

THE RESILIENT
9-1-1 PROFESSIONAL

THE RESILIENT 9-1-1 PROFESSIONAL

A Comprehensive Guide to Surviving & Thriving
Together in the 9-1-1 Center

Edited by
Jim Marshall and Tracey Laorenza

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Press

The Resilient 9-1-1 Professional
A Comprehensive Guide to Surviving & Thriving Together in the 9-1-1
Center

Publisher's Note:

The Resilient 9-1-1 Professional: A Comprehensive Guide to Surviving & Thriving Together in the 9-1-1 Center brings together an unprecedented group of contributors including 9-1-1 frontliners, their managers, joined by subject matter experts in public-safety, mental health, organizational health, and public administration. Together they deliver powerful stories and fascinating science revealing the health risks faced by “9-1-1Pros” and a full spectrum of solutions to manage these risks and optimize the personal and organizational wellbeing in our 9-1-1 centers. This book is not a substitute for medical care. If you think you, or someone you know, may be experiencing a mental health struggle, please seek the help of qualified healthcare professionals.

If you are considering killing yourself, please just set down the book and give a call to **www.SafeCallNow.org**, a fully confidential 24/7/365 help line devoted to assisting first-responders. Their number is 206-459-3020, or text the Crisis Text Line 741741.

Cover design: Jim Marshall

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DEDICATIONS

To my loving sister, Deborah Achtenberg (ENP, Retired), a 9-1-1 pioneer who led me to serve, and become part of the 9-1-1 Family, enriching my life forever; and to my 9-1-1 brother, Michael Stanley (ENP, deceased), whose legacy of support to his 9-1-1 peers will live on. Extraordinary Care Givers both, and champions of the cause to which this book is dedicated.

JIM MARSHALL

To my mom (deceased) and my dad who, intentionally or otherwise, taught me everything I needed to know to become the person I am today. And to Officer Tim Harper (deceased), who made me realize we *must* address mental health issues within our profession. Tim, your life mattered.

TRACEY LAORENZA



Praise for
THE RESILIENT
9-1-1 PROFESSIONAL

“A big thank you to Jim Marshall and team for taking the time to invest in the mental health of our amazing 9-1-1 telecommunicators across the world. I am looking forward to having this book as a resource as we move forward in this ever changing, demanding, stressful yet rewarding career path we have all chosen. Retaining experienced, talented, skilled and healthy telecommunicators is vital to the safety of our communities and its responders. *The Resilient 9-1-1 Professional* is a giant step towards connecting agencies and employees with the tools needed to address the concerns and issues surrounding the extreme stress we encounter.”

LISA HALL, ENP
Director
Midland County Central Dispatch Authority (MI)

“2013 was the year that really launched Within the Trenches, true stories from the 9-1-1 dispatchers who live them. The podcast was born out of the need to share dispatcher stories to gain some sort of closure and heal by facing the calls we have buried. It doubles as an educational tool for the general public who has no idea what 9-1-1 dispatchers go through. 2013 also marks a time when I was introduced to Jim Marshall. During our first episode together, he helped me realize that I wanted more out of my dispatch career. I was struggling with a toxic environment that began to leak over into my family life and through talking with him I was able to survive and thrive through the low morale that was, at that time, my dispatch center. *The Resilient 9-1-1 Professional* fills a need in public safety and one that I had the pleasure of receiving face-to-face back in 2013 through his words and guidance.”

RICARDO MARTINEZ II, M.A.
Founder
Within the Trenches Podcast and the #IAM911 Movement

“*The Resilient 9-1-1 Professional* is an excellent resource for every emergency services leader. It describes the fundamental stress factors that 9-1-1 dispatchers face. It outlines how to recognize stress, cope and become a more resilient caregiver. Jim Marshall is a gifted therapist who gives energy and hope to us all by shining a bright light in the dark places of our souls and profession. With contributions from many knowledgeable professionals and a pragmatic approach to wellness, this book is a must read.”

JAY FITCH, PhD
Founding Partner
Fitch & Associates – Emergency Services Consulting Group

“9-1-1 Professionals, the calm behind the storm. The ones we all rely upon but often forget about. *The Resilient 9-1-1 Professional* is a long overdue book for those who are the first on the front lines to sort out the chaos when it strikes. The emotional toll placed upon our 9-1-1 Professionals has not been addressed until now and these brave men and women who serve deserve to not only survive but also to thrive in life.”

SEAN RILEY
President & Founder
Safe Call Now

“For many of us, our response-to-stress skill set was developed in an atmosphere of ‘suck it up and deal with it.’ As leaders, we must put that part of our past behind us. We need to develop resiliency and recovery skill sets in our people that allow them to ‘deal with it’ by using tools and resources that are proven effective. I recommend that 9-1-1 professionals purchase this book and use it as a guide for developing those tools necessary to survive and thrive.”

JIM LAKE
Director
Charleston County Consolidated 9-1-1 Center (SC)

“Trauma is the business and the bane of emergency service providers. Jim Marshall and Tracey Laorenza's comprehensive book addresses the ways in which trauma affects, and can be managed by, 9-1-1 personnel through personal accounts, professional advice, and clinicians' tales of therapeutic strategies.”

ROBIN SHAPIRO, LICSW

Psychotherapist and author of *EMDR Solutions: Pathways to Healing*; *EMDR Solutions II*; *The Trauma Treatment Handbook*; and *Easy Ego State Interventions*

“As a paramedic, I believe dispatchers are the TRUE first-responders. They hear terrible things and these sounds create images in their mind that require care. *The Resilient 9-1-1 Professional* will create compassionate leaders who can lend their expertise to dispatchers exposed to traumatic incidents. If you are a dispatcher or a 9-1-1 leader, you want this book!”

NATALIE HARRIS, BHSc, ACP, AEMCA

Keynote Speaker and best-selling author of *Save My Life School: A First-Responder's Mental Health Journey*

“I could not be more excited for this book to be published. It is not only going to fill in cracks in the veteran telecommunicator's foundation but will also give those coming into this stressful but rewarding profession a complete foundation to build on. Every lesson in this book should be taught to every 9-1-1 professional across the nation.”

TRACY ELDRIDGE

Public Safety Operations Lead
RapidSOS

“With the intensive, precise nature of the work, its demanding hours and chronic under-staffing, the 9-1-1 dispatcher faces a continuous world of stress. Constantly facing the trauma and tragedy of those we

serve, our job requires us to persevere amidst the high standards, ongoing criticism, and frequent lack of recognition. All this can challenge the dispatcher's self-confidence, compassion, and mental health. This book may be a lifesaver for the public safety dispatcher; it's a toolkit well-stocked with resources to maintain one's wellbeing within a vocation that seems to try to erode it – by helping you understand and recognize the elements that breed stress, discovering realistic ways to find equilibrium within that stressful environment, and to ultimately restore a healthy, positive, and rewarding outlook that can support you throughout your career.”

