

3-1-2014

**Critical Incident Stress Management for Contra Costa County Sheriff's Dispatchers: Evaluating the need for programs to help decrease Post Traumatic Stress Disorder as a result of Next Generation 9-1-1 implementation**

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COUNTY SHERIFF'S DISPATCHERS

Critical Incident Stress Management for Contra Costa County Sheriff's Dispatchers:  
Evaluating the need for programs to help decrease Post Traumatic Stress Disorder as a result of  
Next Generation 9-1-1 implementation

Submitted by

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for

EMPA 396 Graduate Research Project in Public Management

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March 1, 2014

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## **Abstract**

Within the next five years, the Contra Costa County Sheriff's Office emergency dispatch center will implement the next phase of 9-1-1 infrastructure known as Next Generation 9-1-1. This system will go beyond the current capabilities of the 9-1-1 system by allowing users to digitally text, send pictures, and provide videos to dispatchers within emergency communications centers. This study establishes areas of inquiry on the assumption that the implementation of NG9-1-1 will significantly increase dispatchers' exposure to traumatic events. Current literature suggests that ongoing exposure to duty-related trauma increases one's chances to develop Post Traumatic Stress Disorder symptoms. This research study examines whether the utilization of a Critical Incident Stress Management program prior to the implementation of NG9-1-1 will decrease the likelihood that Contra Costa County Sheriff's Office dispatchers will suffer from PTSD symptoms. The results from this study will help determine the need for the Contra Costa County Sheriff's Office to implement a Critical Incident Stress Management program prior to NG9-1-1 activation. The researcher is a Dispatch Supervisor with the Contra Costa County Sheriff's Office with over seventeen years in the dispatch profession.

## **Chapter 1 - Introduction**

Ask any police officer who has the hardest job in a police department and they will most likely say it is the dispatcher. Fight calls, domestic abuse calls, heart attacks, and high-speed pursuits are all in a day's work. The constant stress caused by hearing these dramas unfold, trying to calm the caller down to elicit information, and not learning the outcome before moving on to the next phone call takes its toll. Dispatchers are referred to as the "first" first responders because they are the first verbal contact point for the public and the lifeline on the other side of the radio for the police officer, firefighter and paramedic. In the near future, dispatchers will not only hear what their callers are reporting, they will be able to receive visual images in the form of pictures and videos. A caller will conceivably be able to report her husband has a gun to her head by video conferencing that image to the 9-1-1 dispatcher.

### **Purpose of the Study**

The purpose of this study is to provide policy determinations for incorporating A Critical Incident Stress Management (CISM) program at the Contra Costa County Sheriff's Office (CCCSO) prior to Next Generation 9-1-1 (NG9-1-1) implementation. NG9-1-1 is a technological advancement of the 9-1-1 system allowing dispatchers visual access to possibly disturbing images. The study examines whether the utilization of a CISM program prior to the implementation of NG9-1-1 will decrease the likelihood that CCCSO dispatchers will suffer from PTSD symptoms.

The research question studied is: if a Critical Incident Stress Management (CISM) program was utilized at the Contra Costa County Sheriff's Office prior to the implementation of NG9-1-1, would it decrease the likelihood of its dispatchers' suffering from PTSD? This

research question was asked in order to discover methods to deal with eventuality of NG9-1-1 and the negative mental health effects that are likely to arise for dispatchers. With the implementation of NG9-1-1, the likelihood that dispatchers will be exposed to traumatic material and suffer negative mental health effects will increase. Taking action to discover methods to prepare for and mitigate negative mental health effects prior to NG9-1-1 implementation will likely benefit the agency and the dispatch employees. The research sub-questions are:

1. What are the job-related stress factors that contribute to PTSD in dispatchers?
2. How might Next Generation 9-1-1 implementation contribute to the development of PTSD-related symptoms in dispatchers?
3. What, if any, treatment option is more or less effective in addressing PTSD symptoms and/or negative mental effects in dispatchers?
4. What agencies, if any, are currently utilizing CISM/Peer support programs?
5. What successes are they achieving in mitigating PTSD and/or negative mental health issues in dispatchers?

The hypothesis for this research study is that if a CISM program was utilized at the CCCSO prior to the implementation of NG9-1-1, it would decrease the likelihood of its dispatchers suffering from PTSD. The implementation of NG9-1-1 will increase dispatchers' exposure to duty-related trauma through disturbing images and media. Current literature suggests that ongoing exposure to duty-related trauma increases one's chances to develop Post Traumatic Stress Disorder symptoms. It is then assumed that as exposure to trauma increases, there will be more cases of PTSD or PTSD-related symptoms in CCCSO dispatchers. CISM programs have had success in treating first responders who have been exposed to duty-related trauma. A parallel can be made between methods in which they are exposed to trauma and methods in which dispatchers will be exposed to trauma through NG9-1-1.

## **Background and History**

Currently, dispatchers at the CCSO do not have access to visual images of the traumatic events that are reported to them. The implementation of the next innovation in 9-1-1 infrastructure may change the manner and frequency in which dispatchers experience these types of events. In addition to accessing 9-1-1 through phone calls, NG9-1-1 will allow the transmission of data through the 9-1-1 system. The content of the data may contain text messages, emails, pictures, videos and video chats, which will allow dispatchers to view real life depictions of crime scenes, accidents, and violent events. NG9-1-1 implementation may increase dispatchers' vulnerability to PTSD, an anxiety-based psychological disorder that develops after acute or prolonged exposure to traumatic events. (National Institute of Mental Health, 2013, 3). Methods of interventions to address issues associated with PTSD vary.

In recent years, CISM programs have been used as a technique to diminish the harmful effects of duty-related traumatic stress. CISM often includes pre-incident stress training, on-scene support, peer support programs, follow-up services, and referrals to psychiatric professionals (Hammond & Brooks, 2001). One component of CISM is "critical incident stress debriefing" (CISD), a technique used within seventy-two hours of a traumatic event, to assist the affected parties in emotionally and intellectually processing their feelings (Hammond & Brooks, 2001). The CCSO does not utilize a formal CISM program to address the mental health needs of its employees as a result of duty-related traumatic events. Although an Employee Assistance Program is available through employment benefits with the County, immediate and direct access to support services is not readily provided.

Peer Support Programs are a component of CISM that are often used independent of a formal CISM program. Peer support programs provide immediate emotional and social support

to the employee in need. These programs involve specially trained members of the agency assisting other employees who are experiencing stress, critical incidents or trauma in processing emotions. Employees assigned to a formal peer support program have "an ability to empathize and understand from an orientation reserved only for those who have shared similar adventures" (Goldstein, 2006 p. 36). The CCCSO is currently in the beginning stages of creating and implementing a department-wide Peer Support Program. Both the benefits and limitations of CISM and Peer Support Programs will be considered when analyzing the effectiveness in mitigating PTSD symptoms related to NG9-1-1 implementation.

This issue may have an impact on the Sheriff's Office, as well as other dispatch centers of similar size and discipline as they implement NG9-1-1 services. First, dispatchers' visual exposure to traumatic events may place the agency at increased risk of additional costs. Worker's compensation claims as a result of PTSD may rise, costing the department overtime pay to replace dispatchers using sick leave, or the costs of hiring and training due to attrition. It also may leave the agency open to legal action if it can be determined that appropriate steps to protect the employees from PTSD were not taken. Secondly, citizens requiring 9-1-1 services may be negatively impacted if dispatchers are ineffective in their job duties as a result of untreated PTSD or PTSD related illnesses. Customer service and efficiency may be deficient. Finally, if dispatchers are unable to perform their job duties as a result of PTSD, the potential loss of institutional knowledge and experience may be detrimental to the agency.

Exposure to traumatic images can be a contributor of PTSD in some. NG9-1-1 implementation will likely increase exposure to traumatic images for dispatchers, resulting in possible increased risk of them developing PTSD. Some of the programs used to mitigate PTSD in first responders will be explored as viable options for dispatchers. Mitigation of PTSD in



CCCSO dispatchers is important in terms of financial costs to the agency, delivery of service to the public, and the emotional wellness of employees. The conclusions made from this study may be used to guide the CCCSO on decisions regarding implementation of programs to mitigate duty-related Post Traumatic Stress Disorder as a result of Next Generation 9-1-1.

## **Chapter 2 – Review of Literature**

The law enforcement emergency services dispatch field has received little empirical research attention with the majority of research concentrating on the medical dispatching discipline. Gardett, et al. (2013) listed several possible reasons for the research gap, but they concluded that "as emergency dispatching becomes more complex, and as the public comes to expect certain kinds of help, well-conducted scientific research becomes increasingly important" (p.29). However, a review of relevant literature has demonstrated that studies have been performed related to CISM and its effects on PTSD in disciplines similar to dispatch, such as police officers, firefighters and paramedics. Parallels between dispatch and these disciplines can be drawn. This section highlights the aspects of dispatching that contribute to the development of PTSD in dispatchers and comparisons of the alternative methods in which to address PTSD. The available research on employee intervention options may guide administrative policy and procedure for addressing PTSD in CCCSO employees.

### **Post-traumatic Stress Disorder and Dispatchers**

Post-traumatic stress disorder occurs when an individual is "exposed to a traumatic event that involves actual or threatened death or serious injury or a threat to the physical integrity of self or others" (Bisson, 2007, p. 399); these events can cause responses such as intense fear, helplessness or horror. PTSD symptoms must be present for at least one month and "cause clinically significant distress or impairment in social, occupational, or other important areas of functioning" (Bisson, 2007, p. 399). The types of calls that dispatchers handle may contribute to PTSD or related symptoms. "After particularly difficult calls, dispatchers may show many of the classic post-traumatic reactions and symptoms..." (Miller, 1995, p. 595). Although traumatic

calls will not always affect each dispatcher in the same way, the constant exposure to job-related trauma can contribute to PTSD.

There have been extensive studies on stressors that contribute to the onset of PTSD and its effects in military veterans and first responders, such as sworn law enforcement officers, firefighters and paramedics. Some general similarities in job-related stressors contributing to PTSD have been established between first-responders and dispatchers. The first study to examine PTSD specifically in dispatchers was performed by researchers at Northern Illinois University in 2012 (Lilly & Pierce, 2013). The study suggests that on-the-job, indirect exposure to traumatic events puts dispatchers at risk for developing symptoms of PTSD. This study supports previous research that suggests job-related stress contributes to the development of PTSD in dispatchers.

Other studies have examined PTSD as a contributing factor to suicide and substance abuse in police officers. (Violanti et al., 2009; Cross & Ashley, 2004). It was found that "certain traumatic police work exposures increased the risk of having a high level of posttraumatic stress disorder (PTSD) symptoms, which subsequently increased the risk of alcohol use and suicide ideation" (Violanti et al., 2009, p. 43). While the suicide and substance abuse angle has not been studied specifically in dispatchers, it can be presumed that effects would be comparable to those of first responders with increased exposure to traumatic events.

One study researched a peer based group that performed "outreach, support work, and screening for stress symptoms related to the disaster in NYPD from December 2002 until December 2003" (Dowling, Moynihan, Genet & Lewis, 2006, p. 151). It was found that most of the line level first responders at NYPD reported they were still experiencing stress-related symptoms associated with September 11th over two years after the event. "This would suggest

that they are more vulnerable to PTSD and other psychological trauma-related conditions as they are exposed to future job-related traumatic incidents and/or terrorist attacks" (Dowling et al., 2006, p. 152). These studies give credence to the notion that other public safety disciplines, such as dispatchers, could possibly be vulnerable to PTSD as they become increasingly exposed to primary trauma through implementation of NG9-1-1.

The implementation of NG9-1-1 may contribute to dispatchers' vulnerability to PTSD by adding the element of exposure to primary sources of trauma along with continued exposure to secondary trauma, which will be discussed later in this chapter. Next Generation 9-1-1 evolved as part of a 2006 United States Department of Transportation project that studied how current 9-1-1 infrastructure could be updated to support the growing need for wireless access to emergency communications (Next Generation 911, 2013, ¶ 2). This type of technology enables citizens calling 9-1-1 to request help via text messages and to send pictures, videos and other data to the 9-1-1 dispatcher. This will expose dispatchers to visual images of events that may be deemed as traumatic or otherwise upsetting. "The risk to call receivers experiencing a trauma over something they have seen is much more likely to happen than when it is only heard" (Goforth, Haas, Murbach, Phillips, & Sullivan, 2012, p. 18). Ongoing exposure to traumatic events, which may occur as a result of NG9-1-1 implementation, may develop into PTSD in certain individuals. (D'Andrea, Sharma, Zelechowski & Spinazzola, 2011; Goforth et al., 2012).

