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Helping the 911 Dispatchers with Thought Field Therapy

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Abstract

Here is an introduction to what it is like to be a Telecommunicator. These are often "The Forgotten Victims" of trauma incidents. I also share a sampling of possible solutions, incorporating Thought Field Therapy (TFT) and Heart Rate Variability monitoring. The 911 dispatchers make a difference in people's lives every day. They make decisions that affect people profoundly in many ways. Sometimes, the people who are helped don't even realize how deeply they are changed, let alone the dispatchers being aware of the effects they have on those they are assisting. However, the dispatchers may take on people's stress and grief, with little or no outlet for release. Connecting with the dispatcher and using the methods developed with TFT can provide that outlet. Some of the best people to help these walking wounded and disabled dispatchers are those who have recovered from various challenges of these sorts.

Key words: 911 dispatchers, telecommunicators, Thought Field Therapy, TFT, trauma

Introduction

Any one of us can have a person or situation that impacts who and what we are in life. I'm coming up on 30 years in recovery from a chemical dependency. Thirty years ago I found myself at a point of desperation and hopelessness. I was approaching 41 years of age, not wanting to be where I was, and considering taking my life. Fortunately, I ended up in a treatment center and realized I needed to make a complete change of who I am and what I do, or I would never make it. It was this moment of clarity that has enabled me to discover a life I had never imagined possible.

My trip to finding treatment was the darkest and scariest trip I had ever faced, and I was alone. The shame, guilt and the unknown which comes with addiction can be overwhelming. Having to go through it alone forced me to find my way through my inner challenges and achieve recovery. This difficult road to recovery opened my eyes to the similar struggles of others, and motivated me to be open and sharing of my struggles and achievements and to find ways to help others with their life challenges. We need not be alone.

At the time when I needed the help, there was very limited help available. I can personally attest to the fact that this was true across a wide range of employment settings. I've worked in the U.S. Navy

as a Radiomen, and in the private sector as a Highway and Heavy Construction Carpenter,a Journeymen Tool & Die Maker, a Journeymen Rigger (Ironworker), Journeymen Millwright, and a Journeymen Machinist.

After my recovery, my local union president recognized the need for someone to help our members and their families with their workplace safety issues which could be caused by drug or alcohol, trauma and stress. My experience in discovering the challenges of recovery helped me to understand that it is not just drugs and alcohol that create this hopelessness. The hopelessness is the common denominator among events such as the loss of a loved one, unexpected severe illness, a tragic accident, and other major changes which can impact our lives.

We are at a time where anxieties, addictions, cancer, illness, traumas and wars are overtaking our lives and we struggle where to turn. We have a number of people who have recovered from various challenges of these sorts, who constitute potential resources to help others who are struggling with these issues. Sadly, these experienced, knowledgeable people are not being made available to help others because they are seen to lack the education to do so. What they have learned is not found in books or classes. It does not matter what you are recovering from, you are required to make a major mind body and spirit change. You can move from recovering from a major traumatic event to discovering a world so marvelous that you could not imagine it. These well kept secrets need to be shared.

I qualified as a Certified Employee Assistance Professional (CEAP) in 1990. After a couple of years of working with the recovery of our members and their families, I realized that trauma was another major problem that was not being addressed. I started my journey of working with both issues, choosing to use Thought Field Therapy as my primary intervention approach.

What is Thought Field Therapy?

Thought Field Therapy (TFT) is a cutting edge tool that you can use to conquer emotional distress. TFT is based on time-honored principles of both contemporary clinical psychology and Chinese medicine. TFT involves tapping with your fingers on specific series of acupressure points on your face, chest and hand. The particular points used for any given situation are prescribed by a TFT practitioner according to the psychological and/or physical problems you want to address.

TFT is a drug-free method of literally tapping into the body's energy and clearing up blockages. TFT can provide relief from emotional distress quickly and safely, with no side effects and without having to go through years of therapy.

TFT was developed by Roger Callahan, PhD, in the late 1970's and early 1980's. From his original protocol for TFT, over 35 variations have been developed by different practitioners. This tool can be seen as an "Event Eliminator" for serious stresses and traumas.

Though many are still unfamiliar with TFT, it is gaining in popularity and acceptance. and growing in its applications of helping people release stress and trauma. For instance, TFT is now acknowledged as helpful for the treatment of Post-Traumatic Stress symptoms and problems related to substance abuse.

In 2016 TFT was listed for the treatment of post-traumatic stress symptoms on the National Registry of Evidence-based Programs and Practices (NREPP) of the US Substance Abuse and Mental Health Services Administration (SAMHSA). The treatment protocol can be used in self-help, peer-to-peer, and counseling settings. All interventions that have met NREPP's minimum requirements for review have been independently assessed and rated for Quality of Research and Readiness for Dissemination.

Tom Greenhalgh, LICSW and police officer for 34 yrs, specializes in the use of TFT with military, police and first responders. HE works at ONSITE, a facility which helps veterans and first responders. He observes, “Your veterans and public safety workers have earned the right to tell their stories should they choose. Give them the respect they deserve. Listen to the story before you start tapping.”