RANDALL D. LARSON

Editor, *9-1-1 Magazine*

9-1-1 Supervisor/Trainer, retired

“As 9-1-1 peers, supervisors, managers, and directors, we need to take better care of ourselves and each other. *The Resilient 9-1-1 Professional* is a complete guide for everyone to thrive in this difficult but necessary profession. Every agency is dealing with staffing and retention issues. We have to find ways to be resilient with the difficult calls, overtime, and missed family engagements just to name a few. This guide will show that you are not alone and give you tools to be successful. As a profession, we do a great job of taking care of others. We need to remember to care for ourselves as well. Otherwise, we will have nothing to give.”

DON JONES, ENP

Dispatch Manager

Sonoma County Sheriff's Office (CA)

“Extensive research shows Social Worker burnout on account of ‘hearing the trauma of others’. And yet, there is little knowledge or credit given to the 9-1-1 dispatchers who may hear the trauma *as it happens*. This book illustrates the gap that needs to be closed as well as how we might close it. This is a fantastic primer that should find its way into all the educational programs for dispatchers.”

NICK HALMASY

Founder and Registered Psychotherapist

After the Call

"A must read! Jim Marshall has led the charge in educating the 911 industry in mental health awareness. The mental health of an organization's employees should be top priority; without it, the organization cannot thrive. Jim and his colleagues do an exceptional job addressing this issue and how it affects our psychological, physical, and spiritual lives. This book is one you'll want to own and revisit again and again."

TODD BOROWSKI

Training Coordinator, Peer Support Team Leader

Cobb County 911 (GA)

"Dispatchers are the first first-responder, yet historically they are the last to be remembered in the aftermath of a critical incident or tough call. A book for 9-1-1 dispatchers is long overdue and I'm incredibly happy to see the focus being placed on our emergency dispatchers. *The Resilient 9-1-1 Professional* shines light on how dispatchers experience trauma and that the psychological injury can be healed; it uses stories of traumatic experiences to help dispatchers learn about post-traumatic growth and build resiliency."

HEATHER WILLIAMS, PhD

Regional Peer Support Coordinator

Orange County Sheriff's Department (CA)

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About the Contributors to *The Resilient 9-1-1 Professional*

Craig Boss, MD, D, ABSM, D, AAFP, is the medical director of the Munson Healthcare Charlevoix Hospital Sleep Center in Charlevoix, MI. He completed medical school at the College of Human Medicine at Michigan State University and subsequently completed his residency in Family Medicine at Ft. Bragg, NC. Following his residency, he served as a faculty member and ultimately as assistant residency director at the Eisenhower Army Medical Center Family Medicine Residency program in Ft. Gordon, GA. After leaving the Army in 1997, he practiced full spectrum Family Medicine including outpatient, inpatient, and emergency medicine. In 2006, he completed his Sleep Medicine fellowship at the University of Michigan and has devoted his practice to Sleep Medicine. Dr. Boss is excited to help 9-1-1Pros “Sleep for the Health of It!” He is a passionate teacher and has earned several teaching and clinical awards. He speaks nationally on topics of Family and Sleep Medicine.

Ryan Dedmon, MA, is the Outreach Director for the 911 Training Institute. He coordinates a Crisis Intervention program for advanced officer training at the Regional Criminal Justice Training Center at Golden West College in Southern California. Ryan worked in law enforcement for nearly 12 years, a majority of which were spent in a police dispatch emergency communications center. In 2012, the Southern California chapter of APCO International named him “Telecommunicator of the Year”, the highest honor for public-safety dispatchers in Southern California. Ryan is a California POST-certified Academy Instructor and has a Masters of Arts in forensic psychology. He is a contributor to *9-1-1 Magazine* and the *Journal of Emergency Dispatch*. Ryan blends his education and experience behind the console to help dispatchers and police officers battle acute and post-traumatic stress.

John Dejung, MBA, ENP, is currently the director of emergency communications for Dane County (WI), having been so since 2009. From 1997 into 2009 he was the Minneapolis 9-1-1 director. Both Centers are approximately 20 seats, and serve a population of about 500,000, with a crew of 75 Telecommunicators. For the 20 years prior to working in 9-1-1, he was a Coast Guard officer, commanding 3 ships and serving in a variety of other assignments, both ashore and afloat. He has been active at the local and national levels with both NENA and APCO. John graduated with a Bachelor of Science degree in Civil Engineering from the U.S. Coast Guard Academy and from the University of Wisconsin – Madison, with a Master’s in Business Administration.

Sara G. Gilman, PsyD, LMFT, has been a licensed Marriage and Family Therapist since 1986, and is EMDR Therapy certified and past-president of the EMDR International Association. Her 2017 doctoral dissertation focused on the effects of cumulative traumatic stress exposure in first responders and the use of EMDR as an early intervention. She is a former San Diego rural firefighter/EMT and served on the San Diego CISM Team. As co-founder and president of Coherence Associates, Inc., she consults with agencies to build strong peer support teams, and trains personnel in "Peak Performance and Mental Toughness." She was awarded Fellowship status with the American Academy of Experts in Traumatic Stress for her extensive work in utilizing EMDR with first responders following critical incidents; and co-authored *Reaching the Unseen First Responder With EMDR*, a chapter in a textbook for clinicians, *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols and Summary Sheets: Treating trauma, anxiety and medical related conditions* (Springer, 2015).

S. Marshal Isaacs, MD, FACEP, FAEMS "Marshal" is the medical director, UTSW/Parkland BioTel EMS System, Dallas Fire-Rescue Department, Prehospital Emergency Medical Services, Parkland Health & Hospital System for the City of Dallas (TX).

Reannon Kerwood, MA, LMFT, is an EMDR therapist and first responder program coordinator for Coherence Associates, Inc. (CAI), a group mental health practice in Encinitas, CA. She specializes in treating first responders, military and trauma survivors. In 2014, as an intern under the supervision of Dr. Sara Gilman, Reannon experienced significant positive outcomes with utilizing EMDR Therapy with first responders following critical incidents. She is a regular speaker to first responder groups throughout San Diego County. Additionally, she is trained and certified in Domestic Violence and Sexual Assault Crisis Intervention, Anger Management, Advanced Cognitive Behavioral Therapy (CBT), EMDR Recent Traumatic Episode Protocol (R-TEP), and Critical Incident Stress Management (CISM).

Randall Kratz, MS, LCSW, PC is a licensed clinical social worker and professional counselor in the state of Wisconsin with FEI Behavioral Health. He has worked as both a counselor and a supervisor in outpatient and hospital settings for over 15 years. He has been a workplace consultant for over 20 years providing employers and employees with assistance for traumatic stress, conflict management, organizational change, substance abuse, work/life balance and other challenges affecting the resiliency of people and organizations.