## **Factors Contributing to PTSD in Dispatchers**

### *Chronic Acute and Routine Stress*

An acute stress reaction can occur when a dispatcher is involved in a critical incident, described as "any situation faced by emergency personnel that causes them to experience emotional reactions as such a level as to potentially interfere with their ability to function, either

during the event or after" (Linton, 1995, p. 567). Symptoms of acute stress include suppressing of emotions, panicking, freezing up, crying, and an inability to perform work assignments. Lilly and Pierce (2013) indicate that "research has shown PTSD symptomology to be notably high in adults with ongoing duty-related trauma exposure" (p. 135). As dispatchers' exposures to stressful calls and critical events increase, it can be inferred that the likelihood of them developing PTSD symptoms may increase as well.

The nature of dispatch work is characterized as highly stressful. Because of the dynamic nature of the dispatcher's job, it is often not possible to take time to process feelings or decompress after especially emotional calls. Calls need to be answered, triaged and prioritized in quick succession and with very little room for error. Some of the features that characterize this type of work include dealing with multiple simultaneous calls, having to make life and death decisions quickly, often with little information, and dealing with frantic, hostile or confused citizens (Miller, 1995, p. 595). Dispatchers must maintain their composure at all times, including emotional or stressful calls. "They must act professionally, with firmness or empathy in their own tone of voice, inflection, and words in order to do their job well" (Troxell, 2008, p. 18).

One study that examined the effects of routine occupational stress in police officers found occupational stress to be a stronger predictor of psychological distress than exposure to acute stress due to critical incidents (Liberman et al., 2002, p. 432). This would suggest that continual exposure to routine work-related stress may result in PTSD. Troxell (2008) found dispatchers' "exposure to traumatic material is a daily occurrence. The residual stress, i.e., the symptoms of STS [Secondary Traumatic Stress] they experience after one call, are carried with them during

subsequent ones" (p. 22). Over time, the continual exposure to chronic stress can take a toll on the mental well-being of the dispatcher.

There is some support that continual exposure to routine stress also seems to be a factor that contributes to PTSD in dispatchers. The types of routine job-related stress seems to fall into two categories; elements of the job and organizational. Elemental factors include shift work, alternating between routine and stressful events, inadequate pay, availability of time off, forced overtime, interpersonal conflicts with co-workers, and insensitivity to family or personal needs. Organizational factors include lack of recognition by administration, poor communication with management, scapegoating of personnel, poor training, lack of supervision, and poor treatment of employees after stressful events (Goold, 2009; Troxell, 2008; Van Hasselt et al., 2003). Results of these studies demonstrate that exposure to chronic acute trauma coupled with a highly stressful environment puts dispatchers at risk for developing PTSD.

The technological changes that NG9-1-1 will change the mechanics of the dispatcher's job tasks and may become an added stressor that might contribute to PTSD (Weiner, 2013). NG9-1-1 will likely require more of the dispatcher's time in handling a call, tying up dispatchers for longer periods of time. Call volume will likely increase as opportunities for communication with 9-1-1 via multiple digital devices become possible (National Emergency Number Association, 2013). As most dispatch centers are understaffed, the issues resulting from NG9-1-1 may contribute to feelings of being overworked and underpaid, further contributing to duty-related stress.

### *Secondary Traumatic Stress*

While dispatchers are not traditionally exposed to firsthand trauma, they may still be at risk of suffering from serious mental injury. Police officers, firefighters, and paramedics on the

front lines are exposed to traumatic events first-hand which is known as primary trauma. Dispatchers experience what is referred to as secondary or vicarious trauma. Troxell (2008) explains, "They do not put their own lives in peril, i.e., experience primary trauma. Their exposure is in hearing the distress of others" (p. 2). Goold (2009) found that "911 telecommunicators interact with trauma on a daily basis. Various studies...have validated the deleterious effects of helping others experiencing trauma" (p. 10). Dispatchers are placed in the position of knowing their caller is in immediate danger, but not being able to physically help them. "STS is becoming viewed as an occupational hazard of providing direct services to traumatized populations" (Bride, 2007, p. 64). Although they are not subject to the physical exposure of primary trauma, their involvement with callers experiencing the trauma can have damaging effects.

A relevant example of this type of trauma is that which occurred during the World Trade Center Attack. During the incident, dispatchers were dealing with "long, final conversations from anguished trapped victims asking what to do, there were calls for which the dispatchers were not trained. Some of the dispatchers have not yet returned to work 1 month later" (Hammond & Brooks, 2001, p. 317). Latter (2003) describes vicarious trauma not as reliving the experience with a client, such as a therapist would do, but actually experiencing the trauma with the caller. "The current study demonstrated that if emergency dispatchers cope in ineffective ways, the consistent experiencing of others' trauma may lead to negative views regarding themselves and others (i.e., vicarious trauma)" (Latter, 2003, p. 79). The implementation of NG9-1-1 and the ability to visually witness traumatic incidents will likely heighten the intensity of the experience for the dispatchers. These studies demonstrate that exposure to secondary

traumatic stress coupled with a highly stressful environment puts dispatchers at risk for developing PTSD.

### *Compassion Fatigue*

Dispatchers deal with the emotional toll of being exposed to people's raw emotions and reactions at some of the worst times in their lives. The phenomenon of being emotionally affected by the traumatic experiences of others is what is known as "compassion fatigue" (Goold, 2009, p. 30). According to Goold (as cited in Figley, 2002) compassion fatigue is defined as "a state of tension and preoccupation with the individual or cumulative trauma of clients as manifested in one or more ways, such as: re-experiencing traumatic events, avoidance of reminders of the dramatic event, or persistent arousal, combined with the added effects of cumulative stress or burnout" (p. 125). Dealing with daily exposure to traumatic events without a way to mitigate detrimental effects the dispatcher may incur can contribute to the development of PTSD or its symptoms.

Researchers suggest that both Secondary Traumatic Stress and job burnout can contribute to Compassion Fatigue (Adams, Boscarino & Figley, 2006; Goold, 2009). "The symptoms of Compassion Fatigue mirror those of PTSD and the person witnessing the trauma or hearing about the incident post-facto is a victim of secondary stress. The constant exposure to trauma places the caregiver at risk for Compassion Fatigue" (Goold, 2009, p. 49). Chronic exposure to Secondary Traumatic Stress and Compassion Fatigue, as experienced by dispatchers, may lead to the development of PTSD or PTSD-related symptoms. "9-1-1 telecommunicators may not be able to cognitively process traumatic calls thus placing themselves at risk for compassion fatigue (CF) or PTSD" (Goold, 2009, p. 35). Increased exposure to these conditions may become more prevalent with the implementation of NG9-1-1.



### **CISM/CISD Response to Dispatch Stress**

Critical Incident Stress Management, or CISM, was developed in the early 1980's as a model of education and intervention in critical incidents. Teams are usually composed of specially-trained mental health professionals and emergency service workers who take on the role of peer counselors. "The goal of a CISM team is to educate emergency responders about stress reactions before those reactions occur and to provide intervention after an incident has occurred" (Linton, 1995, p. 568). Critical incident stress debriefing, or CISD, is described as the reactive component to a CISM team. Once a CISM team is alerted to a crisis situation, the team is deployed to the agency in need and a debriefing occurs within 48-72 hours. "The principles of crisis intervention suggest intervention should be early, brief, problem-focused, and conducted relatively close to the site of the trauma." (Linton, 1995, p. 569). Group debriefings usually last two to three hours depending on the circumstances.

Hammond and Brooks (2006) investigated the use of Critical Incident Stress Management and critical incident stress debriefing in mitigating stress-related symptoms in public safety personnel, resulting from the effects of experiencing disasters such as the World Trade Center attack. The researchers specifically looked at comparisons between police officers and firefighters exposed to duty-related trauma that received CISD immediately following a trauma, with those that did not receive CISD within the same time frame. The authors report that "police officers and firefighters receiving as little as a 1.5-hour debriefing within 24 hours of an incident exhibited statistically significant less depression, anger, and stress-related symptoms at 3 months than did nondebriefed [sic] subjects" (Hammond & Brooks, 2001, p. 316). The research recommends incorporating CISM as part of a disaster plan, including peripheral employees, such as dispatchers, who may be affected.

Miller (1995) suggests that, in general, "one-time, incident specific interventions will be most appropriate for handling the effects of overwhelming trauma on otherwise normal, well-functioning personnel" (p. 595). However, he also cautions that overuse of CISD may diminish the effectiveness of the intervention in instances where it could have actually helped. Lilly and Pierce (2013) inferred that CISD may be related to restoring a positive world view after duty-related trauma and may be related to lowered risk for post-trauma depression and anxiety in firefighters. However, this association was weak. Although many of these studies were in reference to first responders, connections can be made to dispatchers, as their reactions to primary trauma resulting from NG9-1-1 may mimic those of first responders.

There is also ample evidence against the use of CISM and CISD for the treatment of work-related trauma. Berman and Davis-Berman (2005) argue against the prevailing assumption that most traumatic events result in PTSD and are best treated by Critical Incident Stress Debriefing. "Recent evidence suggests that many individuals exposed to stress do not experience stress responses. Even those who do, however, may not benefit from CISD" (Berman & Davis-Berman, 2005, p. 97). Their research did not verify the requirement that all individuals with exposure to trauma undergo CISD. Scully (2011) conducted a review of group crisis intervention such as CISD and concluded "the practice of psychological debriefing was not useful in the prevention of PTSD" (p. 17). This may have implications for agency policies and procedures. The potential treatment options, as well as the benefits and disadvantages of each, should be considered prior to implementing policies mandating specific treatment approaches after traumatic events.

There seems to be ongoing debate in the literature arguing for or against the utilization of CISM programs in ameliorating PTSD as a result of duty-related trauma. The overall synopsis is

the treatment method must be effective for the PTSD victim. There are several approaches to treatment that can be utilized individually or in conjunction with other programs. The preferred method of treatment should be dependent on the circumstances of the traumatic situation, the willingness of the employee to receive treatment and feasibility of employing the program.

### **Peer Support Programs to Address Dispatch Stress**

The implementation and use of peer support programs in law enforcement is a relatively modern development that has received considerable attention in the literature. It was not "until the early 1970s that peers were recognized as a viable resource for assistance and intervention in law enforcement (Goldstein, 2006, p. 35-36). The International Association of Chiefs of Police (IACP) Psychological Services Section has now developed guidelines for development of Peer Support Programs that can be adapted to accommodate the needs of individual agencies (Peer Support Guidelines, 2007). The general finding has been that both formal and informal peer support programs have been determined to be beneficial for law enforcement agencies, as a cost-effective and useful approach in mitigating negative mental health effects in employees (Stephens & Long, 2000; Dowling et al., 2006; Goldstein, 2006; Miller, 1995; Kirmeyer & Dougherty, 1988).

In cases of critical-incident related trauma "people initially turn to those with whom they have continuous relationships" (Stephens & Long, 2000, p. 421). One's co-workers (i.e., peers) are in close proximity, immediately available and have unique insight needed to understand what their co-worker is going through emotionally. Peer support programs at work can help dispatchers cope with stressors by helping dispatchers stay focused on problem resolution rather than fixating on their anxiety, encouraging healthy behaviors and actions to reduce stress, and by offering assurance and support through their time of need (Kirmeyer & Dougherty, 1988). Peer

support programs provide emotional, social, and immediate assistance in a manner that other resources cannot.

Peer support is also a critical element of models employed by short-term residential treatment centers targeted specifically for first responders. The On-Site Academy in Massachusetts and the West Coast Post-Trauma Retreat in San Rafael, California are two such programs. "To treat responders effectively, one must understand the cultural factors at work in the emergency services. Generally the emergency service worker has a strong need for the acceptance, respect, and approval of peers" (Fay, Kamena, Benner & Buscho, 2006, p. 256). Dispatchers fall into the category of emergency service workers and can be presumed to be included in these generalizations. The residential treatment programs, while unique and encompassing of several treatment methods are enhanced by the involvement of peer supporters.

Although peer support programs can be effective in addressing certain psychological challenges, "it should be seen as augmenting, not replacing, psychological services or other employee assistance programs" (Kamena, Gentz, Hays, Bohl-Penrod, Greene, 2011, ¶ 9). There will not be one specific treatment or approach that will satisfy every dispatcher's needs. The appropriate selection of the peer-support team is another consideration. "Instead of accepting anyone who volunteers to be peer supporters, poll the employees and find out to whom they are actually willing to talk" (Goforth et al., 2012, p. 19). Once a peer support team is assembled, employees willing to participate can use the team's services to enhance other mental health services the employee may also be receiving.