Working with 911 dispatchers (Telecommunicators)

I have gone on to work with the 911 dispatchers, who often suffer from severe stresses. While I have no credentials as a psychotherapist, I have diligently pursued studies of methods that enhance what I can offer in my support roles to people who are seriously stressed.

Some of the traumatizing experiences which may occur with the calls
The top four critical incidents which impact the first responders on the scene are:

- Line duty death/serious Injury.
- Suicide of a working colleague.
- Death/serious injury to a child.
- Prolonged failed recovery following trauma reactions (This is regarding an event which is long and enduring, where support is unavailable or unsuccessful in helping the individual or individuals in need. Failures of this type have an impact on the rescuers at the scene.

The top four critical incidents which impact the telecommunicators are:

- The unexpected injury or death of a child.
- The suicide callers.
- Police officer shootings.
- The unexpected death of an adult.

Here are some typical situations these people often face, each of which can have a serious impact on the telecommunicator. They are called upon for urgent help. They respond to the caller while at the same time alerting the needed emergency responders. When the responders arrive, the call is terminated. Often, the telecommunicators have no further information about what happened.

Working with children is always difficult because not only are you working with needs of the child, you generally have a frantic parent to deal with.

> Case 1: A frantic mother calls 911 about her non-responsive two young children. It is very difficult to get location and information from her. You manage to get a paramedic and police unit to the call. They arrive within minutes and the connection with the mother was terminated.

Suicide calls are challenging because they can vary in the problems presented and in how you have to address them. There can be the one who is thinking about suicide, not sure, or just lonely and needing to talk. Or it can be the one who has her mind made up and there is no changing it. Then it can be the one who has started to commit the act and now has changed his mind. Here are some examples of these challenges:

> Case 2: A dispatcher takes a call from an individual who is concerned about his friend because they are drinking and playing with a gun and talking about shooting themselves. The dispatcher is able to send a police unit to the address but before they get there the dispatcher hears the gun shoot. The police arrive and the call is terminated.

Case 3: A dispatcher takes a call from an individual who, after hanging himself, decided he does not want it to happen. He was able to reach his cell phone and there was no one else around. You talk to him, knowing no one will be able to get to him before his death. You talk to him, listening to the sounds, until the line goes silent.

The unexpected death of an adult can also be that of a co-worker.

Case 4: The whole zone of a call center was on their weekend off and returned to find out the senior dispatcher and mentor for many in the call center was killed, along with his wife, in a car accident. The sudden loss of this individual, with the disclosure occurring upon reporting to work on their shift created a major problem. The dispatchers found it difficult to work their screens and to be fully present to attend to their very demanding jobs.

Case 5: An individual who had over 20-plus years working in the call center became ill. Two weeks later this person passed away. Just about everyone who came into the call center had been helped or guided through any troubled areas they may have had.He had trained and helped many of the current dispatchers through many problems.

In contrast to other emergency responders, telecommunicators do not directly provide the needed assistance to a caller. This can lead to a sense of helplessness and powerlessness, due to their inabilities to reach out directly to help, and to their frustrations over feeling such a lack of control over the situation. Tracy et al. (1998) found this to be particularly true with suicide calls. The dispatchers never receive the closure that street units have after traumatic calls. Not knowing the final outcome of an event can also contribute to powerlessness. This really gnaws at you.

Such feelings have been implicated in contributing to both burnout and traumatic stress. After particularly difficult calls, dispatchers may show many of the classic post-traumatic reactions and symptoms but are often overlooked in the Critical Incident Stress Management (CISM) incident debriefings of police, fire and Emergency Management Services (EMS)-- .

While a single event, in and of itself, may be traumatic, the accumulation of events experienced by dispatchers may lead them to re-experience the traumatic event(s) through recollections, dreams, reminders, or sudden re-experiencing of similar event(s). The prolonged exposures and cumulative effects may lead to psychological efforts to avoid thoughts, feelings, activities, or situations that are in any ways similar to the traumatic experiences, as well as the avoidance of activities that were once pleasurable (Thieleman & Cacciatore, 2014). Persistent arousal can also lead to physiological symptoms such as insomnia, irritability, hyper-vigilance, outbursts of anger, and an exaggerated startle response with minimal stimulation (Figley at al., 1995; Pierce & Lilly, 2012; Troxell, 2008)

How trauma leaves scars that can last a long time

A trauma or a crisis remains a trauma or a crisis until resolution is found.
- Jeffery T Mitchell and William “Josey” Visnoske.

The crisis reactions often have more to do with perceptions than with facts. Though these reactions are not due to direct trauma, they are every bit as traumatizing as those traumas that occur with direct experiences of horrendous situations. They are also every bit as debilitating as the results of direct traumas. Secondary traumatic stress in the call centers is experiencing everyone else’s worst day every day.