In the past five years, Randy has worked more exclusively with first responder workplaces including 9-1-1 dispatch, law enforcement and fire/rescue providing critical incident stress management services, EAP consultations and counseling interventions. Randy is an experienced adult educator. He has presented at many conferences and workshops both regionally and nationally.

Jim Lanier, ENP, MPA, is the technical services division manager for the Alachua County Sheriff's Office in north central Florida. Jim has been involved in public safety for over 30 years with experience in firefighting, EMS Paramedic, and 9-1-1. Jim holds a Bachelor of Science degree in Emergency Management and has a Master's degree in Public Administration. In addition to being a NENA Emergency Number Professional (ENP) Jim is a Fire, Medical and QA Instructor with the International Academies of Emergency Dispatch and a member of the IAED College of Fellows. Jim greatly values his experiences as a field first responder, but the 9-1-1 world and the people within it are where his path and passion have led him. Jim was a co-founder of the 911 Wellness Foundation.

Tracey Laorenza, BS, is currently the communications coordinator of a public safety department at a college in Massachusetts. She is editor for South of Heaven Press, and co-editor of The Resilient 9-1-1 Professional. For eighteen years, Tracey was a 9-1-1 police and fire dispatcher; sixteen of which she served as a dispatch shift leader for a suburban police department in Michigan. She was also an instructor within the 9-1-1 Dispatch Academy at Oakland Community College (MI), as well as with Macnlow Associates (MI). Tracey holds a Bachelor of Science degree in Criminal Justice from the University of Massachusetts at Lowell. She will complete her Master of Arts in English and Creative Writing in May 2018. Tracey is also an assistant coach for a women's college softball team.

Michelle M. Lilly, PhD, is an associate professor of Clinical Psychology at Northern Illinois University (NIU). She completed her doctorate at the University of Michigan (UM), followed by a post-doctoral fellowship at the Psychological Clinic at UM where she treated clients presenting with a range of anxiety- and stress-related disorders. In 2009, Dr. Lilly joined the faculty at NIU where she started the Trauma, Mental Health, and Recovery research lab. Her research focuses on cognitive and emotional factors implicated in the development of post-trauma psychopathology, including PTSD, depression, and somatic symptoms. Shortly into her academic career, Dr. Lilly became interested in the psychological and physical effects associated with the unique challenges inherent in the work of 9-1-1 professionals, resulting in numerous completed and ongoing projects with this population.

James Marshall, MA, LLP, is a psychotherapist and Director of the 911 Training Institute. He now educates telecommunicators in personal resilience and 9-1-1 call mastery, and advocates in the 9-1-1 industry to support these causes. “Jim” has been a licensed clinician for over thirty years and was the founding chair of the 9-1-1 Wellness Foundation. He co-chaired the workgroup that authored the industry’s first *Standard on Acute/Traumatic and Chronic Stress Management*, and co-authored *Reaching the Unseen First Responder With EMDR*, a chapter in a textbook for clinicians, *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols and Summary Sheets: Treating trauma, anxiety and medical related conditions* (Springer, 2015). Jim earned his Masters of Arts in clinical psychology from Wheaton College (IL).

Jan Myers, MA. As a career 9-1-1 professional, and now a practicing mental health clinician, Jan has been involved in quite a few projects to support 9-1-1 resilience and prevent PTSD: developing and delivering courses for the California (CA) Peace Officer Standards and Training (POST)—including production of a DVD entitled, “Dispatchers: Career Resiliency,” a course for Trauma Exposure and Management for CA Dispatchers, helping write the National Emergency Number Association (NENA) Standard on 9-1-1 Acute/Traumatic and Chronic Stress Management, and facilitated the development of the first guide on Line of Duty Deaths and Catastrophic Illness/Injury for Oregon Law Enforcement agencies. Jan also served as a co-founder of the First Responder Support Network providing peer and clinical support for First Responders suffering from work related stress injuries and was a co-founder and board member of the 911 Wellness Foundation.

Lora Reed, PhD, has served as a consultant with 9-1-1 since the 1990’s. Her focus is about workplace improvement through employee recruitment, selection, retention, organizational culture, personality/job-fit, and Servant Leadership. Her 2005 dissertation focused on personality & Servant Leadership relationships to employee retention. In 2009, Lora became one of first three Greenleaf Scholars, for her Servant Leadership research with 9-1-1 folks. Her 2015 landmark study on leaders, followers, and organizational citizenship included voices of over 850 U.S. communications center employees. Original scales, modified specifically for 9-1-1 employees in the study, were created by Lora and two research collaborators, presented at *Academy of Management* and published in *Journal of Business Ethics*. Lora was research director for 911 Wellness Foundation (2013-2016) and has published numerous articles and presentations. She serves on her local CISM team in Southwest Florida.

Phoenix Chi Wang, PhD, is a sociologist specializing in culture, work and the state and bureaucracy. Based on her three-year fieldwork at a PSAP in New England, her doctoral dissertation examines the experience, process and consequence of the work of 9-1-1 dispatchers. She has published in peer-reviewed journals such as *Politics and Society*, and *American Journal of Cultural Sociology*. She earned her Ph.D. in Sociology from Harvard University in 2017 and currently works as a staffer on Capitol Hill. Her legislative portfolio includes: telecommunication, science, space and technology, agriculture, energy, environment, natural resources and women's issues. She acknowledges support from National Science Foundation for her dissertation (Award No. 1539822).

Ivan Whitaker, MBA, has more than 20 years of experience in the field of public safety. He has an MBA in Leadership with a concentration in Organizational Development. Ivan has served in several leadership roles including EMS Management and Director of a Public Safety Answering Point (PSAP). In his most recent role prior to transitioning to Priority Dispatch Corp., Ivan managed more than 145 employees who answered 1.2 million calls per year. His experience in the field, emergency room, and 9-1-1 communications center provides a well-rounded view of the pre-hospital setting. His specialties are PSAP consolidations and organizational development, data-driven response deployment plans, emergency dispatch (ED) protocol implementations, the development of quality improvement programs, and PSAP accreditations. Ivan is a paramedic, EMT, and Emergency Medical Dispatch (EMD) Instructor and has trained many paramedics, EMTs, and EMDs



FOREWORD

I must honestly admit that, like most people, I had never considered the duties of a 9-1-1 professional until about a decade ago. My emphasis as a clinical psychologist and researcher trained in the field of psychological trauma had always been on the impacts on those directly involved in the event. This is called *direct exposure*. I focused on understanding and assisting survivors of assault committed at the hands of another person. I didn't work with "vicarious traumatization" (VT). VT, also called Secondary Traumatization, refers to the psychological impacts experienced by those, like therapists, who come alongside the traumatized person. I say this sheepishly given the audience of this book, but to be fully transparent, I had always thought of vicarious trauma exposure as "Trauma Lite."