### **Alternative Strategies to Address Dispatch Stress**

Newbold, Lohr, and Gist (2008) maintain that less intrusive methods are more appropriate for dealing with exposure to duty-related trauma. "The most widely promoted service

is Critical Incident Stress Debriefing and Management, but scientific evidence does not justify its application" (Newbold et al., 2008, p. 1337). The researchers advocate for other approaches, such as Employee Assistance Programs (EAP), effective agency management practices, early intervention of potential problems, and prompt referral to mental health professionals. One possible reason alternative methods are preferred is the resistance of law enforcement personnel to seek mental health assistance. Men and women who work in law enforcement are often resistant to traditional forms of mental health counseling due to attitude, training and industry social norms (Miller, 1995). Barriers to using in-house EAP programs are suspicion and mistrust of in-house clinicians. On the other hand, peer supporters are not bound by any type of doctor-patient relationship, so there may be confidentiality concerns for these programs as well.

Another viewpoint considers the "concept and practice of providing various services to police employees similar to those in private industry..." (Goldstein, 2006, p. 33). The author proposes the use of peer support programs in collaboration with external Employee Assistance Programs (EAP) as avenues to deliver immediate assistance to law enforcement personnel in crisis. "The existence of Employee Assistance and Peer Support efforts represent the most efficacious way of meeting these needs. A combination of the two brings the best of both to the table" (Goldstein, 2006, p. 38).

Other opinions highlight the importance of educating dispatchers on various strategies for coping with stress and wellness management. The National Emergency Number Association (NENA), an organization widely regarded as the standard-setting organization on 9-1-1 policy, technology, operations, and education recommends the adoption of a nationwide Chronic Stress Management program in preparation for the expected rise of PTSD in dispatchers. (National Emergency Number Association, 2013). NG9-1-1 may contribute to dispatch stress in a number

of ways. On a routine level it is likely to cause information overload and additional tasks that need to be handled. On a critical level, dispatchers will be able to see real-time video of traumatic events without the ability to physically help. There is also the stress related to missing important aspects on video, such as the glint of a gun. Learning how to cope with various stressors will become increasingly important with NG9-1-1 implementation.

One study that examined perceived stress in emergency dispatchers found that "failure to use effective coping strategies in response to stressful situations is a particular problem among EDs [Emergency Dispatchers] whose training rarely includes building coping skills" (Anshel, Umscheid & Brinthaupt, 2013, p. 2). The researchers recommend dispatchers learn and apply appropriate techniques to cope with a highly stressful work environment. Another article touts the benefit of implementing training programs to teach coping mechanisms and fostering spirituality in the workplace (Tovar, 2011). The author highlights the significance of teaching new recruits about stress and wellness as prevention measures against adverse mental health effects.

### *Conclusion*

Most researchers are in agreement that ongoing exposure to acute and/or chronic stress, secondary traumatic stress, and compassion fatigue appear to have a causal connection to PTSD development in emergency dispatchers. Several articles explore the use of Critical Incident Stress Management, Critical Incident Stress Debriefing and peer-based assistance programs to ameliorate the effects of duty-related exposure to trauma. However, there appears to be considerable debate on the appropriateness of CISM/CISD interventions in mitigating PTSD symptoms in first responders. Most scholars and researchers seem to be in agreement that a correctly implemented and administered Peer Support Program can be beneficial in offsetting

some of the deleterious effects of PTSD in first responders. Others propose alternative treatments or a focus on a proactive approach to PTSD; preventing the onset of the disorder, rather than waiting for symptoms to develop. The most important factor seems to be that proposed treatment of the employee must be individualized to that person's needs.

### **Chapter 3 – Research Methods**

The research study focused on whether implementation of a CISM program at the CCCSO prior to NG9-1-1 implementation would decrease the likelihood of its dispatchers' suffering from PTSD. A mixed method research design was selected for this project and includes both quantitative and qualitative data collected from surveys and interviews. A case study research approach is used for the qualitative portion of the data. According to Leedy & Ormrod (2013), "a case study may be especially suitable for learning more about a little known or poorly understood situation" (p. 141). The data will strive to explain the connections between emotional preparedness and experiences of dispatchers to a program that has not yet been implemented. This specific situation has not yet occurred, so the outcomes are unknown. As a result, the data may or may not inform implementation of future policy recommendations based on the current experiences of dispatchers.

#### **Main Research Question and Sub-Questions**

The main research question investigated in this study is: If a Critical Incident Stress Management (CISM) program was utilized at the Contra Costa County Sheriff's Office prior to the implementation of NG9-1-1, would it decrease the likelihood of its dispatchers' suffering from PTSD? Obtaining the answer to this question is important to address because it may help guide agency administrators on techniques to mitigate PTSD prior to its occurrence in CCCSO dispatchers. Assurance of good mental health for the dispatchers fosters decreased sick leave usage and a positive financial impact to the county, resulting in continuity of excellent service to the agency and to the public who use the 9-1-1 system. The following research sub-questions are used to guide this study:



1. What are the job-related stress factors that contribute to PTSD in dispatchers?
2. How might Next Generation 9-1-1 implementation contribute to the development of PTSD-related symptoms in dispatchers?
3. What, if any, treatment option is more or less effective in addressing PTSD symptoms and/or negative mental effects in dispatchers?
4. What agencies, if any, are currently utilizing CISM/Peer support programs?
5. What successes are they achieving in mitigating PTSD and/or negative mental health issues in dispatchers?

These research sub-questions were selected because they seek to discover how dispatch job-related stress exacerbated by NG9-1-1 may or may not contribute to PTSD, and the effectiveness CISM components have on mitigating PTSD. Understanding the job-related stressors that contribute to PTSD and how NG91-1- implementation might add to that can help guide agency administrators in taking measures to decrease the likelihood of PTSD. Insight can be gained from other departments who have utilized CISM programs or program components. The types of preventative measures for PTSD, as well as the types of interventions and treatments that have been effective at other departments may help administrators decide on appropriate courses of action for CCCSO. Understanding the medical & organizational impacts may help inform administration so they may take steps to prepare for and address possible negative mental health issues that may occur in dispatchers.

**Research Hypothesis:** The utilization of a Critical Incident Stress Management (CISM) program prior to the implementation of NG9-1-1 will decrease the likelihood of Contra Costa County Sheriff's Office dispatchers' suffering from PTSD. The execution of NG9-1-1 will be the most technologically advanced modification to the 9-1-1 system since its inception. This system

has the ability to have a highly emotional impact on dispatchers in a manner they have neither been accustomed to nor anticipated. It will likely require massive changes in how public safety agencies address hiring, training and operating issues. Most public safety agencies train for critical events and incorporate contingency plans to account for extraordinary circumstances. It is logical to assume that agencies would make efforts to address mental wellness issues in dispatchers in preparation for large scale changes to the mechanics of the job.

### **Dependent and Independent Variables:**

The independent variable for this study is the utilization of a Critical Incident Stress Management program prior to the implementation of NG9-1-1. The dependent variable is the likelihood of CCCSO dispatchers suffering from PTSD. This research examines whether or not the implementation of a CISM program at CCCSO prior to the adoption of NG9-1-1 will more than likely decrease dispatchers' suffering from PTSD.

Since NG9-1-1 infrastructure in California is not complete, the technology needed to activate the advanced 9-1-1 system is not yet available. The correlation between the independent and dependent variables was established quantitatively through surveys of dispatchers within Alameda and Contra Costa Counties. The qualitative correlations between the independent and dependent variables were established through dispatcher surveys and through interviews with various subject matter experts. The data was collected to reveal other stressors that, when compounded with the stress of NG9-1-1, could contribute to the likelihood of the development of PTSD in dispatchers. The data was analyzed to determine a particularly favored manner with which to address dispatch stress.

### **Operational Definitions:**

**Utilization:** This term is applied by its widely known explanation as "to make effective use of".

**Critical Incident Stress Management (CISM) program:** Critical Incident Stress Management is a system of education, prevention and mitigation of the effects from exposure to highly stressful critical incidents (Occupational Safety and Health Administration, 2013). Components of a CISM program include critical incident stress debriefing (CISD) and peer support programs. *CISD* "is a structured intervention designed to promote the emotional processing of traumatic events through the ventilation and normalization of reactions, as well as preparation for possible future experiences" (Miller, 1995, p. 595). A debriefing session is normally performed within 72 hours of a traumatic event or critical incident. It is usually carried out in a group setting and facilitated by a trained mental health professional who leads the group in discussing the incident. The facilitator will acknowledge the reactions of the individuals while substantiating they are not alone in their experiences. They will also inform the individuals about anticipated emotional and physical reactions they may experience, and teach coping strategies. *Peer support programs* are intervention services where members of an organization are chosen to provide assistance to the member who has experienced stress, a critical incident or trauma. The peer supporter will listen to and assess the employee having difficulty. If the problem is severe, the peer supporter will refer the employee to a professional. For the purposes of this study, critical incidents are defined as those that cause uncommonly powerful stress reactions that prevent the person from being able to adjust emotionally. Examples of these types of incidents would be fatal officer-involved shootings, horrific car crashes, disasters causing death or injury to many people, and incidents involving the serious injury or death of a child.

**Prior to implementation:** This phrase indicates that this study will be concerned with what the Post Traumatic Stress Disorder effects of the utilization of CISM will be if CISM practices are

put in place before Next Generation 9-1-1 services are enabled and used by the Contra Costa County Sheriff's Office dispatch center.

**Next Generation 9-1-1 (NG9-1-1):** An internet protocol-based 9-1-1 service supported by a digital infrastructure that will encompass the use of many different technologies with which emergency services can be requested. Some of the capabilities include Voice Over Internet Protocol (also known as VOIP lines, for example the company, Vonage), video, text and Short Messaging Service (SMS) messages, data in the form of emails and pictures, and telematics, which are in-vehicle communication services such as On Star (Yardley, 2010).

***Will decrease the likelihood:*** As the condition that will be studied has not actually taken place at the Contra Costa County Sheriff's Office, the outcomes of comparable agencies that have implemented similar programs will be used to compile appropriate data. This includes information about CISM programs used by other law enforcement and fire agency personnel, such as police officers and paramedics, in the Bay Area. Key informant interviews were conducted with personnel who have been instrumental in starting CISM programs for their own agencies. The data was measured by the difference in agreement rates between data compiled from published research studying similar variables, and information gathered from key informant interviews. From the interview and secondary data collected, an agreement rate of 60% or better will be needed to support the hypothesis of this study. As the condition being researched has not yet been implemented, this study establishes a baseline for credibility. It is the researcher's belief that an agreement rate of 60% among the surveyed population would indicate a strong correlation between CISM being a mitigating factor in the development of PTSD.

**Contra Costa County Sheriff's Office (CCCSO) Dispatchers:** The study includes full-time and part-time dispatchers within the San Francisco Bay Area, who work in the dispatcher,

dispatch supervisor, or dispatch manager capacity. This study also includes probationary dispatchers who are in the training phase of their employment as well. Sworn law enforcement officers who are authorized to work dispatch positions are also included. Implications of this research study will apply to sworn officers in their dispatching capacities for the purposes of this research project. Dispatchers are also sometimes referred to as "telecommunicators", "emergency 911 operators", or "emergency dispatchers" in the literature.

**Suffering from:** This term will indicate the person is experiencing the symptoms or indicators of the condition. Any and all symptoms will be considered.

**Post Traumatic Stress Disorder (PTSD):** According to the National Institute of Mental Health (2013), PTSD develops after witnessing or experiencing an event that involves physical harm or threat of physical harm to the person involved or to a stranger. The condition causes a multitude of symptoms that can be grouped into several categories. The first group falls under re-experiencing symptoms, such as flashbacks, nightmares and frightening thoughts and can be triggered by the person's own thoughts and feelings or other external reminders of the event. These symptoms can impede a person from being able to accomplish everyday activities. The next group is known as avoidance symptoms. These include staying away from places or objects that are reminders of the event, emotional numbness, guilt, depression, worry, losing interest in once enjoyable activities, and difficulty remembering the traumatic event. These symptoms may cause the person to change their normal routine, such as performing their job duties or driving a car. The third group is called hyper-arousal symptoms. These include being easily startled, tenseness, having difficulty sleeping and having angry outbursts. Rather than being triggered by reminders of the event, this group of symptoms is usually constant and present in the person's life, thereby contributing to difficulties in being able to perform daily tasks. The

symptoms can become apparent very soon after the event or several months later. (National Institute of Mental Health, 2013).

