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I am a clinical mental health counselor who specializes in the treatment of first responders. I treat fire fighters, police officers and EMS dispatchers. I have been in private practice for 20 years and work solely with first responders. My speciality includes trauma treatment, mood disorders, addiction issues and stress. In addition to treating people I am the Clinical Director for the Behavioral Health Program for the PFFM. I oversee the peer support team for first responders, provide education to the first responders and the community and oversee crisis interventions. We work within the departments and the community to provide ongoing support and education on behavioral health issues.

I have worked with numerous 911 dispatchers and they have presented with similar concerns as other first responders that includes but is not limited to PTSD, mood disorders such as anxiety and depression, vicarious traumatization, burnout, lack of self care, long hours, forced overtime, substance use issues, interpersonal difficulties at work and at home. The peer support team with PFFM often offers assistance to dispatchers dealing with calls and/or ongoing burnout. Many peer members assist dispatchers with peer intervention services and help with referrals to behavioral health providers.

Numerous studies on 911 dispatchers validating concerns related to behavioral issues:

- Northern Illinois Study (Prof Michelle Lilly, 2012) study confirmed 911 dispatchers report significant emotional distress related to handling duty-

related calls, and this type of distress is associated with increased risk for developing PTSD or PTSD symptoms, Michelle Lilly's research suggests that between 18-24% of 911 dispatchers experience PTSD when psychologically evaluated. Dr. Michelle Lilly published a 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 other first responders.

- NIH (National Institute of Health) 2017 published an article stating 911 dispatchers Two overarching themes were identified during the narrative synthesis: 'Organisational and Operational Factors' and 'Interactions with Others'. Stressors identified included being exposed to traumatic calls, lacking control over high workload, and working in under-resourced and pressured environments. Lack of support from management and providing an emotionally demanding service were additional sources of stress.
- Researcher, Laurence Shatkin, Ph.D., compared the stress levels of 747 occupations as categorized by the U.S. Department of Labor. Dr. Shatkin measured the stress tolerance for each job including the frequency of how often workers face high-stress situations. His research also looked at the consequences of on-the-job errors and the pressure of time constraints. Dr. Shatkin rated first responders (including 911 dispatchers) as the number one stressful job.
- Additional research has shown that up to 85% of all first responders interviewed has experienced either PTSD or mental health symptoms (University of Phoenix, Samantha Dutton, PhD 2017).

Overview Stress Responses experienced by first responders:

- Acute Stress: Immediate Reaction to an incident, fight or flight system activated, needed to maintain in any dangerous situation. Nervous system takes over and chemicals dumped into the body to act as a protective factor.

- Delayed Stress: Sometimes an individual experiences numbing after an event and does not notice any stress response for a couple of weeks. Symptoms could suddenly show a couple weeks after the event i.e, experiencing a trigger, suddenly not sleeping or feeling down, or experiencing increased mood disturbance.
- Cumulative Stress or Burnout: longer term accumulation, result of chronic stress and at times chronic traumatic experiences. Happens to all of us if we do not practice self care.
- PTSD/PTSI: Tends to be result of chronic traumatic experiences and chronic stress. Brain starts having difficulty managing coping and the individual starts experiencing more difficulty adapting to and managing day to day life.

Exposure to trauma and chronic stress changes the neurological circuits of the brain.

- short circuits the “fight or flight” area of the brain
- When we go into fight or flight mode the reptilian brain or the amygdala takes over for survival.
- Chronic exposure to trauma puts us in a constant state of fight or flight, therefore becoming more of the norm for the brain.
- When the nervous system is stuck in high gear, stress hormones remain elevated
- The brain starts to have difficulty differentiating between past events and current events, as well as safe and unsafe events

**Chronic stress causes an ongoing state of disruption.*

PTSD can cause intense thoughts and feelings about the traumatic event that last long after the event is over. In the case of first responders, multiple and chronic traumatic events cause PTSD. Common symptoms are flashbacks and nightmares, emotional detachment, and isolation. Sights, sounds, tastes, smells, and touch sensations can re-trigger feelings of the traumatic event.