Then one day, Heather Pierce, my student at the time, described to me the seven years that she had worked as a 9-1-1 professional before returning to school. I was instantly astounded by my own ignorance of the profound challenges inherent in the profession. This may have been the point at which I looked up a stock photo of a 9-1-1 call center console. I knew that I had to do something. I was driven by the question of how anyone could perform the duties of a 9-1-1 professional without being affected. Heather was driven to bring a voice to the concerns that had grown within her during those years in the profession.

Reflecting on the 9-1-1 Professional's intense engagement with callers and field responders made me question how psychologists have defined direct exposure. These dispatchers answer a call and hear the voice of a person at the height of distress, begging for help as they face life-or-death consequences. In my professional (and personal) opinion, that is pretty darn direct exposure to trauma! So, Heather and I teamed up to conduct a pilot project looking at the prevalence of PTSD in 9-1-1 telecommunicators. Our results received attention in the national news (Chapter 4).

It was a surprise to me that this initial study made national headlines. Apparently, members of the media were just as struck as I had been to realize that the 9-1-1 telecommunicator is also a first responder, exposed to and impacted by traumatic stress. The public also needed to learn what our study made clear: there was a profound need for more research, intervention, and public discourse on the psychological toll created by 9-1-1 work. I truly believe that most people could not survive, let alone thrive in doing the emergency dispatcher's job.

With pleasure, I became more involved in supporting the 9-1-1 family. Over the past eight years, I have continued to study the psychological and physical consequences of work in the 9-1-1 industry (see Chapter 4). 9-1-1 professionals are gifted individuals with abilities and a commitment to service that most people rely on during some of the worst moments of their lives. This is not an overstatement. Work in the 9-1-1 field requires exceptional cognitive skill and resources. The telecommunicator's work is complicated by their repetitive exposure to potentially distressing events. It is high time for the development of better prevention and intervention efforts aimed at bolstering resilience and good health in this vital population. This book can lead us in these efforts.

One of the greatest gifts given to me in this work has been the people. Since the first study came out in 2012, I have had the opportunity to meet more and more frontline 9-1-1 professionals, managers, directors and administrators. My travels to state and national conferences have not only afforded me the chance to hear stories of difficult calls and painful endings, but also to witness considerable strength and resilience. In the process, I have been able to meet extraordinary and tireless individuals who have committed their careers and lives to the betterment of 9-1-1 professionals. Among these individuals, Jim Marshall comes immediately to mind.

When I first met Jim, he had long been spearheading health and stress reduction initiatives through the 9-1-1 Wellness Foundation; a non-profit organization that he and others built in response to the needs he saw within the industry. I can only imagine some of the resistance he received as he tried to champion for better services and resources for 9-1-1 professionals. My own experience has taught me that discussion of mental health needs among 9-1-1 professionals is not always a welcome topic. I think few would deny that Jim Marshall was ahead of his time in recognizing and responding to these needs. Since then, his passion and commitment has only grown. Currently, Jim's 9-1-1 training institute provides trainings and resources that tackle 9-1-1 stress and wellness from multiple angles and modalities. He is working to develop innovative resources such as a nationwide registry of therapists who provide evidence-based intervention for telecommunicators struggling with PTSD. I am consistently inspired by his passion for, and commitment to, the wellness of 9-1-1 professionals.

This book represents a labor of love. Jim has brought together a unique collection of 9-1-1 professionals, mental health practitioners and other subject matter experts to help achieve three major objectives:

- Discuss the short and long-term psychological impacts of work within 9-1-1

Foreword

- Help 9-1-1Pros learn to build resilience in the midst of a job where exposure to distressing events is repetitive and relentless
- Provide encouragement and concrete assistance in preventing and treating conditions such as PTSD, compassion fatigue, addiction, and sleep problems.

In the Introduction, Jim tells his own story, as the brother of a dispatcher and a trauma therapist who was “adopted” by the 9-1-1 family. He describes how the dispatcher’s role as the Very First Responder, and the risks they face, made the writing of this book an absolute necessity. The volume begins officially in Chapter 1 with dispatcher Tracey Laorenza’s remarkable account of a life-changing call and her battle to reclaim resilience. In Chapter 2, Phoenix Chi Wang describes how living with 9-1-1Pros in the comm center for three years changed her life. Jim builds on these accounts in Chapter 3 by describing nine stressors unique to 9-1-1 that may increase the dispatcher’s risk of PTSD and other stress-related conditions. Next, in Chapter 4, I describe key findings of my research on the prevalence of PTSD and depression in 9-1-1. Jim then leads us into hopeful terrain with two chapters focused on how to prevent PTSD and build a resilient mindset upon a healthy Emotional Code and use of a strategy he calls ChoicePoints™.

Jan Myers, a 9-1-1 professional (now mental health professional) leads us into Section Two. She tells her compelling personal story of how she and her husband (a police detective) shed the stigma tied to PTSD in the quest for healing (Chapter 7). In Chapter 8, Ryan Dedmon describes his journey of recovery in the aftermath of his mentor’s suicide. This is a timely topic given the startling and concerning rate of suicide among first responders currently occurring in our country.

In Chapter 9, clinicians Sara Gilman and Reannon Kerwood will help you discover an effective, evidence-based intervention for PTSD called eye movement desensitization and reprocessing (EMDR). In chapter 10, Jim Marshall weaves together his personal story with the story of a dispatcher, both striving to heal and regain their professional commitment and passion in the face of compassion fatigue.

In my travels to 9-1-1 conferences, I have rarely left an event without at least a few 9-1-1 professionals asking me about sleep concerns (predominantly insomnia) and/or physical health concerns (predominantly overeating and obesity).

In Chapter 11, sleep doctor Craig Boss provides information on how to enhance sleep among 9-1-1 professionals. Then in Chapter 12, Jim tackles the under-addressed topic of food and obesity in the 9-1-1 culture, offering 9-1-1 professionals seven steps to understanding and dealing with the challenge. Whereas conditions such as PTSD and depression may be seen as natural outcomes of 9-1-1 work, conditions such as addiction are often and unfortunately seen as moral issues over which individuals have control. In Chapter 13, physician Marshal Isaacs sheds light on the struggle by revealing his own personal battle with, and recovery from, addiction. Jim finishes Section 2 with a chapter (14) on how 9-1-1 work can challenge or alter one's faith and beliefs, and how to regain faith in the face of repetitive exposure to events that may often seem unfair or ungodly.