### **Controlling for Internal and External Validity**

There are potential factors that that may affect the internal validity of this study. Individual dispatchers may incur stress from sources other than NG9-1-1. They may experience stressors such as financial or family obligations, which may have an effect on vulnerability to PTSD. Dispatchers may have varying resiliency levels, meaning some dispatchers may be able to tolerate duty-related stress better than others. Another factor may be the varying tenures of dispatchers. Dispatchers with more time in the profession may have had more exposure to situations that may desensitize them to violent images. They may be less vulnerable to PTSD than dispatchers with fewer years on the job.

This research study is anticipated to be externally valid. NG9-1-1 is a mandatory upgrade to the 9-1-1 system that will eventually take place in all 9-1-1 communications centers across the country. It can be expected that law enforcement dispatchers working within similar disciplines and under similar conditions as dispatchers in the Contra Costa County Sheriff's Office will have comparable probability of exposure to primary trauma. Results of this study may be helpful for other law enforcement agencies considering the usage of CISM programs to mitigate PTSD in their dispatchers as NG9-1-1 is phased in.

### **Data Collection Process Overview**

Data for this project was collected through key informant interviews and evaluation of other agencies' CISM programs through the use of an online survey of dispatchers working in the Counties of Alameda and Contra Costa. Secondary data regarding effectiveness of CISM

programs in mitigating PTSD was collected from studies published in peer-reviewed literature. This author has not been able to locate nationwide or statewide statistics on the effectiveness of CISM programs.

A survey questionnaire (see Appendix A) consisting of 13 questions was distributed to 376 dispatchers in Alameda and Contra Costa Counties. This study specifically seeks input from other dispatchers to help inform the CCCSO of the appropriate actions needed to address the problem of PTSD in their dispatchers. Surveys were distributed to respondents beginning January 31, 2014 and closed on February 12, 2014. The raw data was collected and tabulated using Survey Gizmo ([www.surveygizmo.com](http://www.surveygizmo.com)).

Interviews were conducted and included subject matter experts in CISM/CISD, Peer Support, NG9-1-1, and PTSD. The purpose of the interviews was to identify how dispatchers might be affected by NG9-1-1 and to explore what successes CISM programs and program components have achieved in mitigating negative mental health issues in dispatchers. Key informant interviews included: a lieutenant from a Contra Costa County police department who helped create and lead the Peer Support Program, two dispatch supervisors from Sacramento County agencies and a Records manager at an Alameda County police department with expertise in NG9-1-1, a former dispatcher associated with a residential treatment center for first responders suffering from PTSD, and a clinician/consultant with expertise in CISM and PTSD. The number of questions and the questions themselves varied based on the subject matter (See Appendix B). Four interviews were conducted via email and two interviews were conducted telephonically.

Bias was controlled in several ways. First, only one survey was used and distributed to all participants. This single collection tool helped to ensure that all dispatchers being surveyed received the same questions and had equal opportunities to address all questions. Secondly, an

introduction was included in the survey questionnaire that explained the definitions of CISM, CISD and peer support for the purposes of the research project. This introduction helped make certain that all dispatchers surveyed received the same definition of the programs for which data was being collected. Finally, the interview questions were reviewed for appropriateness and approved by Professor Mick McGee, course instructor and Capstone advisor at Golden Gate University in San Francisco, California.

This research study examines whether CCCSO dispatchers' suffering from PTSD as a result of NG9-1-1 implementation will be mitigated by the utilization of a CISM program prior to NG9-1-1 being put to use. A mixed-method approach was used to conduct this research project. Qualitative and quantitative data was collected through the use of surveys of dispatchers working in the Counties of Alameda and Contra Costa and interviews of subject matter experts in CISM, PTSD, Peer Support, and NG9-1-1. A thorough analysis of the relevant data was completed to test the researcher's hypothesis. The results from this study will be used to help determine the need for the Contra Costa County Sheriff's Office to implement a CISM program prior to NG9-1-1 activation.



## **Chapter 4 – Results and Findings**

The hypothesis of this study is that implementing a CISM program prior to NG9-1-1 implementation at the Contra Costa County Sheriff's Office would decrease the likelihood that its dispatchers would develop PTSD as a result of NG9-1-1. This chapter provides a review of the research approach used to conduct this examination and presents an analysis of the collected information from survey questionnaire data and key informant interviews. The survey was directed to both law enforcement and fire/medical dispatch personnel. The survey questions were intended to gather the thoughts and beliefs of dispatchers on the effectiveness of programs used to mitigate both past and current routine and critical incident stress. Thoughts and beliefs on how effective these programs may be in mitigating future routine and critical incident stress as a result of NG9-1-1 implementation were also requested. The key informant interviews were directed toward subject matter experts in Peer Support, CISM/CISD, and NG9-1-1. The key informants were selected due to the nexus between their expertise in the subject matter and their experience as dispatchers or close working capacities with dispatchers.

### **Survey Data**

The survey participants are non-sworn employees working as dispatchers, dispatch supervisors/leads, and dispatch managers in agencies within Alameda and Contra Costa Counties. Out of 376 possible participants, 60 (16%) completed the survey. The survey questions were examined individually to complete an in-depth analysis. The first four questions were designed to establish the demographics of the survey sample. The second group of survey questions (numbers 5, 6, 7, and 8) explored the programs used and their effectiveness in mitigating both routine and critical incident stress. The next group of survey questions (numbers

9 and 10) explored thoughts on what preparations need to be made for receiving upsetting visual images through NG9-1-1. The last group of questions (numbers 11, 12, and 13) examined thoughts on how three separate program approaches may help reduce emotional trauma from NG9-1-1.

Question 1: N=60

In which County do you work?		
Alameda	20	33%
Contra Costa	40	67%
Total	60	100%

**Analysis:** Approximately 1/3 of the respondents were dispatch employees of Alameda County and approximately 2/3 of the respondents were dispatch employees of Contra Costa County (N=60). The rate of return of surveys for Alameda County was 11%. The rate of return of surveys for Contra Costa was 20%. The rate of return overall was 16%, which is quite low. Possible reasons include the potential respondents' general lack of knowledge about the subject matter, the significance of the subject matter to the dispatch profession may not have been realized by potential respondents, the small window of opportunity (twelve days) for response, and no tangible benefit to the potential respondents.

As a result of the low survey return rate, the conclusions based on the survey data of this study are less meaningful and significant. While this research study's results can be applied to a larger population, the sample studied was quite small. Additionally, respondent samples were heavily skewed toward the law enforcement-only dispatching discipline. A larger sample with a wider range of dispatching disciplines would have indicated higher external validity to other

agencies. (Note: the primary reason that a more representative sampling was not obtained was based on the short, 8-week period to complete the study. With more time, this researcher might have been able to obtain a much larger sample population.)

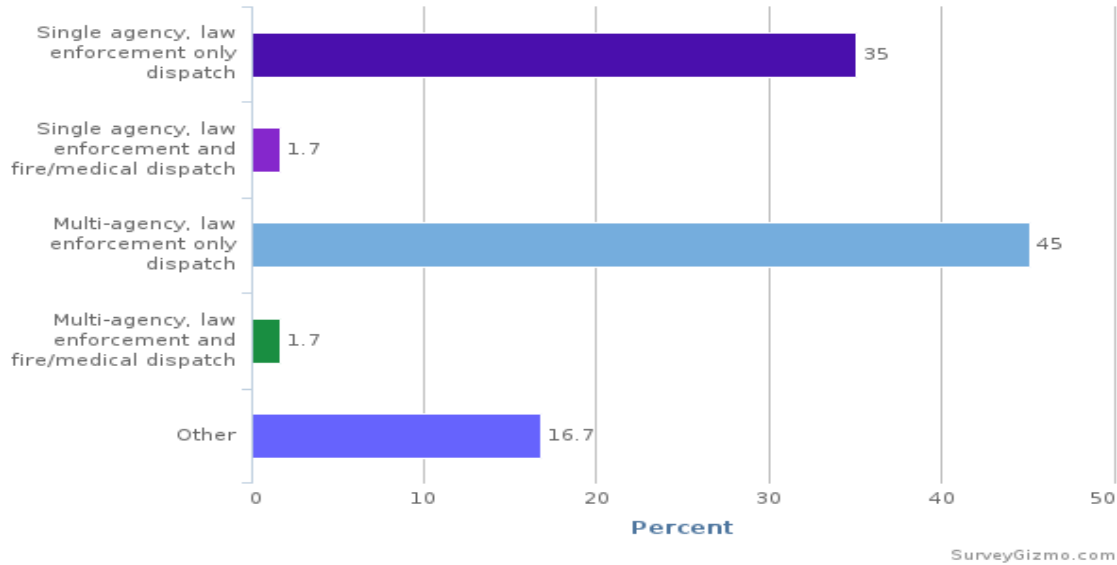
Question 2: N=60

What title best describes your job position?		
Dispatcher (full or part-time)	29	70.75%
Dispatch Supervisor or Lead	8	19.51%
Dispatch Manager	4	9.76%
Total	41	100%

**Analysis:** This question examined the respondents' job classifications. The majority (67%) of respondents were full or part-time dispatchers. The remaining respondents were dispatch supervisors/leads (20%) and dispatch managers (13%). Based on the researcher's knowledge and experience, this ratio is consistent with typical dispatch center job classification distributions.

Question 3: N=60

PSAP Type?

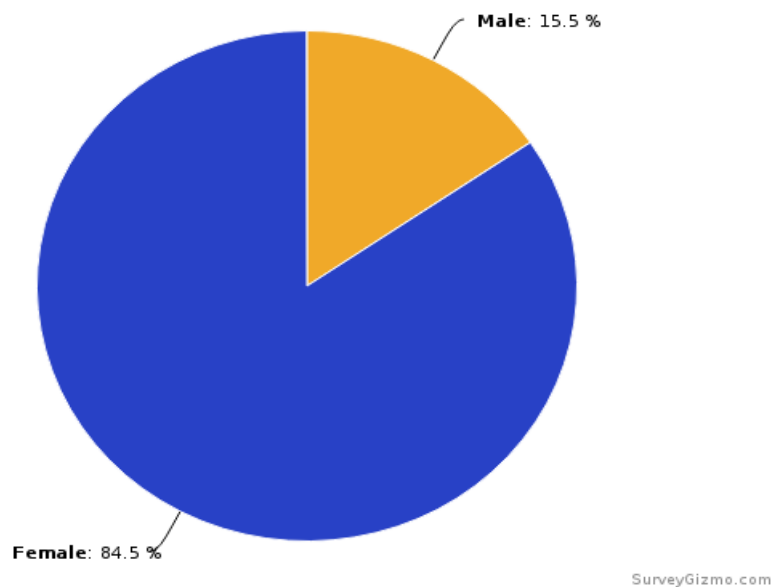


**Analysis:** This question explores the type of dispatch center in which the respondents work.

83% of respondents worked for Public Safety Answering Points (PSAPs) consisting of single or multi-agencies that provided only law enforcement dispatch. The remaining respondents worked for PSAP's or secondary PSAP's that provided combined law enforcement and fire/medical or solely fire/medical dispatch services. Contra Costa County is a multi-agency dispatch center that provides only law enforcement dispatch.

Question 4: N=58

Gender?



**Analysis:** This question asks for the gender of the respondents. 84% of respondents were female and 16% were male. This is consistent with industry trends of dispatch centers predominantly consisting of female employees.