Similarly, the physical reactions that accompany these stresses are every bit as severe as those experienced by people who are directly involved in the trauma situations that lead to 911 calls. If you are able to feel it emotionally you will be very likely to feel it physically as well.

While a single event, in and of itself, may be traumatic, the ongoing, never-ending series of events experienced by dispatchers may lead them to re-experience the earlier traumatic event(s) through recollections, dreams, reminders, or sudden re-experiencing of the event(s) in their memories, with all the intensity of feelings from the original event.

Let's look at an illustration of some of these trauma processes. In his book, *Crucial Moments*, Jeffrey Mitchell speaks about an unexpected, three-hour layover at an airport, where he just wanted a place to be alone and read. That's when an elderly gentleman named Phil came into his area and started talking to Jeff. He asked what Jeff did. Jeff explained that he was a disaster specialist and he works with terrible things, like babies' deaths, gloom and doom, blood and guts, pain and gore, and disasters around the world. Phil said he was in a disaster once.

Feeling a bit guilty about how he had introduced himself, Jeff asked, "Which one?" Phil said that we were about a week past the anniversary. Jeff blurted out, "Coconut Grove Fire, Boston Massachusetts, November 28, 1942". Phil said he had indeed been there, and how horrible it was. Phil talked about having lived it every day of his life since it happened. Jeff told him he was sorry and then said nothing.

Phil then launched into a detailed description of the Coconut Grove tragedy from start to horrible conclusion. Phil, his date, and four friends had gone to enjoy dinner and an evening of entertainment and dancing. The nightclub was very crowed that night. He watched a bus boy attempt to change a recessed ceiling light bulb by the light of a Zippo lighter. In an instant the ceiling decorations caught fire and dropped on the tables, and more fires were started. Phil talked about taking his date's hand and telling his friend to follow him, and he and his date made it out. He did not see his four friends. Many did not make it out because the revolving doors were the only way out. He watched the firemen go in and put the fire out. Phil was in his military uniform when police officers and fire personnel approached and said, "You guys in uniform, we need some help getting the victims out". How could he say no and not look like a coward? He had also thought he would find his friends and help them out. He did find them. They were dead. Phil spoke of the almost five hundred bodies that they brought out and of the awful scenes he saw that night. He could still see them in his mind while speaking with me in the airport. He was chocked up and tearing. Jeff asked if Phil wanted to stop, but Phil said he wanted to tell the whole story. The three hours had passed by the time they announced the boarding call.

As Jeff extended his hand to thank Phil for sharing his story, Phil put his arms around Jeff and held him tight. Saying how he wishes he could have told that story the night of the fire. This was the first time Phil had been able to tell the whole story in the 50 years following the fire. He felt like a thousand pounds had been lifted off his shoulders. Phil finished by telling Jeff that if only there was someone like you, I would not have had to dream about it every night for 50 years.

This is such a fine example of how long and vivid a traumatic event can stay with you, and how telling the complete story can help in the resolution of the trauma residues from the event.

Coming from the opposite direction, this is also an excellent example of how listening can be healing for people who are dealing with traumas. So I have learned to be a good listener. I have also studied other ways to help with traumas.

Further examples of dealing with 911 dispatcher challenges

Let me share another two stories of individuals who had critical incidents where, even though they had resolved in counseling, they were still left with issues which they hadn't been able to let go of. I spent about an hour with of these people and they were able to clear their issues so that they stopped bothering them.

> Case 6. A doctor friend of mine asked me if I would talk to one of his patients. Sue is a young lady who had found her fiancé after he committed suicide. This had been two years earlier and she still could not get past the lingering images. She had been in therapy to deal with the event and also was doing grief counseling. Sue also was in an abusive relationship, finding herself spending time with very negative people, and caring very little about herself. The person Sue was with was a loser and treated Sue very badly but Sue could not get herself out the relationships, even when all her friends were telling her to leave him
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> I met with Sue and was able to tell me her story and what she saw. I introduced her to Thought Field Therapy (TFT). Working with TFT, she was able to release the negative images and feelings about herself. A year later, the doctor told me she was doing great. Sue was out of that bad relationship and that negative environment, was now getting engaged to a good young fellow, and was finishing nursing school. Sue said it was all because she was able to lose that image and find a new life.
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> Case 7. Another young person came to me with a problem of being unable to stay sober. She felt ashamed and guilty about this, but was unable to control herself. Mary had been at a field party while she was in high school and was drunk and passed out. She woke up to a guy on top of her, raping her. She wrote it off that she deserved it because she was drunk and passed out. That memory was not the problem that kept her from finding sobriety, which she had been chasing for a number of years. Mary's problem was that she couldn't get rid of that dirty feelings she experienced whenever she recalled that moment. When that feeling came up, the only way she could get it to leave was to drink. That would then begin the cycle of shame and guilt over drinking again.
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> Mary had been in counseling for both her addiction and rape and she could not find any long-term relief. She asked if I would help her. Mary met with me, told her story, went through her feelings, and she was then able to clear it all out by using TFT. She was able to talk about that night, and found that the feelings she talked about no longer were there as they had been in the past. Mary was then able to get work on her recovery through the 12 Step program and the support of her women's groups. Mary went on to find herself and sobriety, and is now a happily married mother.