Sections 3 and 4 of this book rightfully focus on 9-1-1 center-level factors that must be addressed to achieve wellness in the workplace for all 9-1-1 professionals. Jim begins in Chapter 15 by introducing the NENA stress standard published in 2013. The stress standard was the first of its kind to focus exclusively on the importance of stress reduction in the 9-1-1 environment. He describes several of the solutions provided for in the Standard so that leaders and their teams understand how to put them into action.

To transform the health and wellness of 9-1-1 professionals, our communities must become a culture in which self-care and an emotionally supportive peer environment are actively encouraged. To help achieve these objectives, Jim presents two training models that empower 9-1-1Pros for resilience through peer support (Chapters 16). In Chapter 17, EAP expert Randy Kratz joins Jim to describe a best-practice model for employee assistance programs. He clarifies what 9-1-1Pros and their leaders should expect from EAPs and how to use them wisely.

Leadership takes the center stage in the final section of this book. Without strong and thoughtful leadership, the culture changes required to protect the health and wellness of employees in the 9-1-1 industry cannot occur. In Chapter 18, Lora Reed introduces the concept of servant leadership and its power to inspire highly-stressed employees to remain motivated and committed. In the next two chapters, two seasoned and forward-thinking 9-1-1 directors discuss the pivotal role of leadership in identifying and managing stress in their centers. Jim Lanier describes the mindset of the leader as "Stress-Risk Manager" (Chapter 19) and in Chapter 20, Ivan Whitaker tells how his 9-1-1 team helped him boost morale and key metrics of success under huge time and fiscal restraints.

Foreword

In Chapter 21, John Dejung provides eight insightful reflections on key aspects of leadership applied specifically to the role of the 9-1-1 manager.

The final chapters focus on two timely issues with the profound potential impact on 9-1-1 professionals. In Chapter 22, Jim explores the potential implications of NG9-1-1 on employee health, particularly real-time video call-taking and dispatching. He describes the evaluation and planning needed to protect the health and wellness of 9-1-1 professionals from increased exposure to traumatic stress anticipated with the roll out of these technologies. In the final chapter (23), Jim offers a preliminary “open source” model for strategic planning to assure short and long-term care for all dispatch personnel after “High Impact Events”. Mass casualties resulting from gun violence and terrorism may be the most pressing social and public health issue of our time. As Jim urges, call centers need systematic care plans in place before 9-1-1 professionals handle these atrocities. Failure to do such advance planning greatly enhances risk for adverse impacts on the dispatcher and the 9-1-1 center.

I recommend this book to those brave 9-1-1 professionals who are strong enough to perform a stressful and often thankless job. I also recommend it to spouses and loved ones of 9-1-1 professionals, to field responders and their families, government officials, the news media, and the general public. This comprehensive resource can help us each do our parts to support the strong souls who carry us through some of the worst moments of our lives.

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PREFACE

Let me start off first with a couple questions to my fellow dispatchers. Have you ever looked at your console and said, “That’s it, I’m done?” Or turned to your partner and noticed they were struggling and you didn’t know what to do or say to help them? You’re not alone. And that’s one of the driving forces behind this book. To let all dispatchers and call-takers know you’re not alone. There *is* help—in many forms.

As you journey through these pages, you will meet several people who have been touched by the 9-1-1 dispatch profession. Some of these people are, or have been, dispatchers themselves. Some are therapists, scientists, and even medical doctors. There are directors, and those who have served in the military. We are your authors. Our chapters will cover many facets of a world that deals with trauma on a daily basis. We have pooled our knowledge, our experiences, and our genuine concern for the health and wellbeing for *all* 9-1-1 Professionals to create this guide to help you survive and thrive in the 9-1-1 world.

As you walk through these pages, our hope is for you to become physically, mentally and emotionally healthier than when you turned the first page. We hope for a more *resilient* you.

But, this book is not just for dispatchers!

To the rest of our readers, I would like to welcome you to the unknown. Each moment of a dispatcher’s shift is just that: unknown. With each ring of the telephone there could be a child screaming for help; a mother who has lost her child; an elderly male who woke to find his wife has passed away in her sleep; an irate driver stuck in a traffic jam because a mile ahead someone has been killed in an accident the driver can’t see; or it could quite simply be a lonely, elderly woman calling for the time, because she has no one else to call. Let’s not forget the calls about the weather, road conditions, inquiries about when the electricity will come back on, the raccoons out in the daylight, and a myriad of other calls that are answered daily.

You are about to experience some of the most heart-wrenching experiences dispatchers are required to handle. You will witness their steps from the depths of darkness into the bright light of resilience as they become stronger, healthier, Extraordinary Care Givers.

You will walk along-side therapists who have fought to bring to light the trauma suffered by dispatchers. Hopefully you will begin to wonder

Tracey Laorenza

compassionately about the dispatch profession. And I assure you, it *is* a profession.

Dispatchers are a proud, yet humble group. But we are suffering. We have always been the nameless, faceless voice on the other side of the receiver, answering your calls and cries for help. Now it is your chance to help us.

Tracey Laorenza

Co-editor

The Resilient 9-1-1 Professional



INTRODUCTION

The Heart of this Book

Jim Marshall

Why the Life of the 9-1-1 Dispatcher Matters So Much

I'm eager to tell you a personal story about this certain very demanding “dispatcher”¹ I know. But before we get there, bear with me for a few moments.

If you're an emergency telecommunicator or a 9-1-1 leader, I want to thank you on behalf of all our contributors to this book! We offer *The Resilient 9-1-1 Professional* to you as individuals who deserve great support, and to you as members of your 9-1-1 center team facing incredible stressors increasing each year. We invested in this project to honor and equip you to excel and *be well* in the extraordinary work you do as our Very First Responders. Within these pages you'll find remarkable stories defining the stress challenges facing your 9-1-1 centers (also known as Public Safety Answering Points, PSAP). But, as these stories unfold, you'll also discover an encouraging, comprehensive vision of how you can master those challenges. *The Resilient 9-1-1 Professional* represents a vital resource that needs to be in the hands of every telecommunicator to boost their resilience and their performance. Ultimately our hope is for you “survive and thrive together”, enjoying a great quality of life at work and at home.