## Question 5:

Please rate the effectiveness of the following programs you have used to address any emotional trauma suffered as a result of a work-related critical incident.										
Program type	Effective		Not Sure		Ineffective		N/A		Total	
	#	%	#	%	#	%	#	%		
CISM	9	16%	8	15%	3	5%	35	64%	N=55	100%
CISD	29	52%	5	9%	4	7%	18	32%	N=56	100%
Peer Support	11	21%	7	12%	3	5%	34	62%	N=55	100%
Employee Assistance Program	16	29%	7	13%	2	3%	30	55%	N=55	100%
Chaplain/Religious figure	13	24%	5	9%	3	6%	33	61%	N=54	100%
Private counseling	9	17%	7	13%	2	4%	36	66%	N=54	100%
Support Group	6	11%	6	11%	3	6%	39	72%	N=54	100%
Informal Conversation with co-workers	42	73%	2	3%	7	12%	7	12%	N=58	100%

**Analysis:** Question 5 examines the effectiveness of programs used to address emotional trauma suffered as a result of a work-related critical incident. Respondents were asked to rate each program as either very effective, effective, not sure, ineffective, very ineffective or not applicable. For the purposes of the study, ratings of effective and very effective are viewed as supportive of the research hypothesis. Conversely, the ratings of ineffective and very ineffective are viewed as not supportive of the research hypothesis. Based on the results, informal conversations with co-workers is the preferred method of addressing critical incident stress. CISD appears to have some value with 52% of the respondents finding positive results. Peer Support was deemed effective for only 21% of the respondents. With only 16%, CISM does not seem to have value in mitigating emotional trauma. The results do not appear to support the

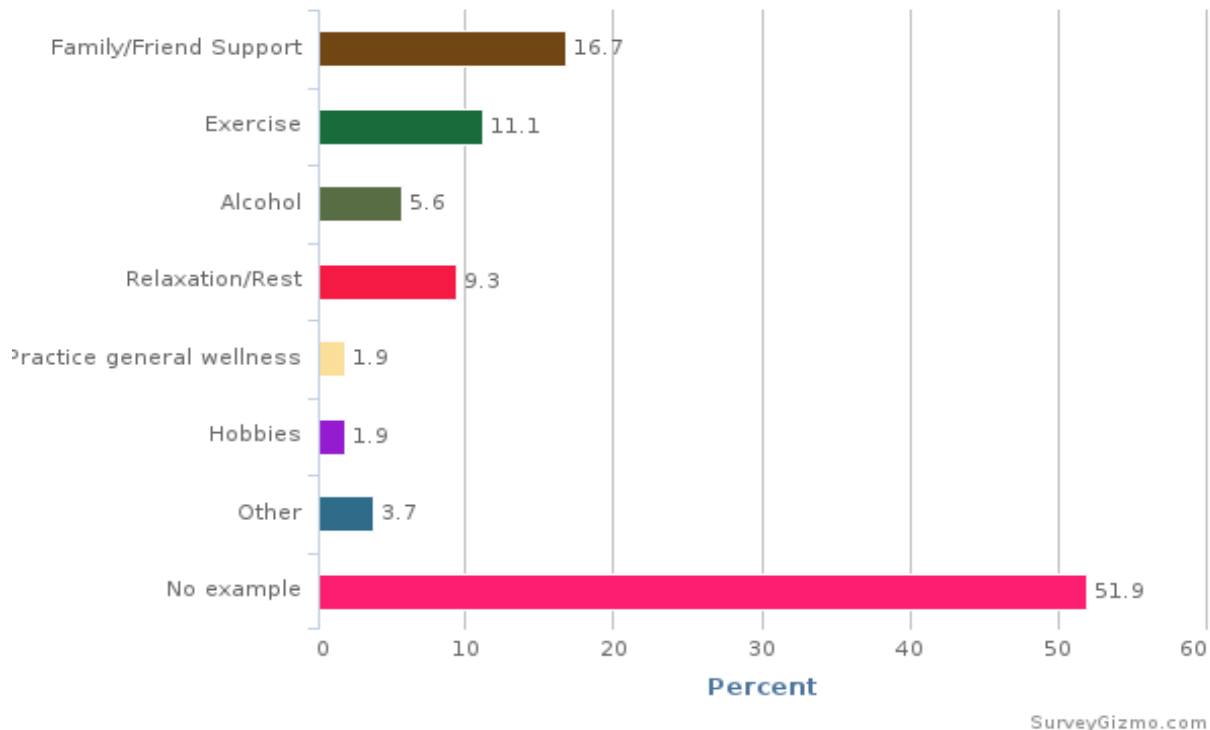
researcher's hypothesis that CISM would help decrease the likelihood of dispatchers' suffering from PTSD.

It is interesting that the method rated as most effective for addressing emotional trauma due to a critical incident (informal conversation with co-workers) is also rated as the least effective among respondents. This method would be the most readily available form of decompression at the time of or immediately following a critical incident. This is also a group of people who would have been through the same or similar circumstances and may be capable of understanding the respondents' trauma at a level outside parties may be incapable of. Depending on the severity of the incident, talking with co-workers may or may not ease the suffering of the dispatcher affected by the trauma. If there were no other programs readily available to help the respondents address their emotional trauma, it is quite plausible that informal conversation with co-workers was employed and respondents felt it was "good enough". Other respondents who may have had experience with other methods, such as CISD or Employee Assistance Programs, may have felt the informal conversations were inadequate.

With the exception of the two leading preferred methods, informal conversation with co-workers and CISD, the rating of N/A received an average of 63% of the votes. This could indicate respondents had not been involved in a critical incident at work, had been involved in a critical incident at work but did not use any of the options to address their emotional trauma, or perhaps had been involved in a critical incident but did not feel traumatized. The prevalence of N/A responses also may indicate a lack of availability of some of these programs in the agencies, or the programs may be available, but not feasible for the dispatcher to use.

## Question 6: N=23

What other methods, if any, have you used to alleviate emotional trauma you may have experienced as a result of a critical incident?



**Analysis:** Question 6 examines other methods used to alleviate emotional trauma experienced as a result of a critical incident. Respondents had the ability to enter their own responses. Many respondents provided more than one answer. The researcher took the liberty to condense the responses into seven additional methods based on similarities in the answers. Respondents use a variety of healthy coping mechanisms to alleviate emotional trauma. With almost 17% in agreement, family and friend support was deemed a popular option. The majority of respondents mentioned the use of other healthy mechanisms such as outside support, exercise, relaxation and general wellness. Alcohol was the only unhealthy mechanism mentioned.

This question did not require a response. Only approximately 1/3 of the respondents provided responses to this question. The possible reasons for such a low response rate may be

due to the fact that the methods used to alleviate emotional trauma had been represented in the previous question. It may also be that the respondents did not wish to make the effort to write in responses, or admit that they experienced emotional trauma due to stigma attached to this issue.

Question 7:

Please rate the effectiveness of any of the following programs you have used to address any work-related routine stress.										
Program type	Effective		Not Sure		Ineffective		N/A		Totals	
	N	%	N	%	N	%	N	%		
CISM	6	13%	4	8%	3	6%	35	73%	N=48	100%
CISD	10	21%	3	6%	4	8%	31	65%	N=48	100%
Peer Support	4	8%	6	13%	3	6%	35	73%	N=48	100%
Employee Assistance Program	12	25%	7	15%	2	4%	27	56%	N=48	100%
Chaplain/Religious figure	4	8%	9	19%	2	4%	33	69%	N=48	100%
Private counseling	12	25%	6	13%	2	4%	28	58%	N=48	100%
Support Group	5	10.5%	5	10.5%	3	6%	35	73%	N=48	100%
Informal Conversation with co-workers	38	78%	2	4%	3	6%	6	12%	N=49	100%

**Analysis:** Question 7 examines the effectiveness of programs used to address work-related routine stress. Respondents were asked to rate each program as either very effective, effective, not sure, ineffective, very ineffective or not applicable. For the purposes of the study, ratings of effective and very effective are viewed as supportive of the research hypothesis. Conversely, the ratings of ineffective and very ineffective are viewed as not supportive of the research hypothesis. Based on the results, informal conversations with co-workers is the preferred method of addressing routine stress with 78% of the respondents in agreement. Employee



Assistance Programs and private counseling are the next effective options with 25% of respondents in agreement for each option. With only 13%, CISM has very minimal value in mitigating routine stress. The results do not appear to support the researcher's hypothesis that CISM would help decrease the likelihood of dispatchers' suffering from PTSD.

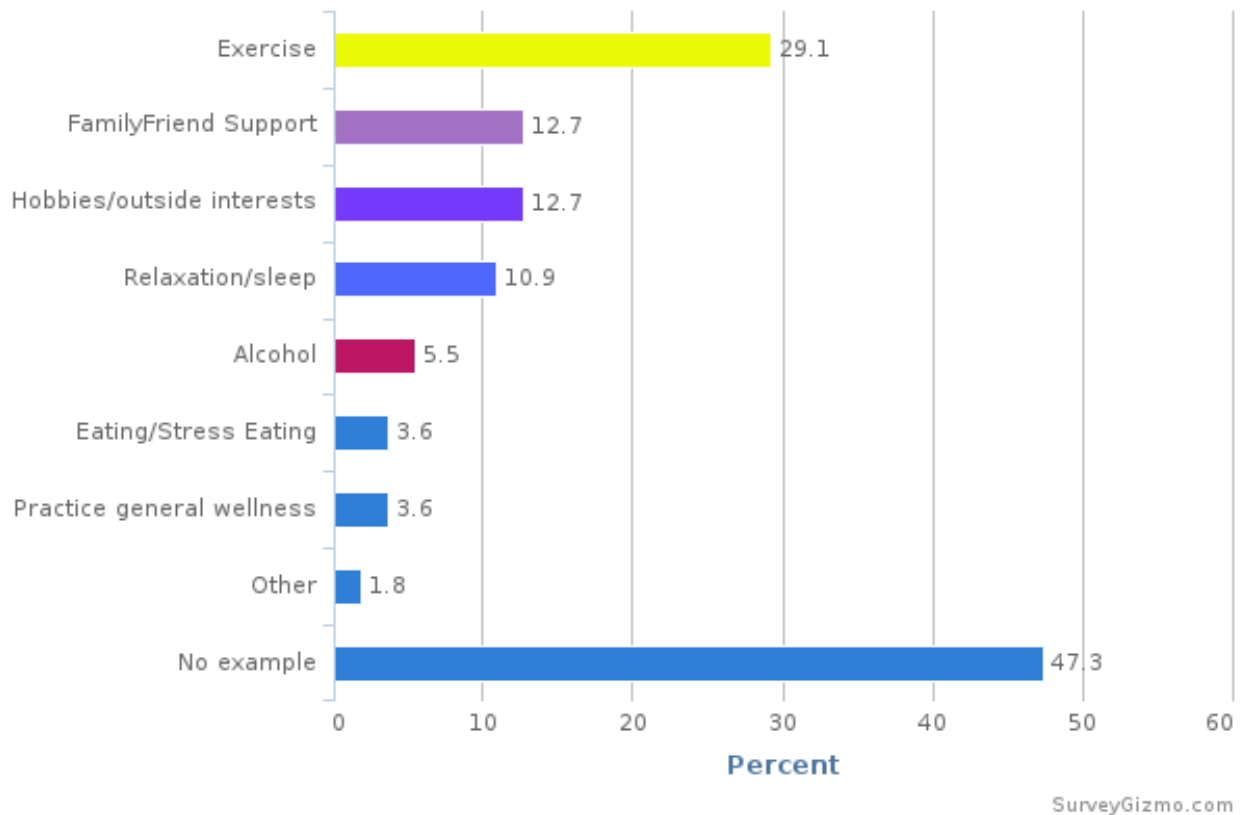
It is not surprising that CISD had the highest percentage of ineffectiveness for alleviating routine work stress. CISD sessions are designed to provide decompression and de-stressing after a traumatic incident, not address routine stress. Although chronic routine stress can contribute to PTSD and other damaging effects, CISD is not a common preventive treatment method. It is not surprising that informal conversations with coworkers was the method rated most effective for addressing trauma from routine work stress (78%). Again, this is a readily available option and it is a group that has had similar experiences who the respondent feels comfortable talking to. It is somewhat surprising that EAP came in with a rating of only 25%. These programs are usually comprised of a network of professionals offering a variety of services provided free of charge to the employee through their benefits package. These programs are also normally customizable to the needs of the employee. The researcher expected respondents to find this option more effective. However, there are a variety of reasons respondents may prefer alternatives, such as preferring to handle their own problems, preferring to talk to others who understand their unique situation, and worry that their supervisors or administrators would find out what they talk about.

Similar to Question 5, the N/A rating received an average of 67% of the responses for the seven categories other than the leading method, informal conversations with co-workers. This again could indicate a lack of availability of programs offered at agencies or possibly an unwillingness of the dispatcher to ask for assistance in dealing with routine work stress. Also, as

with Question 5, the respondents may not have wanted to take the time to provide individual responses.

Question 8: N=32

What other methods, if any, have you used to alleviate routine work stress?



**Analysis:** Question 8 examines alternative methods used to alleviate routine work stress.

Respondents had the ability to enter their own responses. Many respondents provided more than one answer. The researcher took the liberty to condense the responses into eight general categories based on similarities in the answers. Again, a variety of healthy coping mechanisms are used to address routine stress. Exercise was the most popular option employed by dispatchers with 29% of the responses. The majority of respondents mentioned the use of other healthy mechanisms such as the support of family and friends, hobbies and outside interests,

relaxation and general wellness. Alcohol and stress eating were the unhealthy mechanisms mentioned.

This question did not require a response. Only approximately 1/2 of the respondents provided responses to this question. This again may be due to the fact that the methods used to alleviate routine stress had been represented in the previous question. They may not feel that the routine job stress is affecting their emotional wellness. It may also be that the respondents did not wish to make the effort to write in responses.

