



HELP FOR THE HELPERS

Providing a Bridge Between 9-1-1 and Mental Health Clinicians With EMDR Training

By Stephen Martini

What if the sarcasm, dark humor and pessimism in our emergency communications centers (ECCs) aren't signs of experience or strength, but symptoms of shared trauma? What if unresolved trauma and cumulative stress are shaping a cynical view of the world? What if awareness of a healthy diet, good sleep and moderate exercise aren't the sole answers to very real challenges? And what if we've taught enough "be nicer in dispatch" classes to last 100 lifetimes?

In 2024, APCO partnered with the International Association of Eye Movement Desensitization and Reprocessing (EMDRIA), marriage and family counselor Jim Marshall and the National Emergency Number Association (NENA) to draw a line in the sand on ECC culture. The group developed a cultural competency training course to help clinicians understand ECC challenges

and reduce the impact of unresolved trauma on telecommunicators.

We are taking the same energy we use to perfect schedules, chairs, uniforms and consoles and investing it in real mental health solutions so our team members can stay healthy, resilient and engaged. It's time to make retiring from dispatch a reality, not a rarity.

Many applicants say they enter this field because they want to help people. But three years later, they're cursing "dumb" callers and rolling their eyes at the radio. Where we are isn't where we intended to be. It's where we ended up after ignoring the real causes and hoping they would go away.

"I'd say 75% of us are on something for depression, anxiety or both," said former dispatcher Matthew Froehlich, who dispatched at local government and university ECCs for two years in Pennsylvania before pivoting to towing and recovery dispatch services. "Twelve- to 16-hour shifts, constant misery from people who are often having the worst day of their life. There's a reason telecommunicators burn out in about seven years. I look in amazement at those who can make it 25, 30 or even 40 years. I guess they could compartmentalize it. I can't."

Froehlich's experience echoes an observation by Dr. Rachel Naomi Remen, professor of family medicine at Wright State Boonshoft School of Medicine and clinical professor of family and community medicine at UC-San Francisco School of Medicine.

Remen said, "The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through the water without getting wet."¹


Dr. Stephanie Conn, author of the 2018 book *Increasing Resilience in Police and Emergency Personnel*, told PSC magazine there is hope.

"Dispatchers are stuck at the console, marinating in trauma and stress. There are strategies for addressing this and even proactively mitigating it. They just need to be given these tools at all levels of the organization. I taught breathing strategies to one group of dispatchers, and one approached me on break to say that she *thought* she was doing breathing between calls until we did them together and she saw what it meant to really breathe deep and slow. They were dizzy from breathing in a healthy manner, as they were so used to rapid and shallow."

We must start talking about the impact of being soaked in trauma, raising the topic repeatedly to increase awareness.

First, we must acknowledge the problem exists. No more pretending it's the weak or unprepared who struggle to find balance in this profession. If you're in the ECC, you're wet.

Second, leaders must engage systemic and procedural changes in our ECCs to proactively counter the impact of trauma on our people and ourselves. We must seek innovative solutions that may raise an eyebrow or a budget line item to directly address the problem. And we must share our successes and obstacles to help others do the same.



We must start talking about the impact of being soaked in trauma, raising the topic repeatedly to increase awareness.

Engaging the 9-1-1 cultural competency course offered on EMDRIA's online classroom portal (www.emdria.org/course/emdr-informed-care-for-911-professionals) prepares clinicians to assist team members proactively rather than waiting for an outburst or incident traditionally handled with a referral to the employee assistance program or a fit-for-duty assessment. Many of these clinicians are trained in more than just EMDR therapy. Since mental wellness and resiliency is not a one-size-fits-all approach, other coaching or clinical options exist like brainspotting, cognitive behavioral therapy, prolonged exposure, cognitive processing, somatic therapies or internal family systems. Seeking assistance from a trained EMDR therapist interested and prepared to engage with your emergency communications professionals may be the gate to a host of options to help you and your team not just bounce back and endure but survive and thrive.