Yet, this book is also a must-read for every citizen who depends on 9-1-1 to excel in response to your call. You are the first members of the greater group we call 9-1-1 stakeholders—the many folks who serve, work with, or benefit personally or organizationally from the 24/7/365 work of our 9-1-1 professionals. Their welfare and performance depend on all 9-1-1 stakeholders being educated about, and invested in, doing their parts to support the resilience of the Very First Responder. 9-1-1 stakeholders also include:

- The family members of our 9-1-1 professionals

- Our field responders (law enforcement, emergency medical, and fire service)
- Our 9-1-1 center governing bodies (leaders of field response and 9-1-1 agencies)
- The local, state and federal government officials who decide how the 9-1-1 system will be designed, operated, and funded
- The private-sector partners who provide products and services to run our 9-1-1 centers.
- Leaders and members of our 9-1-1 associations who set industry standards, educate and advocate for our PSAPs
- Health care professionals who research, deliver care and guide advocacy efforts

Finally, this book is also offered to educate our local, state and national TV, radio, print, and social media organizations whose journalism must be informed to accurately report about 9-1-1's work to the public and all stakeholders. This is a challenging task since, as journalists, you need to understand the nature of the 9-1-1Pro's vital role in helping save lives.

Telecommunicators face a unique set of psychological stressors. They are among a group I refer to as ECGs: "Extraordinary Care-Givers". They provide services to people who are in life and death circumstances, the outcomes of which are unpredictable. So, ECGs face a high likelihood of being exposed to traumatic events. Emergency dispatchers function as the heart of emergency response systems of all developed nations. Few people can do their complex job, a job they typically perform under enormously stressful conditions. Which often includes chronic understaffing and overtime, constant 360° scrutiny from all stakeholders, and a lack of respect long afforded our other first responders. They are the Very First Responders. They are the very first to hear the screams of children and parents without warning. It is the dispatcher who gathers the vital information to inform and equip the field responders they'll then send to the scene. 911Pros shoulder an enormous sense of responsibility for the safety of their field responders and every citizen in danger they assist.

Introduction

Yet, as I write these words, our emergency telecommunicators are still categorized by the federal government in the United States as “clerical” workers. (Many good folks are working hard to achieve this reclassification and I’m convinced it will happen, as the reality of the work 9-1-1Pros do becomes clear to those who must know. Hopefully, this book will help in the effort.)

Here’s my point. If we wish to assure the personal wellbeing and the viability of our telecommunicators and our 9-1-1 centers for the future, all of us as stakeholders must ascend together to prioritize and systematically support them. New research, journal articles and conference presentations on 9-1-1 stress are essential to this effort. But they are grossly insufficient. To assure that every 9-1-1 Professional can excel *and* be well, their 9-1-1 centers, state governments and our nation(s) must each have defined 9-1-1 resilience plans. This book is a tool to help achieve such plans at each level.

So, this book is for all of you, 9-1-1 professionals and stakeholders. The health, and future, of our 9-1-1 workforce, and our 9-1-1 system, may depend on the commitment you make to read and apply what you find between these pages. We’re in this together! So, thank you for reading.

Now for the story I promised!

The Sit-Along that Opened My Eyes

In 1986, I was mired deep in the swamp called *grad school*. I was training in clinical psychology at Wheaton College in Illinois, where I learned all kinds of stuff about “psychopathology”—the mental illnesses, what factors drive them, and how you diagnose and treat them. Then one day, on a visit back to my home state of Michigan, my sister, Debbie said, “you know, you’ve never seen where I work. Why don’t you come with me tonight?” I didn’t know that was a possibility—hanging out with a dispatcher at a police station. Sounded cool to me. We went through a back door of the police station, wandered down a dark hall and entered a dimly lit, windowless little room. There was one desk, a phone, a radio, a little card box, and a cast-aluminum IBM Selectric. Do you know what that is? A 50-pound electric typewriter.

She introduced me to the dispatcher who was just wrapping up her shift and within a few minutes it was just us sibs together. Across the room there was a folding table with a bunch of snacks on it. So, this was my sister's "9-1-1 Center." "So, what's this gig about? What do you actually do?" I asked her.

Debbie said, "Well, the phone rings, I answer it and figure out if the caller needs emergency medical, fire, or police help, and I just send The First Responder."

Okay, that sounded easy enough. It was kind of like a customer who enters a grocery store, and they bring a loaf of bread and a half-gallon of milk to the cashier. The cashier checks the price, rings it up, bags it and that's it. In a few minutes a call came through. I wheeled my chair a little closer so I could hear but couldn't make out what the person wanted.

Debbie spoke in a soft, calm tone as she looked toward me with a smirk and rolled her eyes, repeating, "So, your neighbor's dog pooped in your yard, and you want us to arrest the owner?" I quickly covered my mouth to contain my laughter. Debbie held her finger to her lips, and, coupled with a fierce look, sent me a clear non-verbal message, *Shut up. You're gonna get me in big trouble!* The agency policy was to send an officer for a "wellness check," so my sister assured the lady that an officer would be by soon. She dispatched an officer, and, within the next half hour, handled a few more equally momentous calls. Now I knew what my sister's job was.

"Wow," I said. "Piece of cake! You are a smart girl, Sis. This is a government position, right? That means you probably get good benefits, with great retirement. And here I am racking up huge debt for grad school. I'm gonna end up a poor therapist still huffing away at age 70, but you'll be retired by 52!" I was jealous and also impressed by the apparent savvy of her job choice.

She just smiled and said "Yeah, well."

Debbie was never one to waste her words. In retrospect, that smile and her two word reply to me meant, *You clearly don't get it. Wait a while longer, and maybe you will.* It didn't take long for that mental shift to happen.

Introduction

Within minutes, a call came in. I don't recall the details, and couldn't hear the full exchange, but my sister shifted in her chair instantly. She went from the relaxed slouch she'd been enjoying, to what appeared as if she were leaning toward the caller. It was a domestic violence call. I could hear the female caller screaming. My sister quickly engaged her with that same calm tone, but with faster speech, asking a stream of questions that were clearly designed to identify the most critical factors needed to assess safety. She would tone the radio, relay that information to her officer, re-engage the caller, helping her to calm down, and attempt to separate people from other people on scene.

My gut was churning as I sat a few feet away listening and wondering with my psychology brain: *how did she know to ask all those questions; how did she calm that lady down so fast; what kind of intelligence does it take to do this?* It didn't occur to me at the time to ask the most important question that would, years later, become the question leading to my own work in the 9-1-1 industry, *what kind of emotional drain and toll does work like this have on my sister and other dispatchers over a year, a decade, a career?* In the moment, I felt like a presumptuous fool, thinking about my initial impression of her job, based on only a few minutes of observation.

Within minutes after this call had begun, an officer arrived to a scene that was far more stable, and safer for everyone, than when this lady first called. I was absolutely flummoxed. Then Debbie said, "Okay, ma'am, you did a good job; now I'm gonna go. You just talk with my officers and they will help you from here, okay?" Then she spun around in her chair, and, without a breath, resumed our chat about my psych class, "So you were telling me something about the difference between schizophrenia and--what? Bipolar Disorder?"