I have found that when an individual wants to talk to me and I am busy I simply must take the time to listen. It may be their only chance to tell their story and it was me they picked to tell it to. If someone approaches you and you don't make the time, you and that suffering person may never have another chance and the story may not be told. The miracles in life happen when we let people into our lives.

How current traumas connect with past issues in the responders' lives

In working with the dispatchers in the call centers, I generally found I was being called in for two types of issues. One would be for one or two individuals who were having problems with a call. The second would be with where the incident was impacting the whole call center or a particular zone within the center.

> Case 8: Joe was a dispatcher who had taken a call from the frantic mother with the two unresponsive young children. Joe discovered through the news media that the mother had placed

her children in a bathtub and then sat on them until they drowned. She then took them out of the tub and dried them off and called 911. Joe with time found himself being angry and overly protective of his young children. He recognized that this behavior would be more of a problem if he didn't get help.

I was called in and we met. I have found that it is essential that I develop a rapport with the dispatcher right from the start if we are to have any chance of getting to the issue. This is not therapy and we are working on the effects of a critical incident and we do not have a lot of time to make it happen. I rarely talk about the incident because they generally have at least one secondary issue that is keeping things stuck.

Unlike structuring the discussion to be a defusing, where we talk about the event and what they saw and how it may be impacting them, I invite them to talk about what is happening around them. I find that they generally have one or more secondary issues which are keeping them stuck in their traumas. It is important to have a good understanding of how the combination of a critical incident, compassion fatigue and trauma can affect an individual and others who are around them. It works so much better when we expand the focus, talking with them and hving them describe how it may impact their lives. I have found that this allows the dispatcher to find his place in the incident, without having to put him there.

So I continued to educate Joe about the how a critical incident, compassion fatigue and other issues could affect him. As he cleared some of the issues which were coming up, we were able to get to the major cause of his reactions. When he was a young, newly trained EMT, Joe went to work for a funeral director and his first two cases were a 9 month-old child and a 4 year-old child. The preparations of the children for the funeral and placing them in a casket were rather troublesome for Joe, as they caused him to ponder how a mother could do that to her family. Joe talked about what his family meant to him, about some major struggles and losses he and his family had experienced, and about his emotions that were triggered by all of these issues. By using TFT on all of these issues and on his emotions about them he was able to clear what was troubling him – in the present and in the residues of his experiences from the past.

Case 9: Jen was the dispatcher who received the call regarding a male who was drinking and playing with a gun threatening to kill himself. As she was dispatching a police unit and paramedic, she heard the firing of the gun. The caller said the male shot himself in the heart and was down. As the dispatcher was giving the address she recognized that she knew the address and it was that of a friend. A number of the other dispatchers knew the individual and were troubled by this critical incident.

I was asked to come to the call center as quickly as I could. I arrived about an hour after the call and I met with the dispatcher who had taken the call. Jen was troubled by a couple of things. The major one was the sound of the shot and the fact that she knew the deceased.

I worked with Jen by establishing a strong rapport and educating her about the effects of a critical incident. I have found that a number of our dispatchers were or still are voluntary firemen and EMS and they see the various critical incidents and are able to work around them as this is part of their job. But these critical incidents just build up, layer on previous buried layers, until something causes alone of the various incidents to surface and it could be one that happened many years ago and you thought you had dealt with it.. This confuses them how they can witness one or more terrible events and deal with them, but later on have another event they haven't even seen directly impact them so intensely.

In Jen's volunteer fire fighter work, she had witnessed some events that she had buried at the time successfully, enabling her to continue doing her job. This "last straw event" tipped the scales and she was flooded with a mixture of all of the current and buried issues. We worked together a little over an hour and Jen felt better with the current incident. She cleared trauma residues over seven different incidents and then the remembered sounds of the gun shot no longer bothered her.

A couple of weeks after meeting Jen, I received an email thanking me for helping her. Jen said she was working with her therapist. She also said that my energy coaching was probably the most helpful thing she could have gotten during that incident. Jen has since left her position as a dispatcher.

Trauma's layer(s) in your body

You may be dealing with a current critical incident when a trauma from the past can jump up and intrude on whatever you're doing, and you wonder what is happening. The following case is one that not only touched the individual; it has stayed with me also. This is an example of how a critical incident caused reactions that couldn't be understood by the individual, but when we cleared them they were life changing. . .

Case 10: I was asked to come in to talk with a younger African American woman who was having some issue which was impacting her work. Karen came to see me and I could see that she didn't want to be there but she was not happy with what was going on with her. All I had been told was that Karen had been a dispatcher for a number of years and had not had any problems at work with her performance nor did she have any issues with controlling her emotions. Lack of control of her emotions had never been a problem for Karen. and that her current problem started after a critical incident outside the call center. Its difficult being a dispatcher in a large center, because much of the time all eyes are on you.