Question 9: N=57

The NG9-1-1 system will have the capability to transfer visual images and real-time videos to dispatchers, which may be upsetting to some. How should the organization prepare you to best manage this new technology?		
Orientation/Preparation to View Images	9	15%
Stress Management	8	14%
Enact Clear Policies and Procedures	4	7%
General Procedural and Equipment Training	14	25%
Address Staffing Issues	5	9%
Agency Should Refuse NG9-1-1 or Make Optional	3	5%
Other	14	25%
Totals	57	100%

**Analysis:** Question 9 explores dispatchers' thoughts on methods their agencies should utilize to prepare employees for the eventuality of receiving and viewing upsetting images and videos. Many respondents provided more than one answer. 42 respondents provided 57 suggestions. The researcher took the liberty to condense the responses into general categories based on similarities in the answers. The majority (25%) of responses indicate agencies should endeavor

to incorporate general overall training for their dispatchers, to include equipment familiarity and technological changes. Orientation and preparation for disturbing images (15%) and stress management methods (14%) were the next largest groups and were very close in percentage. Based on the researcher's knowledge and experience, the results are not surprising as training is often the primary item that dispatchers feel they are not receiving enough of.

There are respondents that indicate the agency should refuse the technology or make viewing disturbing images optional. This result leads the researcher to believe there is a percentage of the dispatch population that is unaware of the development and policies surrounding NG9-1-1 as this technology is imminent and the choice not to implement will not be an option. The "other" category included a multitude of various responses and were therefore not categorized as either a majority or minority. Some of the suggestions mentioned ride-a-longs in the field, transferring images to be viewed by investigators rather than dispatchers, seeking advice from other agencies who have already implemented NG9-1-1, and controlling body language and facial expressions.

Question 10: N=47

How should you prepare yourself to best manage this new technology?		
Mental Preparation	10	21%
Receive Proper Training/Practice	9	19%
Learn as Much as Possible About NG9-1-1	5	10%
Self Awareness or Self-Assessment	4	9%
Already Feel Prepared/Don't Need To Prepare	4	9%
Don't Know	9	19%
Other	6	13%
Totals	47	100%

**Analysis:** Question 10 explores dispatchers' thoughts on how they should prepare themselves for receiving and viewing upsetting images and videos due to NG9-1-1. Several respondents provided more than one answer. 41 respondents provided 47 suggestions. The researcher took the liberty to condense the responses into general categories based on similarities in the answers. The "mental preparation" category collected the largest (21%) amount of responses. This is not surprising as it is the researcher's experience that this is a current industry practice and not unique to NG9-1-1. This is especially true in the learning phase of dispatching.

The categories of "receive proper training/practice" and "don't know" received the next largest percentage of respondents (19% each). This is somewhat of a concern as these categories indicate a lack of personal responsibility on the part of the dispatcher and taken together, represent this attitude in the majority (38%) of the survey respondents. Receiving proper training insinuates that the training will be provided by the respondent's agency, not something the respondent will take upon himself/herself to seek out. It would likely be to the benefit of

both the dispatcher and the agency if the agency provided appropriate technical training and allowed dispatchers ample time to practice using the equipment before NG9-1-1 is activated.

The responses of "don't know" could indicate either a general ignorance about NG9-1-1 or it could indicate a general lack of personal responsibility for their own wellness. In either case, agencies would do well to inform their dispatchers of the looming changes coming to the industry and encourage them to start preparing for these changes. It is also a possibility that some respondent's may have been caught off guard by the question and had not pondered or known of NG9-1-1. "Other" responses ranged from "retire" and "leave dispatch" to healthy mechanisms such as stress management, fostering a supportive working environment, and practicing detachment.

Questions 11, 12 and 13 investigate dispatchers' thoughts on how peer support programs, CISM programs and CISD interventions may help reduce emotional trauma they may experience due to viewing disturbing images as a result of NG9-1-1. These questions require the respondents to make estimations about their knowledge of each of the programs regarding an aspect of their job that will take place in the future. The responses are indicative of either an attitude in support of these programs, not in support of these programs, or unsure about the helpfulness of these programs.

## Question 11: N=37

How might a peer support program help reduce any emotional trauma you may experience due to viewing disturbing images as a result of NG9-1-1?		
In support of Peer Support Programs	25	68%
Not in support of Peer Support Programs	5	14%
Unsure	6	16%
Both	1	2%
Total	37	100%

**Analysis:** With 68% of respondents indicating a positive response to the possibility of using a Peer Support Program to address emotional trauma due to NG9-1-1, this supports the researcher's hypothesis. The overall majority of positive responses mentioned being able to talk to people who are able to understand what they are going through and being able to share and validate feelings as methods for how peer support would be helpful. The responses not in support of peer support programs mentioned a fear that conversations would not remain confidential.

## Question 12: N=35

How might a formal CISM (stress management, peer support, crisis counseling, CISD, etc.) help reduce any emotional trauma you may experience due to viewing disturbing images from NG9-1-1?		
In support of CISM	24	68%
Not in support of CISM	2	6%
Unsure	9	26%
Total	35	100%

**Analysis:** With 68% of respondents indicating a positive response to the possibility of using a CISM program to address emotional trauma due to NG9-1-1, this supports the researcher's hypothesis. The overall majority of positive responses indicate CISM would be helpful in reducing emotional trauma by providing a mechanism for dispatchers to share their feelings with others who have had similar experiences. Several respondents also mentioned the proactive aspect of being able to recognize and address emotional trauma before it becomes a bigger problem. One respondent gave a vivid explanation of how CISM was a positive approach after he/she took a domestic call in which the male died while on the phone with him/her. "I wondered what I could have done to prevent what had happened. My agency provided a debrief with a therapist. All of those who were involved in the incident discussed their role and putting things together from all sides really helped me to know that I did all I could" (Anonymous, personal communication, February, 13, 2014). The one negative response that provided a specific reason mentioned people not being comfortable expressing emotions in formal settings.

Question 13: N=36

How might Critical Incident Stress Debriefing help reduce any emotional trauma you may experience due to viewing disturbing images as a result of NG9-1-1?		
In support of CISD	26	73%
Not in support of CISD	3	8%
Unsure	7	19%
Total	36	100%

**Analysis:** With 73% of respondents indicating a positive response to the possibility of using CISD to address emotional trauma due to NG9-1-1, this supports the researcher's hypothesis. Positive responses indicate CISD would be helpful in reducing emotional trauma by providing



support, allowing dispatchers to get closure on an incident and providing an opportunity to talk and validate feelings. Negative responses mention personal reasons and tension between officers and dispatchers in previous sessions.

### **Interviews**

Six key informant interviews were conducted. The interviews explored in-depth information regarding NG9-1-1, Peer Support Programs, CISM/CISD, and PTSD. The number of questions and the questions themselves varied depending on the subject matter in question. Each interview was conducted based on the interviewee's preferences. Four interviewees provided their responses via email and two were conducted telephonically with the researcher taking copious notes. The summaries and key findings are discussed below.

#### *Impact of NG9-1-1 on Dispatchers*

All key informants were asked how they believe that NG9-1-1 will impact dispatchers. There were both positive and negative impacts discussed. One recurring theme was the idea that NG9-1-1 may provide a sense of closure for the dispatcher. Informant A mentioned the ability for a caller to text a "thank you" message to the dispatcher. Informant A and Informant B both mentioned the possibility of the dispatcher being able to physically see the incident and realizing it was not as bad as the dispatcher might have imagined. Informant C mentioned the transformation into producing more well-rounded communicators, as body language and people skills will become more important.

Informant F discussed the fact that dispatchers may be able to have a more proactive response to officer safety issues. For instance, in heightened emotional states callers may forget to mention that a gun is in the house. If the dispatcher is able to see a gun in the background

while on a video conference call and relay that information to the responding officers, the tragedy of an officer being killed in the line of duty may be avoided. This factor may result in feelings of pride and empowerment for the dispatcher handling these types of calls.

Negative aspects of NG9-1-1 were also discussed. Several key informants believed the instances of PTSD would increase as a result of viewing disturbing images, developing emotional connections to video conference callers, missing visual clues that result in deaths, and not being able to effectively respond to people that need help. Informant C mentioned that dispatchers are inherently introverted and do not like to be seen. "Telling a dispatcher that they will be receiving text or video messaging, or even live video feeds, is the same as having a dream where you have to stand in front of people to give a speech, only to realize you have no clothes on" (Informant C, personal communication, February 5, 2014). This factor may likely increase the stress level in some dispatchers. Over time, the chronic stress can contribute to PTSD.

Another negative side effect of NG9-1-1 is the possibility that attrition may increase. NG9-1-1 will require dispatchers to learn and become proficient with new technology. Multi-tasking will likely occur at a higher level than ever before. The employees who may be the most negatively affected emotionally are the vested, long term employees. This group includes dispatchers who neither signed up for nor anticipated the possibility of having to text back to callers or view disturbing images and video. This impact can be equated to learning a new Computer Aided Dispatch (CAD) system. Informant B stated, "while it would seem like a small task if you have lived through that change in a comm [sic] center it is actually nearly devastating to some dispatchers" (personal communication, February 3, 2014). Having recently converted to a new CAD system, the researcher has witnessed emotional breakdowns and continued stress in employees trying to adapt, even five months after implementation. Newly hired or less

experienced dispatchers may not be as emotionally affected as they have had less time to learn and develop muscle memory required for the CAD and 911 systems that will be replaced with NG9-1-1.

Informants B, C and F all recommended actions agencies should take to address the potential negative impacts of NG9-1-1. The overall recurring theme was to take a proactive approach to preparing dispatchers for this new technology and ensuring appropriate training starts as soon as possible. Types of training included stress recognition/management, visual observation skills, investigation and interrogation, and crisis negotiations. Informant B highlighted the importance of getting input from the dispatchers as they are the ones that will be using the new advanced systems. Other suggestions included offering 24/7 support resources to dispatchers, organizational changes such as separate specialized job classifications to deal with NG9-1-1 calls, and changes or improvements in recruiting and hiring practices.

Informants B, C and F also recommended actions dispatchers should take to prepare themselves for potential negative impacts of NG9-1-1. The overall recurring theme was personal responsibility. Depending on their individual resiliency levels, dispatchers may have to make a decision as to whether they will be able to adapt to the technological and emotional changes NG9-1-1 is likely to bring. By accepting that changes are imminent and maintaining a healthy work/life balance, dispatchers may be less resistive and decide to approach the change in a positive manner. Being aware of emotional changes they might be going through as a result of NG9-1-1 might motivate them to seek help more quickly. Responsibility for educating themselves about technology and taking part in policy development was also mentioned.

*CISM and Peer Support Teams to Address Chronic Routine and Critical Incident Stress*

Informants A, D and E were asked to discuss how Peer Support Programs and CISM/CISD programs help dispatchers work through chronic routine and critical incident stress. Informant A feels peer support has been very effective in his department. The Peer Support Program includes all ranks and titles within the agency, including dispatchers. He feels it is very important for agencies to get dispatchers involved as they are as likely to be affected by PTSD as officers are. One of the most important factors that have helped in the success of the Peer Support Program is the culture of the agency has changed to one of fostering support for employees and their families. He has noticed there has been a change from dealing with problems by "drinking with the guys" to one of supervisors realizing "hey we should really reach out to this person" (Informant A, personal communication, February 3, 2014). Information about the Peer Support Team is posted on the agency website, and emails and training opportunities are offered. The availability of the program is made clear to all employees.

Informant D and Informant E both mention CISM helping dispatchers unload organizational stress factors, other than the stress of dealing with distressing phone calls or radio traffic. Informant D maintains that by dealing with work-related stress through CISM programs, it will assist dispatchers in better management of issues in their personal life. She compares chronic and acute stress to filling up a backpack of too many calls for service. "For every 10 or so calls an officer or deputy responds to, a dispatcher has likely taken 30 calls" (Informant D, personal communication, February 6, 2014). The components of the CISM program can help the dispatcher ease the load of not only the work "backpack" but the overall life backpack.

Informant E emphasizes the model of safety and support that comes with CISM. The CISM programs are designed to be confidential and non-critiquing so dispatchers can feel secure in revealing feelings and emotions without fear of being judged or "outed". CISM allows for "immediate offloading of the details of the critical incident" (Informant E, personal communication, February 5, 2014). It validates their feelings and stress responses while allowing them to connect emotionally to their co-workers. CISM also helps the dispatcher create a plan for continued stress management.

*CISM and Peer Support Teams to address PTSD due to NG9-1-1*

PTSD is an epidemic in the experience of one key informant who has treated and instructed dispatchers for over twenty years. Another key informant who also has instructed and counseled dispatchers in several states estimates that "as with all first responders, the standard one third of this segment of the first responder population experience PTSD" (Informant D, personal communication, February 6, 2014). Informants A, D and E were asked to estimate how Peer Support or CISM/CISD programs might help address PTSD in dispatchers as a result of NG9-1-1. There are two prevalent themes which correspond among the three informants; awareness of the problem of PTSD and having systems in place to mitigate the negative effects.

