Registry is open to all those clinicians who qualify and are willing to take a few steps of preparation to serve their local 911 professionals (see below and in the EMDR for 911 Registry Application, available upon request.) And we welcome all those clinicians who already serve as members of the Trauma Recovery Network (TRN) to support their mobilization treating traumatized telecommunicators following disasters and catastrophes. To clarify, members of the Registry are not asked to do pro bono work: telecommunicators generally have good insurance that covers at least half or more of their therapy costs.

As a private practitioner, developing a relationship with your local 911 call center can represent an increase flow of clientele to your practice while providing vital healing to this deserving group of people. This success depends on the clinician's ability to gain deeper insight about the 911 professional's work life and forge a genuine relationship with their 911 center, which is driven by respect for all they do for all of us.

With all this in mind, and to help assure that local EMDR therapists and our "911 pros" will succeed in relationship-building, the 911 Wellness Foundation established five criteria that we ask clinicians to embrace as members of the Registry:

### **Criteria for Membership in the Registry of EMDR Therapists for 911**

1. **Show licensure as a mental health clinician** (in good standing) by state regulatory board to practice independently. Exceptions regarding independent practice status are allowed consistent with EMDRIA policy for clinicians practicing in those states (such as Michigan) in which masters level psychological practitioners are required to practice under supervision of doctoral level clinicians.
2. **Verify that you are a Certified EMDR Therapist** (Active Status); or, where no such qualified clinicians exist in the service area, Completion of EMDRIA Approved EMDR Training (both Parts 1 and 2) and minimum of 100 clinical hours administering EMDR.
3. **Get equipped by reading a chapter:** Marshall, J., and S. Gilman (2015). *Reaching the unseen first responder: treating 911 trauma in emergency telecommunicators*. In M. Luber (Ed.), *EMDR Scripted Protocols: Anxiety, Depression, and Medical Related Issues* (pp. 185-216). New York: Springer Publications. (Note: the intention here is not to sell books but to assure essential knowledge of, and best practice treatment for this sub-population. If purchasing this book is a financial hardship for an applicant, we will upon request seek permission of the publisher to reprint the chapter.)
4. **Agree to do a "Sit-Along":** this involves arranging a scheduled visit at your local 911 center for a minimum of two hours.
  - *Sit-Along* is a term used informally in the 911 industry referring to arranged 911 center visits for non-911 personnel to directly observe telecommunicators at work interfacing with callers and field responders at their "consoles" (phone systems, computers/software, monitors) and real-time 911 operations).

- **Rationale/objective for this criterion:** participating in a 911 Sit-Along can achieve two purposes: 1) it provides the clinician with a basic understanding of, and respect and empathy for the 911 professional's work experience. 2) It also can help boost confidence and reduce the ambivalence common among telecommunicators about seeking help from mental health therapists. Your willingness to invest in the time it takes to do a Sit-Along signals to them that you respect how their responder role and their stressors are distinct from, yet directly related to those of field responders; and that you are willing to humbly learn as a student of 911 before attempting to deliver therapy to their personnel. So, the Sit-Along is an essential step to building clinical rapport and trust with these unique emergency responders and their leaders.
- **Procedure for initiating Sit-Alongs:** You can pursue scheduling of the Sit-Along by contacting your nearest 911 center, explaining your involvement on the Registry and your interest in serving the center's personnel with EBT; and thus your hope to visit and learn about 911 operations by experiencing a Sit-Along. To support you in gaining the center leaders' support of this Sit-Along, 911TI can, upon request, provide you with a letter explaining the Registry and why we have recommended the Sit-Along as a first step in connecting to serve the 911 center as a clinician.
- **Procedure after Sit-Alongs:** upon completing the Sit-Along, you will notify us by email that you've fulfilled this Registry criterion. NOTE: While you retain your autonomy as a clinician to treat whomever you choose as you and a client agree, to represent yourself, and be recognized as a member of the Registry to the public and on the 911TI website, you must indicate in the Registry Application your commitment to do a Sit-Along within 90 days. (You may consider this required waived only if you have a preexisting relationship with your 911 center(s) or they are restricted by policy to permit the Sit-Along. (See the Application for details.)

**Limitations of membership:** inclusion as a therapist in the Registry does not constitute 911 Training Institute's endorsement or recommendation of member clinicians since our organizations do not assess clinical effectiveness or evaluate members' clinical work. Registry membership indicates only that approved clinicians have exercised due-diligence in preparation to serve the 911 community according to the Training Institute's standards. Accordingly, we bridge Registry members and 911 organizations and personnel so that they can explore establishment of a service relationship. Development of such a relationship is entirely the option of both local parties. Thus, Registry membership does not constitute or afford assurance of contracts for clinical service or a commitment by either party to enter into such. Service-related complaints from 911 personnel may prompt review of the related 911 Center staff/clinician experience and could result in removal of the clinician from the registry.

Your listing on the Registry will, with your agreement upon application be published on the 911 Training Institute website so that 911Pros searching for therapists in your area can find you and other Registry Members to directly pursue assistance. There is no charge to telecommunicators or their agencies to access the Registry.

If you would like to pursue membership in the 911 Training Institute's EMDR for 911 Registry, please email my Operations Manager Deborah Gagnon, M.S.: [Deborah@911Training.net](mailto:Deborah@911Training.net). She will provide you with a password required to enter the website's Guest area where you can complete the application. We will review your application and respond as promptly as possible. Please retain this letter for your records since it contains information to guide you through the process of attaining membership in the Registry.

Thanks again, for taking your time to consider this invitation!

Sincerely,



Jim Marshall, MA  
Certified EMDR Therapist  
Director, 911 Training Institute