Karen had been stopped by a friend who was also at the scene when she attempted to put herself at risk to help a person who was in trouble outside the call center. She found herself having problems controlling her emotions, something she never had experienced before. When Karen came in to see me she was quick to inform me that she was no drama queen and she saw much worse things happening at the establishments she went to in the city. It really bothered her because her boy friend had never seen her act this way.

Now what was a bald white old man who is not a dispatcher going to do to help this person? The only thing that appeared to have in common was some body ink . I went to what I knew had worked with others. I worked towards the connecting of our subconscious and that deep rapport I had experienced with so many other traumatized people.

I then started to discuss how things happen in our lives. Listening to the responses of the person struggling with trauma is essential. When an individual is connected with you they will begin to share. She talked about being in a ten-year message marriage? that ended in divorce. Also that it had been a pretty rough marriage and that she had been through counseling about it.

I asked if anyone one helped her when she needed it? Karen said no ever came to her help when needed.

We went to the critical incident that occurred outside the call center and cleared the trauma residues from that. I could see the shift and change in her. We worked on a few other issues around Karen not getting help when she needed and also regarding some of her fears and how she saw herself. Issues she was not able to clear up in her previous counseling sessions. this and some other things that were going on. I was JUST following what she brought up. An hour and

one half later she looked and felt completely different. She got up with a smile on her face and gave me a big hug.

I spoke with her supervisor a couple of weeks later and he said she was doing well.

Rarely do I have the opportunity to talk to the people I work with for follow-ups, especially when I only know their first name and nothing about them. I was walking into the EEOC headquarters for a special meeting when I heard my name being call and it was Karen. She came up and gave me a hug, saying she had wanted to see me. Karen said that that day with me had forever changed her life. She was now happily married and moving to another city and was going to work in their call center. She thanked me once again.

Case 11. The shooting of a police officer is a very highly charged and challenging moment in the call center. A large number of the dispatchers are either married to or in a relationship with a police officer or member of the police community. Because of these relationships, an incident involving police officers can raise the anxiety in the center.

Another factor affecting the center is whether the event is happening in a smaller, community setting rather than in a large city setting. In the community setting your police, fire, EMS and dispatcher interact very closely and one individual may wear any or all of the hats. The community generally has a close and personal relationship with the individual and they all feel and react to the pain of the critical incident. Unfortunately, this type of support is made available to public safety services only by request and invitation from someone at the Call Center.

In the larger cities your police officers are more connected with themselves and their various police lodges. They do not interact as closely with the other services, such as firemen and EMS. Nor do they have as close a relationship with the people in the city as there can be in smaller communities.

It's not that the pain of the loss of a fallen officer is any less in larger city settings. It is just felt and processed differently.

Let me share some further aspects of my work.

Case 12. I received a call that I was needed at the call center immediately because they had a shooting of a police officer.

While this seems a straightforward urgent situation, there are a number of important facts that must be kept in mind when responding as a member of a CISM team:

- A team or member never goes in uninvited.
- Crisis Intervention and its subset Critical Incident Stress Management are not considered psychotherapy nor are they a substitute for psychotherapy. They are support services.
- You must meet the basic training requirements, but because there are many tools to crisis intervention, you should never work outside your level of training and experience.
- You should have backup help available should it be needed, such as CISM trained mental health individual. .
- When you are called in to a call center the dispatchers in the call center are not required to speak to you. That is a totally voluntary act.

Upon arriving, I gathered the facts about what was happening in the call center and clarified whether there had been any other similar situations in the call center. In this case they had had another police officer shot and killed in nearby community three years earlier. My experience is that if I am able to

talk with them it will be about the secondary traumatic stressors they are experiencing, not about the details of the current event itself.

I greet the individual at the door and they enter the room. I let them know that this is totally a voluntary choice on their part to be there and they do not have to talk. I proceed to educate them about the effects of a critical incident, compassion fatigue, and secondary traumatic stress. In doing this I am working on developing the so important rapport (the connection of heart and subconscious). I stay within the guidelines that I have found that work in these situations, allowing the individual to find his or her critical incident and they are able to clear it with an exercise called TFT.

I never try to rush an individual through the process, even though I have found that rarely will an individual stay with me more than an hour. Generally I have an half an hour or less. particularly if I fail to make a good rapport connection.

It is truly important that if i am carrying issues which may get in the way of my working with this group or individual that I work on and clear these issues because they will get in the way of my developing solid rapport.

I must remember that I make sure to end my meeting with a solid “Thank you!” from the heart for allowing me to be a part of their journey in dealing with this critical incident. It is so important to stress and reassure them that any conversation or issues discussed in our time together stays between us and goes no further. I say this at the beginning and at the end of our time together.