Informant A compares the Peer Support Team to being the eyes and ears of the department. These teams may be more aware of emotional distress that dispatchers may display due to seeing disturbing images or video via NG9-1-1 technology. Having this type of support in place will conceivably allow dispatchers to receive peer support in a timely manner. Professional assistance can also be facilitated more quickly, if needed. Informant A's agency has also adopted policy to deploy a Peer Support Team response in the event that any of seven

specific types of critical incidents should occur. Early intervention may prevent dispatchers from developing PTSD as a result of the effects of NG9-1-1.

The work-related stressors that Informant D identifies as contributing to PTSD development in dispatchers know the victims, helplessness, and lack of administrative support. She points out that an effective CISM program is dynamic and provides constant support through training, debriefings and defusings. While she recognizes the CISM may not be able to prevent PTSD, she maintains that it can address the need for pre- and post-critical incident education. Educating dispatchers about the emotional and physical effects of critical incident stress will help them understand the reactions they might be having are not abnormal. An important aspect to remember is that consistent inclusion of dispatchers for debriefings will be most helpful in addressing PTSD. Historically, dispatchers are often not invited or forgotten when debriefings are held. There needs to be equal responsibility to include dispatchers with the agency and with the individual dispatchers to speak up when they are excluded.

The work-related stressors that Informant E identifies as contributing to PTSD development in dispatchers are long hours, mandatory overtime, organizational betrayal and cumulative stress. Informant E maintains that an effective and prompt response to critical incident stress can help prevent PTSD in dispatchers as a result of NG9-1-1. CISM is a robust approach that addresses critical incident stress from many angles including education, treatment, and support. Informant E describes six aspects of an effective CISM program:

- "Offering immediate Critical Incident Stress (CIS) Defusings after an incident (either individual or small team)
- Providing Stress Management training specifically designed for dispatchers
- Offering a CIS Response 72 hours later with other first responders that worked the call
- Providing follow up CIS responses to check in

- Creating a way for dispatchers to follow up with an incident and do an action step
- Providing ongoing support to deal with family issues, past critical incidents or traumatic events and ongoing wellness in the communications center" (Informant E, personal communication, February 5, 2014).

In order to receive the full effectiveness of a CISM program, inclusion in group CISD is necessary. It is also important that individual support is offered and that the decision to take part in any aspect of the CISM program is voluntary. Confidentiality is essential.

### **Significant Findings**

The research question this study examined was: If a CISM program was utilized at the CCCSO prior to implementation of NG9-1-1, would it decrease the likelihood of its dispatchers' suffering from PTSD? The research hypothesis was: The utilization of a CISM program prior to the implementation of NG9-1-1 will decrease the likelihood that CCCSO dispatchers will suffer from PTSD. Based on the survey and interview data, this hypothesis is only partially supported.

According to the survey data, CISM, CISD, and Peer Support Teams were not found to be an effective means of addressing emotional trauma suffered as a result of a work-related critical incident or chronic routine stress. The clear preferred method for both was informal conversations with co-workers. As previously discussed, there may be other factors at play. The respondents may work at agencies which do not utilize CISM, CISD or Peer Support Teams, the agencies may have these resources available but the respondents have chosen not to use them, or the respondents may not have been exposed to critical incidents necessitating these types of resources. Perhaps additional questions inquiring why respondents did not use these programs should have been included in the survey.

These results were in conflict with the respondents' expectations about how each of these programs might help reduce any emotional trauma experienced due to viewing disturbing images as a result of NG9-1-1. The results indicated 68% of respondents were in support of Peer Support Programs, 68% were in support of formal CISM programs, and 73% were in support of CISD sessions. It is possible that there may have been more "not in support" responses from those respondents who skipped these questions. Only slightly more than half of the total respondents answered the questions examining these issues (number 11, 12, and 13). The population surveyed was very small as compared to the total population of dispatchers in the two counties and may not be an accurate representation of program expectations.

These results were also inconsistent with the conclusions of key informants and relevant literature which demonstrate success in addressing PTSD through CISM, CISD and Peer Support Programs. There was consistency among key informants that programs used to address chronic routine and acute stress in dispatchers, a contributor to PTSD, is currently needed and will become even more important with NG9-1-1 implementation. PTSD is becoming a nationally recognized issue for dispatchers. There has been a national movement for recommendations for agencies to immediately adopt and implement acute and chronic stress management programs (National Emergency Number Association, 2013). The 911 Wellness Institute is a network of 911 professionals dedicated to promote the "optimal health, performance, and quality of life for our nation's 911 dispatchers" (911Wellness.com, 2014, Mission section, ¶1). According to the literature and key informant interviews, it is believed that NG9-1-1 will increase or hasten the likelihood of development of PTSD in dispatchers.

A finding that was consistent between survey respondents, key informants and relevant literature was the importance of preparation and training for NG9-1-1. Many responses to the



question about how organizations can prepare dispatchers for NG9-1-1 (number 9) pointed to various types of training and preparation for receiving disturbing images. The types of training mentioned included stress management, orientation and preparatory scenarios, investigation and interrogation skills, and technical/equipment training. Arming dispatchers with knowledge about what NG9-1-1 will cause prior to implementation can help ease some of the stress in the dispatch center. Training prepares dispatchers for the unknown, which thereby reduces stress. Reducing the cumulative effects of stress is helpful in reducing the likelihood of developing PTSD.

A significant finding that connects PTSD to work-related critical and routine stress comes from several research studies in the literature review. Lilly and Pierce (2013) demonstrated increased occurrences of PTSD symptoms in adults with ongoing exposure to work-related trauma. The Liberman (2002) study found that routine occupational stress may have a higher influence on psychological distress than critical incident stress. This has significance for the effects NG9-1-1 implementation will have on dispatchers. The dispatcher's job will evolve and be carried out in a completely different manner than what the industry is used to. Dispatchers will be exposed to traumatic material they had not anticipated ever having to observe, in addition to the cumulative routine stress.

The studies by Goold (2009), Troxell (2008), and Van Hasselt et al. (2003) also demonstrate that chronic exposure to acute trauma combined with a highly stressful working environment contributes to the development of PTSD in dispatchers. Dispatchers will continue to endure such stressful conditions as long working hours, mandatory overtime, inadequate pay, interpersonal conflicts, poor training, poor supervision and lack of recognition. Troxell's (2008) study focused on Secondary Traumatic Stress and vicarious trauma experienced through hearing the distress of others. NG9-1-1 will put the distressed caller in the dispatcher's view.

Dispatchers may be placed in the position of visually witnessing serious injuries or the deaths of callers and not being able to physically help. With NG9-1-1 implementation, dispatchers will be dealing with these elements while also dealing with the cumulative effects of a stressful working environment.

Another significant finding has to do with the effectiveness of programs to mitigate PTSD or negative mental health effects in dispatchers. With the exception of informal conversations with co-workers, the majority of respondents did not indicate they had utilized any of the formal programs or professional services to deal with emotional trauma due to critical incidents or routine stress. As discussed, there are many possibilities including the availability of programs, the willingness of the respondent to ask for help, and the possibility the respondent did not feel emotionally traumatized. It may have also been possible that many respondents did not feel comfortable admitting they had employed these services due to the stigma attached to mental health issues.

Although there is some debate in the literature about the effectiveness of CISM/CISD programs, Peer Support Programs seem to be a widely accepted form of dealing with emotional distress for public safety professions. It is interesting that respondents preferred informal conversations with co-workers versus a more formalized Peer Support method. After all, they are both involving talks with peers. In order to get a better understanding of the dominance of informal conversations, it would have been helpful for this researcher to also have asked respondents about the availability of these programs.

As NG9-1-1 is implemented, it will become extremely important for agencies to watch for and address emotional trauma in their dispatchers. It will also be extremely important that

dispatchers develop awareness of their own emotional state, as well as that of their co-workers.

Agencies would do well to determine appropriate methods to address emotional trauma before

NG9-1-1 activation.

## **Chapter 5 – Conclusions and Recommendations**

### **Conclusion**

The hypothesis of this study was that utilizing a CISM program prior to NG9-1-1 implementation at the Contra Costa County Sheriff's Office would decrease the likelihood that its dispatchers would develop PTSD as a result of NG9-1-1. Based on the survey data, interviews and review of relevant literature, this hypothesis was only partially supported. Survey respondents did not find CISM, CISD or Peer Support Programs to be effective methods of addressing emotional trauma due to work-related critical incidents or routine work stress. However, when asked how each of these programs might help reduce future emotional trauma associated with NG9-1-1, over 60% supplied responses that indicated supportive attitudes toward the programs. There was consistency between the key informants and the relevant literature that the use of programs to address dispatcher stress, such as CISM, CISD, and Peer Support, will become necessary with NG9-1-1 implementation. Several studies and the two CISM/PTSD key informants have found success using these programs in treating dispatchers and other first responders with PTSD.

The policy recommendations focus on implementing changes to address awareness and management of dispatch stress to mitigate emotional trauma, specialized training, creating and implementing a strategic plan for the phasing in of NG9-1-1, and addressing staffing issues. These recommendations will require the support of management, and will likely require a culture change within the dispatch center. There will need to be personal accountability on the individual dispatchers to improve their own knowledge, skills and mental wellness. Budgetary

issues will be a factor for training and program implementation, as well as staffing. The recommendations include these financial considerations.

## **Recommendations**

### *Awareness and management of dispatch stress*

The key informants of this study and industry experts were in agreement that programs used to address chronic stress in dispatchers is lacking. The importance of teaching dispatchers methods of managing their stress will be paramount as NG9-1-1 becomes a reality. The fact that NENA has recommended immediate chronic and routine stress management training be implemented at dispatch centers across the country speaks volumes. In order to increase awareness of this issue and initiate programs to address chronic stress among dispatchers, the Contra Costa County Sheriff's Office should implement the following recommendations:

- Appoint one dispatcher to the Dispatch Training Unit (lateral movement) that will be dedicated to providing stress management and wellness training. There will be a two week time period in which interested dispatchers will file a memo of interest. The Dispatch Manager will seek input from dispatch supervisors. After an informal interview process, the Captain, Dispatch Manager and Dispatch Training Supervisor will select a dispatcher. That dispatcher will be sent to required training courses to prepare him or her for instructing.
- Create and provide yearly stress management training to all dispatch staff. All CCCSO dispatchers will be required to attend one 8-hour course per fiscal year. The stress management dispatcher will organize the course offerings to accommodate all shifts.

These recommendations will affect staffing as this dispatcher will be removed from regular dispatch duties and relegated to the Training Unit. The absence may be absorbed by the release of newly trained dispatchers. The training budget will also be affected. The stress management dispatcher must attend courses to prepare him or her for developing course material and instructing. Low-cost training options offered in close proximity to the dispatchers work or home location should be sought (Implementation beginning January 2015).

Based on the survey data, the method chosen as most effective in reducing both critical incident and routine stress was informal conversations with co-workers. Building on the overwhelming agreement of support of this method, the Contra Costa County Sheriff's Office should implement the following recommendations:

- Incorporate a formalized mentorship program within dispatch. The Training Instructor and stress management dispatcher should seek out dispatchers and supervisors who are viewed as informal mentors to gain their support. The group should consist of dispatchers with a variety of experience and tenure. This group will be formally introduced in house to all dispatchers, and presented to newly hired dispatcher classes beginning with the January 2015 academy.
- Conduct a survey in the dispatch center to collect input about the types of support services or resources that are preferred. This research study was not able to ascertain reasons that respondents did not utilize certain programs. The availability of a variety of pre-determined helpful resources may result in higher rates of use among the dispatchers.

During the course of this study, the CCCSO has convened a steering committee to develop a department-wide Peer Support Program. The full incorporation of this program has not yet been realized. Mentoring will help foster a culture change of a more supportive environment within

dispatch which may encourage dispatchers to take part in the Peer Support Program and utilize other resources (Implementation beginning January 2015).

The literature from this study has demonstrated that the chronic exposure to stress combined with a highly stressful working environment contributes to the development of PTSD in dispatchers. It is the intent of these recommendations that dispatchers be taught methods of managing and reducing their stress to mitigate the likelihood of developing PTSD. Learning and incorporating stress management techniques now may relieve some of the emotional trauma that may result from future exposure to stressors that are likely to occur with NG9-1-1.