Challenges to 911 dispatchers:

- Vicarious traumatization: it is clinically known and documented that an individual does not have to directly witness an event to experience trauma. Hearing about the trauma has similar effects and sometimes the same effects. It's true that dispatchers don't directly partake in the action of stabilizing and clearing an emergency scene, but they are no less affected by the stress of the event than any other first responder. The sounds of screaming children, desperate cries for help, sirens, and commotion linger long after the call has ended. Secondary Traumatic Stress: stress reactions and symptoms that are the result of another individual's traumatic experiences, rather than from direct exposure directly to traumatic events.
- Burnout: Chronic exposure to stressful situations delays recovery from stressful situation. Compassion Fatigue: Can be the result of secondary stress. Result can be the diminished ability to empathize with others or feel compassion.

911 Dispatchers:

- Regardless of the type of call, they have to be able to answer calls promptly, assess the situation, and make a fast determination about which department to send out to respond most appropriately to the caller's situation.
- Through it all, they must maintain a calming presence and stay on the line until help arrives. After their shift is over, many dispatchers play the calls over in their mind wondering if they made the best decisions and if the people on the other line received help in time.
- Their decisions impact the lives of those they serve in many ways. If they don't show enough compassion to a victim, the person could shut down and not be willing to report the incident. If they get an address wrong,

even unintentionally, someone could die. A dispatcher's words are especially important when speaking with children.

- Sometimes dispatchers learn the outcome of the call. Sometimes they see it on the evening news. And sometimes they never know at all. Wondering about the caller's safety causes them additional stress.
- 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 911 dispatchers. In a recent study, when looking at PTSD symptoms, and it is very clear that even if it does not happen to the 911 dispatchers, just the fact that they have this recurrent exposure to very traumatic events can lead to PTSD.
- 911 dispatchers often report high 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. 911 dispatchers 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 911 dispatchers at risk for PTSD.
- Child calls are the most significant. Those 911 dispatchers 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 911 dispatchers 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.
- Obesity is incredibly high. Studies showed 83 percent of 911 dispatchers in the study were obese or overweight. Obesity is 20 percent higher than the general population. On average, there were 17 different health complaints also reported in a recent study with an occurrence at least once a month, all the way up to once a week. In addition to obesity, the most common complaints are headaches, backaches, insomnia, heartburn, and upset stomach.
- Cortisol dysregulation may be a major factor in some of these symptoms. As discussed earlier with chronic high levels of cortisol dumps in the brain weight and health issues become a factor.

Many report chronic relationship conflicts, substance abuse, suicidal thoughts and attempts.

- Sleep Deprivation
- Long Shifts

- Financial Issues
 - Interdepartmental Stressors
 - Family Stress
 - Sickness, sedentary job with high stress
 - Erratic personal schedules, lack of structure due long shifts and hours, shift work, disrupted exercise, sleep and eating schedules
 - Difficulty balancing work and home life
 - Substance Abuse issues
 - Repeated trauma exposure
 - Stress of traumatic calls on family and children, not knowing how to talk to family members about the job
 - Workman's Comp issues, lack of legal support
 - Lack of Legal Support to deal with disability issues
 - Stigma: within the department and with the cities, fear of retaliation, fear of job loss and fear of lack support from department/city
 - Sense of shame when asking for help
 - Lack of Support
 - Behavioral health issues are isolating disorders: not like physical issues.
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- Multiple calls and roles, answering emergency calls as well as administrative calls depending on the department

What to do:

Inclusivity: offering dispatchers ongoing support, behavioral health resources, peer support, decreasing stigma. Resiliency training.

- Important to identify protective factors to help build resiliency.

Therapy, early intervention key to avoid long term effects

- Peer Support programs
- EAP programs
- Adopting healthy lifestyles, look at physical health as well as mental health
- Encourage self care, talking
- Nutrition and exercise play key role in our well being

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I am signed up for live testimony but would like to submit my written testimony as well.