> In this incident with the policeman who had been killed, I talked to thirteen different dispatchers about this call and how it could be affecting them. I did this over a twelve or thirteen hour period, meeting them on a one on one basis. The things we talked about differed among the individuals and some had no issues at all and it was just an educational and informational meeting. These dispatchers had been still working their screens and when they were relieved then came to the separate room where I spoke with these people They were given the opportunity to meet with me and then they went back to work.
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> It was all summed up by a seasoned and senior shift commander over the call center, “I watch the dispatchers walk in to see you, and they are very distraught and look like they have been beaten. But when they come back, they are visibly relieved and are able to put their headsets on and go back on the screens.”
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> Case 13: The unexpected death of an adult can be very challenging to any of us in any workplace, but in a call center it can be a major critical incident and impact individuals in many different ways. Often it brings up unexpected awareness’s of unresolved secondary traumas.
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> When that person is a long time mentor and trainer, a fellow dispatcher, it can be an even more profound critical incident. In the interest of doing the best job possible, dispatchers are taught that when they put their headsets on, they are not to feel and not to react even to some of the most disturbing events and acts. However, they are not robots; they cannot just turn their survival skills and emotions off and on at will. When they are exposed to a sudden and unexpected critical incident, especially the sudden death of a friend, they may find themselves being seen as overreacting to the situation because it is strange and abnormal to how they normally function on the job.
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> Case 14: I received a call to go to the call center where a senior 911 dispatcher and his wife had been killed in a car crash. This was the crew’s weekend off and they are reporting to work and are finding out about the unexpected death of one of the most respected and liked dispatchers. So we

had a group of dispatchers unable to perform their jobs at the level which was needed and expected of them.

Being new to a call center and to this group, I was given information about what was happening and what the call center needed. There was no protocol established for the call center regarding CISM and crisis intervention. I realized that talk and the standard CISM defusing would not work because they were already experiencing the symptoms we talked about and that were on the handouts. They are trained to not let talk affect them.

Having been trained in Thought Field Therapy (TFT) by the International Critical Incident Stress Foundation as a tool of CISM was an option here. I had been using it in an industrial setting where they had had some major losses of life from accidents.

I was placed in a room away from other individuals so that we were able to have some privacy. I had the second senior male dispatcher and a female dispatcher enter the room. He was very angry about what had happened and she was sobbing and devastated over his death. I explained about the symptoms and the behaviors of normal reactions to abnormal events, but that was not working here.

I then explained how I was working with an exercise that I have used in my work with industry that helped in stabilizing traumatizing situations. I explained that it looked a little strange but it really worked. I went thru a couple of rounds and the woman stopped sobbing and shared how she had felt sorry for his passing but than now she felt much better and was able to go to her station. I worked a little longer with the other dispatcher because he was a former firefighter and had some secondary traumas coming up.

The first two dispatchers were able to return to their screens and put their headphones one. I started to have individual dispatchers coming in to see me and I was seeing individuals for the next four hours. The troubled zone had stabilized and was back to functioning – as they had to be.

I found out later that the dispatchers had been emailing each other, saying they did not understand what I was doing but to go see me. I went in the next day and did a follow-up with a couple more dispatchers. I helped 13 or 14 dispatchers on that call. There are no notes, no names and no information about what was discussed when we met.

The Chief Administrative officer and EMS Manager who was in charge of the call center immediately made me the designated 911 center CISM representative as of February, 2008, responding to any and all CISM request from the call center, and I have held that position ever since.

Shortly after coming back home from my TFT training, I was called to the union hall where Tom, one of my union brothers, was having a total melt down. A week prior he had dropped off his best friend since their childhood at a point a few miles from his home to take a night trip down the river. It was a cold night but his friend was an outdoor person who had always liked these challenges. This night it was not a good choice. When his friend did not show up where was to be the next morning, they sent the local firemen search and rescue team to search for him. Things had gone bad and he was found deceased.

Tom could not get the thought out of his mind and was blaming himself for taking him to the drop-off point. I met with Tom and because I was aware that the incident was all he talked about I knew Tom was in the thought field of the incident. I started to tap on what was happening. As we started to work on some of the things he was dealing with I could see the change in his appearance and he talked

about how much better he felt. I taught him a tapping sequence he could use for himself if the feelings would start to come back. He walked out of the union hall a totally different person than when he walked in a couple of hours earlier. My union president and office secretary were simply amazed at the sight of what happened.

In May of 2001 I took the TFT Diagnostic Training Steps A & B and Advanced TFT.

I also was trained in the use of the Heart Rate Variability (HRV) instrument, which indicates the balance of the autonomic nervous system and how well the individual may be doing..

Bessel Van Der Kolk, M.D. (2016), one of the leading scientist working with trauma and PTSD in the world, talks about the importance of heart rate variability and how it measures the relative balance between the sympathetic and the parasympathetic nervous systems. When our autonomic nervous system (ANS) is well balanced, we have a reasonable degree of control over our responses to minor frustrations and disappointments, enabling us to calmly assess what is going on when we feel upset. When individuals have a poorly modulated autonomic nervous system they are easily thrown off balance, both mentally and physically. This frequently happens with stress and trauma

Let me explain Heart Rate Variability in a few words. It has been discovered that it is a sign of better health when people's hearts are able to shift their rates of beating up or down in response to life events. When you are under stress, the sympathetic nervous system takes over. Your heart rate goes up and variability goes down. This contributes to physical feelings of anxiety or anger that accompany the fight-or-flee response. When people successfully exert self-control, the parasympathetic nervous system steps in to calm stress and control impulsive action. Heart rate goes down, but variability goes up.