### *Specialized training*

This study identified training as a factor necessary for preparing the dispatch population for the upcoming technology. Survey respondents identified solid instruction on equipment usage and ample time for practice as important aspects of training. Key informants identified training courses normally provided to sworn officers as being specifically helpful in preparing dispatchers for NG9-1-1. In order to provide dispatchers with training to help successfully handle NG9-1-1 calls, the Contra Costa County Sheriff's Office should implement the following recommendations:

- Require each dispatcher to attend Investigation and Interrogation (I&I) and Hostage Negotiation courses to enhance call-taking skills that are likely to be applied during NG9-1-1 calls. These courses will prepare dispatchers for the dynamics that occur during face-to-face contact as opposed to verbal-only interrogations.

- Require each dispatcher to participate in Police Academy scenarios that take place three times per year. These scenarios will expose dispatchers to simulated critical situations that will help prepare them for disturbing visuals and in-progress emergencies.

Preparing dispatchers in advance will give them confidence that they have the knowledge required to react appropriately, which may help reduce their stress. Giving them the access to tools they need to effectively do their job may also help decrease routine stress. Reducing the buildup of work-related stress will help reduce the chances of the dispatchers' developing PTSD.

These recommendations will affect budget and staffing. Sources of training offered at lower cost or free should be sought. For example, the California Commission on Peace Officer's Standards and Training (POST) may offer free pilot courses developed and taught by Master Instructors. These courses are offered around the state several times per year. As dispatchers are removed from regular dispatch duties to attend training and scenarios, the overtime costs used to cover these absences will rise. Some of these costs can be mitigated by sending dispatchers to training during periods when the dispatch center is more highly staffed, such as when few people are on vacation. Absences may also be absorbed by the release of newly trained dispatchers. (Implementation beginning January 2015).

#### *NG9-1-1 Strategic Plan*

This study revealed that several respondents were not aware of the looming changes coming to the 9-11- system. Measures should be taken to employ ongoing communication about the status and development of NG9-1-1 to staff. In order to appropriately implement the phases of NG9-1-1, the Contra Costa County Sheriff's Office should execute the following recommendations:



- Appoint a NG9-1-1 information liaison (lateral movement) to work in close contact with the County 9-1-1 Coordinator and the State of California 9-1-1 Office. The liaison will attend relevant quarterly industry meetings and provide written updates to the Dispatch Manager and dispatch staff about the status and development of NG9-1-1. This will help prepare dispatch staff for all aspects of what NG9-1-1 entails. The liaison will attend demonstrations of advanced CAD equipment and will serve as a resource when management considers equipment purchases that will best serve the Dispatch Unit's needs.
- Direct the liaison to serve on the CCCSO's NG9-1-1 Strategic Plan Committee. A realistic timeline for implementing the phases of NG9-1-1 will be developed. Ample time should be allowed for equipment purchase and installation, training and practice time for dispatchers, and adjustment periods for dispatch between phases. The liaison will be the "voice" for dispatch in case there are unforeseen problems that need addressing prior to moving forward.
- The liaison will work closely with the Training Instructor, Training Supervisor and Stress Management dispatcher to develop a training timeline and plan for each phase of NG9-1-1 implementation.

Again, this will also affect staffing and floor coverage as this dispatcher will be removed from regular dispatch duties and relegated to the other duties as assigned. The absence may be absorbed by the release of newly trained dispatchers. Other costs associated with attending meetings and conferences may be partially covered by funds that have been set aside from 9-1-1 taxes, grants and other monies (Implementation beginning January 2015).

*Staffing issues*

Many of the respondents and literature pointed to insufficient staffing as a stressor because it increases the workload of the dispatchers. NG9-1-1 is likely to intensify this stress as the complexity of these types of calls will tie up one dispatcher for longer periods of time. This dynamic will further tax the rest of the dispatchers on duty. In order to prepare for the effects that NG9-1-1 will have on staffing issues, the Contra Costa County Sheriff's Office should consider implementing the following recommendations:

- Increase the minimum number of dispatchers assigned per shift. This will require the hiring of more dispatchers which will need to be approved by the County Administrator. The Sheriff should make this request as soon as possible in order to ramp up the hiring of new dispatchers.
- Create a new job classification for NG9-1-1 call-taker. These employees will be trained specifically to handle call-taking duties for text, video and other similar type calls associated with NG9-1-1. The Dispatch Manager will need to provide the Human Resources Manager with a job description, job duties and minimum qualifications. Compensation studies will have to be performed. There must be discussions with the Department's union representatives regarding whether this job classification will be required to be cross-trained for radio dispatching. This process should be started no less than one year prior to the implementation of the first phase of NG9-1-1.
- Evaluate current hiring practices and standards to anticipate needed changes. There will likely need to be more rigorous psychological evaluations and background checks. The advice of NG9-1-1 experts should be sought to identify the practices and standards that will need modifications.

- Identify the dispatchers whose careers are likely to exceed five years and gauge their resiliency and emotional readiness for NG9-1-1. Consider sending willing employees on ride-a-longs and/or morgue field trips to help desensitize them to disturbing visuals. Set up follow-up sessions for emotional and/or psychological check-ins with a professional counselor afterward.

These recommendations are likely to affect the Sheriff's Office overall budget. Compensation studies will have to be conducted as NG9-1-1 may necessitate higher salaries than current dispatcher salary scales. The addition of more staff will be necessary as the handling of NG9-1-1 calls are likely to require more time than voice calls, tying up one person for longer amounts of time. A more rigorous hiring process and ongoing psychological check-ins are likely to require the services of more than the two psychologists the CCCSO currently contracts with. These recommendations should start as soon as possible to build a resilient population of staff. (Implementation by July 2015).

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## **Appendix A:**

### **Survey Questions**

Hello,

My name is Nicole Zanutelli and I am a Dispatch Supervisor at the Contra Costa County Sheriff's Office. I am currently completing my master's degree in Public Administration at Golden Gate University in San Francisco. As part of my final project, I am researching the connections between PTSD in dispatchers, Next Generation 9-1-1 and Critical Incident Stress Management (CISM) programs. The information collected will be kept confidential and completely anonymous. The information obtained in this survey will be used only by me for the purpose of completing my project. I will not publicly release any responses or demographic information.

For the intents and purposes of this study, a CISM program refers to the overall approach to stress management including pre-incident stress education, on scene support, critical incident stress debriefing (CISD), peer support, follow-up counseling services and referral procedures. The CISD and peer support program components are also utilized by some departments individually and on an "as-needed" basis.

The survey should take approximately 15 minutes to complete and is being conducted via [www.surveygizmo.com](http://www.surveygizmo.com). Please click on the following link to start the survey:

<http://edu.surveygizmo.com/s3/1525277/NextGen-9-1-1-and-PTSD>

You can start the survey now and complete it later. The survey will be considered complete once you press the "submit" button.

It is my hope that you will assist me by participating in this study. Your input is very important and the results will add value to understanding the mental health needs of dispatchers. The interview link will be active from January 31, 2014 through February 12, 2014. I sincerely appreciate the time you are taking to assist me in completing my research study.



1. What title best describes your job position?
  - a. Dispatcher (full time or part time)
  - b. Dispatch supervisor or lead
  - c. Dispatch Manager
  
2. Number of years in the dispatching profession?
  - a. Less than one year
  - b. 1 – 5 years
  - c. 6 – 10 years
  - d. 11 – 15 years
  - e. 16 or more
  
3. PSAP type
  - a. Single agency, police-only dispatch
  - b. Single agency, police and medical dispatch
  - c. Multi-agency, police-only dispatch
  - d. Multi-agency, police/medical dispatch
  - e. Fire/medical dispatch only
  
4. Gender
  - a. Male
  - b. Female
  
5. Please rate the effectiveness of the following programs you have used to address any emotional trauma suffered as a result of a work-related critical incident. (Check all that apply)

	<b>Very Effective</b> a.	<b>Effective</b> b.	<b>Not Sure</b> c.	<b>Ineffective</b> d.	<b>Very Ineffective</b> e.	<b>N/A</b> f.
A. Peer Support Program						
B. CISM						
C. CISD						
D. EAP						
E. Chaplain - Religious figure?						
F. Private Counseling						

G. Support Group						
I. Informal conversations with co-workers						

6. What other methods, if any, have you used to alleviate emotional trauma you may have experienced as a result of a critical incident?  
 Comments:

7. Please rate the effectiveness of any of the following programs you have used to address any work-related routine stress. (Check all that apply)

	<b>Very Effective</b> a.	<b>Effective</b> b.	<b>Not Sure</b> c.	<b>Ineffective</b> d.	<b>Very Ineffective</b> e.	<b>N/A</b> f.
A. Peer Support Program						
B. CISM						
C. CISD						
D. EAP						
E. Chaplain - Religious figure?						
F. Private Counseling						
G. Support Group						
H. Informal conversations with co-workers						
I. Informal conversations with family/friends						

8. What other methods, if any, have you used to alleviate routine work stress?  
 Comments:

9. The NG9-1-1 system will have the capability to transfer visual images and real-time videos to dispatchers, which may be upsetting to some?
  - a. How should the organization prepare you to best manage this new technology?  
Comments:
  
10. How should you prepare yourself to best manage this new technology?  
Comments:
  
11. How might a peer support program help reduce any emotional trauma you may experience due to viewing disturbing images as a result of NG9-1-1?  
Comments:
  
12. How might a formal CISM (stress management, peer support, crisis counseling, CISD, etc.) help reduce any emotional trauma you may experience due to viewing disturbing images from NG9-1-1?  
Comments:
  
13. How might a CISD program help reduce any emotional trauma you may experience due to viewing disturbing images as a result of NG9-1-1?  
Comments:

## **Appendix B:**

### **Interview Questions**

Hello,

My name is Nicole Zanutelli and I am a Dispatch Supervisor at the Contra Costa County Sheriff's Office. I am currently completing my master's degree in Public Administration at Golden Gate University in San Francisco. As part of my final project, I am researching the connections between PTSD in dispatchers, Next Generation 9-1-1 and Critical Incident Stress Management (CISM) programs. The information collected will be kept confidential and completely anonymous. The information obtained from these interviews will be used only by me for the purpose of completing my project. I will not publicly release any responses.

It is my hope that you will assist me by participating in this study. Your input is very important and the results will add value to understanding the mental health needs of dispatchers. I sincerely appreciate the time you are taking to assist me in completing my research study.

### Questions:

(Key Informant code sheet provided to course advisor)

### **PEER SUPPORT INTERVIEW QUESTIONS:**

#### **Key Informant A**

1. How do you think NG9-1-1 will impact dispatchers?
2. How might Peer Support teams help to address some of the special circumstances surrounding NG9-1-1?
3. How effective has the Peer Support Team been in alleviating chronic routine stress in employees?

4. How effective has the Peer Support Team been in assisting employees work through emotional trauma related to duty-related critical incidents?
5. Does your department use any other components of CISM, such as preventive stress management training or CISD?

#### NG9-1-1 INTERVIEW QUESTIONS

##### Key Informants B, C and F

1. How do you think NG9-1-1 will impact dispatchers?
  - a. What are the positive emotional impacts?
  - b. What are the negative emotional impacts?
2. In what way(s) might NG9-1-1 contribute to dispatcher stress?
3. What actions should agencies take to address potential negative impacts NG9-1-1 may have on dispatchers?
4. What actions should dispatchers take to prepare themselves for potential negative impacts of NG9-1-1?

#### CISM and PTSD INTERVIEW QUESTIONS

##### Informant D

1. How prevalent does PTSD seem to be in dispatchers?
2. What 3 work-related stressors seem to contribute most to PTSD development in dispatchers?
3. In what ways do you think NG9-1-1 will impact the mental wellness of dispatchers?
4. In what ways do you think a CISM program will or will not help address PTSD in dispatchers as a result of NG9-1-1?
5. In what ways does a CISM program help dispatchers work through chronic routine or acute work-related stress?
6. What, if any, are the special considerations that should be made for dispatchers when executing a CISM program?
7. In your experience, is there one particular component of CISM that seems to be most effective for addressing PTSD in dispatchers?

#### CISM/CISD and PTSD INTERVIEW QUESTIONS

##### Informant E

1. How do you think NG9-1-1 will impact dispatchers?
2. In what ways do you think a CISM program will or will not help address PTSD in dispatchers?

3. In what ways does a CISM program help dispatchers work through chronic routine job stress?
4. In what ways do you think a CISM program help dispatchers work through acute stress from work-related critical incidents?
5. What, if any, are the special considerations that should be made for dispatchers when executing a CISM program?
6. In your experience, is there one particular component of CISM that seems to be most effective for addressing PTSD in dispatchers?
7. How prevalent does PTSD seem to be in dispatchers?
8. What 3 work-related stressors seem to contribute most to PTSD development in dispatchers?