It's not enough to know we're soaked in trauma. It's time to create shelters where we can come in from the storm, towel off, warm up, rebound and continue forward.

Pat Vivian and Shana Hormann co-authored the 2013 book *Organizational Trauma and Healing* after seeing redemptive nonprofit organizations established to benefit society or disadvantaged or oppressed

groups become overwhelmed by their altruistic missions.

"Redemptive organizations seek to redeem society from some evil as well as support the growth of their members. Because of these dual purposes, redemptive organizations are vulnerable to becoming highly sensitized to the ills they are trying to address. Organizational insiders may become overly attentive to internal dynamics and judgment of how peers live out the organization's values. Staff and volunteers may end up focusing inward because they cannot stand to face the experiences of defeat in the external environment. They try to analyze and fix internally what they cannot fix externally. For example, we heard stories about how co-workers walked on eggshells around each other because they were afraid of being critiqued or judged about their level of passion for the mission and cause."²

Have you seen this behavior in the ECC? Tina Buneta, director of Aurora (Colorado) 911, has. "It's not the calls that take people out, that turn them into salty cynics, that turn them against each other," she observed. "It's everything that happens when we are not handling the call. It's all the interpersonal stuff. It's indoctrinating new people to brace themselves to become traumatized, salty cynics. It's new people believing they haven't become 'one of us' until they reach that status. It's the organizational trauma that grows from scarcity ... the lack of inclusivity and ability to provide input into how the work happens ... being subjugated and disrespected by field responders and peers 'with seniority' who were indoctrinated into the 'lesser than,' 'earn-your-right-to-speak' environment. But it's not the actual work. It's simply easier and more comfortable to blame it than to be vulnerable."

Vivian identified trauma as "an experience for which a person, family, or group is emotionally and cognitively unprepared, an experience that overwhelms the self-protective structures and leaves the person, family or group feeling totally vulnerable and at least temporarily helpless."³

She and Hormann identified that not only individuals could experience trauma, but also organizations over time. A change needed to happen.

"Change approaches were centered on shifting individual behaviors and using methods such as training to support that

approach,” Hormann said, “We were convinced this strategy was limited and sought ways to understand a nonprofit as a complete organization so we could develop ways to help the whole entity. We realized as long as the focus was on individual behavior, expectations were high for individual staff to change while organizational norms and structures were left untouched. This dynamic fueled a cycle of dissatisfaction and worker and leader turnover. Individuals came and went, but organizational patterns persisted and were left unaddressed. In fact, in many cases, the patterns were not even perceived.”²⁴

After several interviews with organizational staff and board and community members, Vivian identified organizational patterns — low energy, attitudes of helplessness and hopelessness, and defensive protectiveness — and heard comments suggesting strong organizational parallels to the experience of individuals who suffered trauma.

The experience of these nonprofits speak to the heart of ECCs internationally, according to Dr. Andre Jones, chief of staff for Healthcare Coordination Services for Hamad Medical Corporation in Qatar.


“Too often, we treat burnout or turnover as individual problems, solvable with more training, more resilience coaching, or ‘just toughing it out.’ But as Vivian and Hormann describe so clearly, trauma lives in systems, not just in people. When the organizational norms themselves go untouched, the cycle of helplessness and cynicism becomes self-perpetuating. In ECCs, we see it in the churn: new employees come in with energy but quickly feel the weight of patterns, silence, negativity and defensive protectiveness that existed long before they arrived. And leaders, too, are often swept into the same cycle. I believe this is why psychological safety and cultural transformation must be treated as organizational imperatives. Healing doesn’t come from asking individuals to carry more. It comes from creating a system where people feel seen, supported and safe enough to name the pain. Our centers are hurting, which means our people are hurting.”

In North America, Royal Canadian Mounted Police Wellbeing Ambassador Dave Blakely is seeing the same thing.