Case 14. After a couple of years of working with various members of my local steelworkers union and family members with TFT for traumas, fear, stress and phobias, I received an early morning call regarding a fatality at a local steel plant. I went there and learned that the brakeman who was at the front of the train had been crushed between his railroad car and another railroad car that had been placed on the railway. I immediately met with John, the engineer of the train, a man who was a very cautious individual and safety minded, who was totally devastated by what had happened and unable to speak about it.

I was called back to the plant later in the evening by the plant manager, when the Occupational Safety and Health Administration (OSHA) investigator was talking to those who had discovered the accident. The plant manager had seen the benefits of TFT with some of the other workers and he had an individual who needed to answer questions by the OSHA investigator regarding the accident and because of being overwhelmed was having problems with talking about it. I met with the worker and the OSHA investigator and helped him by using TFT to help him with the anxiety so that he could talk about what he saw. After the investigation, the OSHA investigator asked what it was that I had used with the worker, as he had never before seen anything that could help a worker find composure so quickly to tell his needed report.

The plant company safety director and union safety coordinator asked me if I would spend a couple of weeks with the conductor at the plant to help John with his recovery from this event. Spending up to eight hours a day with an individual you get an opportunity to know each other. I had the heart rate variability equipment and I asked him if he would be willing to use the equipment so that we could also observe the changes to his system. John agreed.

I chose to use the Heart Rate Variability instrument with John because the HRV readings help me to see what progress we were making, rather then just depend on how he feels.

I started to take his readings and we worked on various aspects of the accident and his friend's death. The company was interested in getting John back to work. I asked John if he would be willing to take some HRV readings and then go down by the accident site. Even though his numbers were a little low, I was concerned that his low reading was indicating other stress of trauma was creating these low numbers. He was not feeling any anxiety when talking about the accident. When we went down to the site of the accident he did not feel any increase in his anxiety and getting up on the locomotive did not trigger any changes.

When we returned to the office there was no significant change in his HRV reading and he looked and felt ready to return to work. The next day I asked John if there had been any other traumas that he had not dealt with. He looked at me and said there is this one I have never told anyone about. I told him to think about it and when he could feel it we would tap on it. Afterward he was able to tell me generally what is was about and we again tapped on it. We took another HRV reading and his numbers had increased greatly indicating that his autonomic nervous system had achieved a better balance.

Kelly McGonigal, PhD, a health psychologist whose job is to help people manage stress, talks in her book "The Willpower Instinct" about how heart rate variability is the body's "reserve" of willpower – a physiological measure of your capacity for self-control. Kelly calls the heart rate variability the single best physiological measurement of the pause-and plan response. The pause-and-plan begins in the brain and keeps track of what is going on inside of you. This self-monitoring system connects the self-control regions of the prefrontal cortex with other areas of the brain. This system is waiting to detect warning signs – in the form of thoughts, emotions, and sensations – that you are about to do something you will later regret. The HRV instrument is only a tool that is able to indicate the state of the autonomic system (ANS). This is a most helpful indicator if what we are doing is being successful. The HRV equipment only shows what is happening with your system. It does not change anything. In other words, it's a diagnostic instrument, not a therapeutic one, but it helps to move the therapy along.

John went back to work and never had any other issues around this accident and was able to retire with over thirty plus years still operating his locomotive.

Connecting with challenging communities

This type of trauma relief work is not for everyone, even though we have a tool that can work with everyone. I find that individuals are able to tell you what they have accomplished in their academic and working skills and what they do in their life skills but they are unable to tell you who they are as a person and why they are able to work in this community. If you are given an opportunity to connect with one of these difficult communities whose lives have been altered by a critical incident and you are not sure about who you are, they will know. People are aware of each other through our sub-conscious levels very much like animals know when they can trust you or not. They can feel it.

Your difficult communities may be within the military – Air Force, Army, Coast Guard, Navy and Marines. We would expect to find similar issues in the special forces – Delta Force, Army Rangers, Green Berets, SEALS, Special Tactics, and Marine Expeditionary Units. This is also found in Public Safety – Dispatchers, Emergency Medical Services, Firemen, and Policemen. Chaplains and union members also share similar relationships. What all of them have in common are cultures with uniquely specialized, often stressful employment. These cultures all carry bonds of trust, honor and commitment to their name and what they had to go through to be themselves – as individuals and as working units – and you just don't allow anyone who is an outsider into your group.