I was proud of her and embarrassed at the same time. She had just schooled the puffed-up psychologist-in-training. "Wait a minute! Debbie, when I asked you what this gig was, you told me you just figure out what type of emergency it is and then you send what you called The First Responder. I'm a little confused. YOU just responded first—and you did intervention. So why do you call the officer the First Responder?" If you're a telecommunicator and you've done this job for more than a few years you can guess her reply.

Oh, well,” she said, “I’m just the dispatcher.”

My sister stopped minimizing the real complexity and significance of her role within a couple years (except when she used that phrase strategically with irate callers, as in: “don’t shoot the messenger—I’m just the dispatcher!”). I was absolutely blown away by what I witnessed my sister do that day; especially since, in those early days of 9-1-1 work, there weren’t any Standard Operating Procedures (SOPs), protocols, or training manuals, to educate and guide the telecommunicator in how they should manage calls such as that domestic violence call. Debbie had to learn the hard way how to handle every call type that came to her desk. It wasn’t until years later that she talked about how it impacted her emotionally when, without training, she had to handle calls from mothers screaming into her phone, “My baby’s not breathing! Please help me, send somebody, tell me what to do right now!”

Debbie was a pioneer. So were all the 9-1-1Pros who started in that era. She will bristle at this claim when she reads it, but it is true. She simply began writing call-taking SOPs, hiring procedures, a training manual, and even a telecommunicator competency test. She began researching and found a new approach to managing medical calls developed out in Utah using protocols. As her respect for her new-found profession grew, Debbie began leading, as her union’s president, to improve the working conditions and employment terms that telecommunicators deserved; terms that might help them choose to stay on board doing such hard work.

In the meantime, I completed my Master’s degree in clinical psychology and took my first job as the staff psychologist at a regional referral psychiatric facility in Northern Michigan. My task was to help the psychiatrists diagnose new or returning patients and make treatment recommendations. The doctors became frustrated that so many folks they’d already diagnosed and treated kept failing out in the real world and needed to return for hospitalization. Sure, some folks improved and moved on with their lives, but many did not. I began to wonder, *what are we missing? Are we mis-diagnosing them, are the medications just not effective?* But as a clinician, still green around the gills, how was I supposed to answer these questions?

I was way over my head in this first assignment, sucking air through a straw in the deep end of the pool.

But as the saying goes, you either learn to swim or you're going to drown. My sister had learned to swim in the 9-1-1 pool. Now it was my turn to survive my own high water as a clinician. So, I poured over patient charts, studied clinical textbooks, got extra supervision, and sought the insights of senior colleagues. I was learning to swim, but the greatest help came one day from a sad little lady sitting across from me in an evaluation room.

As I sat trying to figure out the underlying factors driving this woman's recurrent, seemingly untreatable, life-threatening depression, I had my light bulb moment. Per standard clinical protocol, I'd been doing all the "right things." I conducted a structured clinical interview, administered personality tests, and now I was running her through an "intellectual assessment"—you know, an I.Q. test. "Okay, Betty, if you put these puzzle pieces together the right way, they'll make something. Do your best and work as quickly as you can... Okay, now say these numbers forward... now say them backward... Now put these blocks together so that the pattern on the top matches the pattern in this diagram. Ready? Go."

With stopwatch in hand, I felt a bit guilty dragging this tired, despairing patient through what must have felt like a torture test. Then it struck me: *Gee, Mr. Wizard, you want to understand this person, right? Really understand what's driving her depression? Well then back up, forget the structured clinical interview, and be yourself! Get human with this human!* So, when I finished the I.Q. test, I shoved it aside and said something like, "You know what? I need to apologize. You're trying so hard to cooperate with all this psycho-testing stuff, but I'm not sure I've really invited you just to teach me what your struggle is all about; to tell your story however you want. We're done with the testing. If I just shut up and promise to just listen, would you please teach me?"

Miracle of miracles! When given a genuine chance, and convinced I was actually listening, this woman (and hundreds of others over the next couple years) spoke words that may have never been said out loud before. And her story—many of their stories—revealed a history of severe traumatic stress that had never been recognized. So it had never been treated. It's no wonder that she kept coming through the hospital doors! For sure, many folks have chronic illnesses, like Schizophrenia, that will likely require repeat hospitalizations, but many of our patients' illnesses, though perhaps genetically based, may have been turned on and complicated by trauma.

Medications alone could only do so much to prevent suicide, self-injurious behavior and recurrent hospitalizations. Unless we could help *heal* the underlying traumatic stress, many of these “revolving door patients” were being set up for repeated failures. Of course, many of these admissions began with a call to 9-1-1. Year after year they (or their loved-ones) called, earning these struggling souls yet another nickname: Frequent Flyers. No bonus points were awarded. Just shame.

I faced a similar challenge as a new therapist in my outpatient work. My first few dozen clients saw me as a sincere, young guy eager to help. With the lessons learned from my patients in the hospital, I worked hard to listen to my clients’ stories. Even though I didn’t feel that I was doing enough to help them, these new clients were grateful and began telling others, who struggled with trauma, to seek my help. Let me offer my apologies in advance to readers who might find this offensive, but there is only one way to explain what happened in terms that 9-1-1 professionals will relate to; I became known as the clinical “shit-magnet.” Some of you know from personal experience exactly what I’m talking about!

By no means does this term degrade my clients. It refers to the inordinately huge mass of collective suffering carried into my practice by a caseload full of good folks struggling with Post Traumatic Stress Disorder (PTSD), other trauma-driven issues, and struggles with suicide. Therapies back then could not heal PTSD and I knew my clients deserved better. I became well-acquainted with a sinking feeling each time our hard work in treatment failed to bring them relief. By the end of my third year in practice, it felt like I was *going under*. I nearly bailed out of the profession; but I got support, more training and gained traction in helping those on my growing caseload. But still, treatments for PTSD could not promise healing. It just helped in “managing the symptoms,” and that wasn’t good enough! Then, fortunately, in my fourth year as a therapist, the Calvary came!

A pioneer, named Francine Shapiro, developed a treatment called EMDR—Eye Movement Desensitization Reprocessing-- which I still call The Whacky Eye-Movement Therapy (see chapter 9). I was extremely skeptical when I read a claim from her doctoral dissertation.

She claimed that nineteen out of twenty-two people with PTSD in her initial study who had failed to find relief despite years of treatment, were completely (or nearly) symptom free after only one ninety-minute session of EMDR (199). This was a seemingly crazy claim, but my desperation to find more effective ways to help people eclipsed my skepticism. So, I flew to California and got the training. Within a week of my return to Michigan, I was using this EMDR (which was then experimental) with my clients most severely impacted by PTSD. The results were profoundly positive and encouraging; not only for my clients but for me.