“Our dispatchers suffer the same vicarious trauma as responders in the field, which means they need training to recognize the

signs of compassion fatigue, burnout, secondary and vicarious trauma. Our work within the first responder realm doesn’t always need to lead to the worst cases of post-traumatic stress disorder, major depressive disorder, or other mental health issues and disorders. I have seen dispatchers, municipal employees and public service employees who do first responder work learn to empower themselves with an awareness that comes only through understanding the value and importance of vulnerability and intentionality. Once they learn to live with this awareness, they will consequently learn to become more emotionally resilient because they learn to address each ‘piece of trauma’ as it comes rather than ignoring it and letting it build up. Once their emotional resilience takes root, their emotional intelligence grows, deepens and soon they are responding to events or incidents rather than reacting. They learn to regulate their emotions rather than live with their emotions controlling them.”

Robbie McCormick, director of Bernalillo County (New Mexico) Emergency Communications, recognizes the pattern of systemic trauma in organizations and says



Making Connections

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Career Instructor Program

Student Recruitment Toolkit

Free training for certified educators to teach students interested in a public safety communications career.
apointl.org/cip

Resources for ECCs interested in recruiting directly from secondary and post-secondary schools.
apointl.org/student-toolkit

the responsibility to break the pattern starts with leadership.

“We need to teach resiliency and be aware of the need to check on them — and let them check on you. We have to stop convincing ourselves that the only trauma we, or our people, suffer from is solely from the calls we take. I am a huge ‘observe the pattern’ person and here is what I see as a pattern over and over again. We absolutely experience

the effects of traumatic calls, but I’m firmly convinced we have a higher percentage of self-inflicted trauma from *inside* the center. We used to call it a toxic environment, but that’s way overused and means zip anymore. What is practiced too widely and ignored too often is traumatic interpersonal relationships from our immediate supervisors, managers and directors causing actual harm. And it is cumulative until it’s stopped.” ●

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REFERENCES:

- ¹ Remen, Rachel Naomi (1996). *Kitchen Table Wisdom: Stories That Heal*. Penguin.
- ² Vivian, Pat, and Shana Hormann (2013). *Organizational Trauma and Healing*. Routledge.
- ³ Ibid.
- ⁴ Ibid.

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- EMDR, as mentioned in this article, stands for:
 - Eye Movement Desensitization and Reprocessing
 - Electro Magnetic Data Recorder
 - Endothelial Mediated Dilatory Response
 - Experimental Model of Disease Response
- In 2024, APCO partnered with _____, NENA and Jim Marshall to educate mental health clinicians about ECC culture?
 - IAED
 - EMDRIA
 - NSA
 - IACP
- Dr. Remen believes it’s impossible to avoid being impacted by trauma while working in the ECC.
 - True
 - False
- Dr. Conn tells a story about teaching dispatchers to combat “marinating in trauma and stress” while sitting at the console by using:
 - Stress balls
 - Healthy eating habits
 - Breathing exercises
 - Stretching techniques
- According to the article, leaders must do two things before change can happen:
 - Acknowledge the problem exist; engage systemic and procedural change
 - Ignore the problem; hope it goes away
 - Engage a consulting firm to study the problem; review the findings in two years
 - Attend another ‘be nicer in dispatch’ class
- EMDR is just one clinical therapy option available to treat the impacts of trauma and stress. Others include:
 - Brainspotting
 - Cognitive Behavioral Therapy
 - Prolonged Exposure
 - All of the above
- Vivian and Hormann list three patterns of a traumatized organization: low energy, patterns of hopelessness and helplessness, and _____.
 - Mean girls
 - Mean boys
 - Defensive protectiveness
 - Intentional disregard
- The article states trauma and burnout are not only experienced in the United States.
 - True
 - False
- Dave Blakely, of the Royal Canadian Mounted Police, said dispatchers become more resilient when they are equipped to:
 - Address each piece of trauma as it comes
 - Engage healthy eating habits
 - Have regular access to a quiet room
 - Take more time off
- New Mexico ECC Director Robbie McCormick believes most of the trauma from this job comes from where?
 - Outside the ECC
 - Inside the ECC
 - From the personal lives of individual team members
 - From the pressures of public expectation

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