These communities all carry a culture which includes a history, a commitment to ones who earned the right to be called their name, personal bond, trust and a special feeling for who they are. It takes a major commitment from the individual wanting to work with these communities. Just because you have a tool such as TFT or advance schooling with various degrees that is not a pass to these communities. The International Critical Incident Stress Foundation ICISF has an excellent course, From Battlefield to Street: One Uniform to Another, which is created and taught by Hayden A. Duggan, EdD and Tom Greenhalgh, LICSW (Tom is also a police officer with 34 years of experience, a paramedic and was a volunteer firemen. This course is particularly helpful in providing insights into the similarities between our military culture and first responder culture. It also identifies issues that can trigger stress reactions in public safety/emergency services regarding combat stress and three resources for help.

But even more than serving formally in a community of stressed caregivers and public servants, the skills we learn for trauma release and de-stressing will serve us, personally, in many ways.

What it took to get me here

I have never been asked by any of the individuals in the first responders what I am doing there or even if I am a first responder. While they themselves have not inquired, these questions have been asked by many good-willed caregivers who have not been able to connect. While it's hard to pin down a clear answer, I know that I have made a commitment in my heart to do this work, realizing that I needed to do something more than I was already doing..

I have completed over 27 ICISF courses, although the basic group or peer is the only course needed to be a team member. I went on every call I could for my team, and for any other teams who needed help. I never missed any meeting and I do everything asked of me. I am an ICISF Group, Peer and Suicide Awareness trainer. I became a Certified Trauma Responder (CTR) and Certified Trauma Service Specialist (CTSS), including spending six years on both the board and executive board of The Association of Traumatic Stress Specialist (ATSS), an international association which certifies individuals needing both academic and documented experience in working with critical incidence and trauma.

I did all this to learn their culture and history and to be accepted by them as one of their peers. At the time I was doing this I did not know how important it was in developing my rapport and my connecting with the individuals in these various communities.

Stress of working in public safety impacts workers' families

Residual problems of trauma and secondary traumatic stress are impacting our families. The current divorce rate of 14.5% per 1,000 populations for public safety workers is 4 times higher than the current rate of 3.4% per 1,000 in the general civilian population. Research studies are showing that the reaction to a previous traumatic event can surface as a reaction to a current event. Not only is traumatic stress causing issues directly but there are also the stresses of long hours, shift work, and cancelled leave to cover for colleagues who are unable to work. Research is showing that all of these have adverse impacts on overall family life (Pierce and Lilly, 2012)..

> *Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity*.
>
> - World Health Organization (2007)

Studies of firemen and police officer are showing that the stresses at work can shorten their lives. There have been no studies done of our dispatchers or the families of all our public safety workers.

Our firefighters are seeing 12 years less life and Police Officers are living 14 years less. Another alarming fact is that we are seeing an increase of suicide deaths among our police, firemen and EMS personnel. No studies have been done on dispatchers, but we can pretty well predict they will show similar shortening of their lives when someone gets around to checking this out. These factors all impact our families, as well. When we add problems of addictions and older age to this mix, it is obvious that many of these people's families need some support and help as well.

In summary

The highly successful trauma work I report in this article suggests that TFT, HRV training, and related stress relief programs can offer major benefits to workers such as these and others in stressful jobs.] We have an Evidence-based program Thought Field Therapy which can be used in self-help, peer-to-peer, and counseling settings.

Last year was a very bad year for a couple of our local call centers and community. There were two line of duty deaths of police officers, a suicide and sudden loss of a co-worker from a sudden illiness and died within two weeks of the diagnosis. I had found that the issues varied and generally were not the event which was happening around them. I was given the opportunity to be present to support these critical and traumatic moments with 47 dispatchers. The TFT and other stress and trauma relief methods can be wonderfully helpful. But the most important part of all of the interventions was that each person was able to find and talk about their special issue. I stayed away from what may be thought of as the main issue.

The following is an excerpt from a letter I received from the director of Public Safety which covers one of the call centers:

> "Our Telecommunications Officers could not have gotten through this event without having you present to talk with them and provide them with tools to deal with the stress and anxiety a line duty death can bring. My Senior Staff members have recognized the importance of the techniques you provide to deal with Critical Incident Stress Management,"

It was the large numbers of this past year combined with the eight years of using this technique with other dispatchers and never having a problem or negative response that caused me to realize the value of what was being done. I remember Roger Callahan saying that if you have something that worked, could be duplicated by others and is consistent, you may have found something.

Combining this protocol with TFT has been showing that success. This could be helpful with the families if we remember to treat and respect them the same as we do their spouses and other public safety workers

This also could be used to help the families who are struggling with the loss of children and loved ones to addictions. And we need to remember that we are using this as a crisis intervention tool to help get over that moment not to replace therapy should it be needed

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He co-presented a well-received workshop at the 2015 International Energy Psychology Conference on working with first responders. These may be the tools that Jim uses and what Jim does in working with people but this is not who Jim is.

Jim knows what it is to be hopeless and helpless and that recovery takes work. Jim believes that the changes are made by the person helping, not just by the uses of modalities. He is willing to go the extra mile but knows when to stop. Jim says he sips Kool-Aid but he doesn't drink it

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