Later in this book, you will learn much more about EMDR and its great value for 9-1-1 professionals. Yet I bring it up here because it is key to this story: I would have never lasted as a therapist if I had continued to helplessly watch as my clients suffered with flashbacks, self-injury, and suicide risk. Nor would I have become an educator in the 9-1-1 industry; I would have little to offer. Over the years, as my sister Debbie and I continued our visits, trading stories about her calls and my clients, she realized that telecommunicators needed the same help I'd learned to provide my clients. Then, after twenty years as a telecommunicator, she retired and was asked to establish the 9-1-1 Dispatch Academy at Oakland Community College (OCC, in Michigan).

When she rolled out her academy curriculum, she recognized that the stress management training available at that time was geared more toward field responder stress; so, she asked me to create a curriculum designed especially for telecommunicators. I initially refused, "Debbie, I'm not goin' into the training room with 9-1-1Pros as a teacher when I've never even sat at that console. That's disrespectful!"

In her soft, commanding, veteran dispatcher voice she responded, simply and to the point, "I'll tell *you* what is disrespectful. When I ask you to train my people and you refuse! Either you do it, brother, or I'll break your arms." Well okay then.

Debbie still denies that she threatened me with bodily harm, and she's probably correct, but, trust me, she was very persuasive!

She was also right. Several months later, after a lot of research, collaboration with Debbie, and sit-alongs at 9-1-1 centers, I arrived in the class room for the first day to launch the course *Survive & Thrive Together in the 9-1-1 Center™*. That was the end of my ambivalence about teaching 9-1-1 professionals, and the beginning of my immersion in the 9-1-1 community that has deepened ever since. In that first class, telecommunicators jumped into intense conversation with me about their stressors. We identified approaches and skills that they could use to manage that stress, and they deeply affirmed the need for training to prevent PTSD and boost their resilience.

Many of my early 9-1-1 students entrusted me privately with their stories about the collision between their personal struggles at home and the stored-up trauma from their worst 9-1-1 calls. They needed help hearing the good news: that PTSD and trauma-driven struggles could be healed with EMDR. And they needed help bridging to that help. I began referring telecommunicators to my clinical colleagues wherever I went, eventually throughout the country. I held these conversations as sacred. These talks began happening, too, with 9-1-1 leaders who had grown up in the emergency response field following the old-school “Suck it Up” Emotional Code (See chapter 5). They weren’t sure what to do with their own piled up stressors or how to help their personnel prevent the impacts of stress, but they were willing to learn. At that point I realized I was in 9-1-1 for good.

My clinical knowledge combined with these many conversations with 9-1-1Pros, and growing knowledge of the work demands in comm centers soon convinced me of one thing: telecommunicators in the United States likely experienced PTSD at a rate much higher than the national incident rate. The National Emergency Number Association (NENA) had also grown concerned about this risk and began offering sessions on 9-1-1 stress at their annual conferences. In 2006, they asked me to write articles in their journal to promote awareness, prevention, and to help 9-1-1 professionals realize that there’s healing for PTSD.

Others had also grown increasingly concerned about the stress-related risks of working in 9-1-1. For years, before this upsurge of awareness, and my involvement in the 9-1-1 industry, Jim Lanier (currently of Alachua County Sheriff’s Office, FL) and his wife Sharon, a nurse, had spoken at 9-1-1 conferences about stress risks facing telecommunicators.

Then in 2008, Roberta Troxell conducted a study on Compassion Fatigue among 9-1-1Pros. Her study confirmed our convictions, indicating that 16.9% of four hundred and ninety-seven 9-1-1Pros acknowledged symptoms fitting Compassion Fatigue—a mix of “*burnout*” from cumulative stress and *post-traumatic stress* from exposure to others’ trauma. (We’ll explore Compassion Fatigue more fully in chapter 10.)

In 2011, Jim Lanier and I, joined by Rick Galway and many of this book’s contributors, co-founded the 911 Wellness Foundation (911WF). The goal of the Foundation was to advance research, education, policy and intervention to protect and boost the wellbeing of 9-1-1 professionals. We were fortunate to join with many other mental health and 9-1-1 professionals to launch a NENA effort addressing the stress challenge. Eventually this workgroup produced the *NENA Standard on Acute, Traumatic and Chronic Stress Management*. This standard, approved in August, 2013, states that “all 9-1-1 Public Safety Answering Points (PSAPs) shall establish Comprehensive Stress Management Programs” (NENA 23).

The 911 Wellness Foundation closed its doors in February of 2017. After some good success in raising the profile of the wellness issue in the 9-1-1 industry, we concluded that our best work in the future would be achieved by supporting new initiatives of NENA and APCO International, our 9-1-1 membership and standard-setting organizations. Hopefully this book will help in these association efforts.

Now you know the history that energized the pursuit of *The Resilient 9-1-1 Professional*. Many lives have joined together to make this resource a reality, with the hope that you can join us in making the future of life in the 9-1-1 center the very best it can be, to uphold and to support the Very First Responder.

Enjoy!



*A Final Important Word about PTSD & PTSI: When it Comes to
Trauma, Labels Matter!*

Throughout *The Resilient 9-1-1 Professional*, we refer to and describe PTSD, Post Traumatic Stress Disorder. This is the term officially used by the American Psychiatric Association referring to specific and serious impacts a person may experience from exposure to traumatic stress. Yet, the contributors to this volume also want you to think about PTSD as PTSI: Post Traumatic Stress *Injury*. Our military personnel and first responders are often less apt to get help for a “disorder;” unfortunately, there is a stigma attached to that label. And here’s the fact: struggles with post-traumatic stress incurred in the line of duty *are* an injury. So, for the person experiencing the struggle, PTSI is the most accurate and helpful label to remove the stigma associated with traumatic stress impacts. Yet, the label PTSD is also accurate and has important value in advocating for these injuries to be taken seriously and supported adequately.

Just for a moment, let’s put set aside concern for the stigma attached to the word *disorder*. This word literally simply means that something is out of its regular order in a way that is creating difficulty and risk for the person. (Hypertension, or high blood pressure, is also a disorder.) Traumatic stress impacts can certainly throw a 9-1-1Pro’s life and wellbeing out of order. When stress injuries incurred in the line of duty result in “disorder,” the 9-1-1Pro deserves treatment to heal. Policy makers and insurance companies must take responsibility for assuring this care, and they are more apt to do so when they recognize that PTSI is also PTSD. There is value in recognizing both PTSD and PTSI. I hope you find this recognition valuable as you read about PTSD and its healing throughout the rest of the book.

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End Notes

¹ Throughout this book we use the terms dispatcher and telecommunicator interchangeably referring to all those who take 9-1-1 calls from the public and or dispatch field responders. I also use the term 9-1-1 Professional, or 9-1-1Pro, referring first to the frontline dispatcher but also to all 9-1-1 team members, including supervisors and directors.