911 TRAINING INSTITUTE

Unique Mental Health Expertise for the Very First Responder

Best Practice in Delivery of Employee Assistance Programs and Other Mental Health Services to 911 Telecommunicators

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PART 1: Assuring Effectiveness of Employee Assistance Programs

Purpose: Employee Assistance Programs (EAP) can play a crucially important role in securing the well-being, performance and retention of our 911 professionals. Traditionally, an EAP program staffed by competent mental health professionals offer basic counseling services (per contract with the governing body) for a limited number of counseling sessions at little or no cost to the employee. This service enables telecommunicators to gain professional help to resolve smaller situational problems at work or home thus preventing more serious problems. EAP counselors may also provide employee struggling with severe issues by bridging them to clinicians specializing in serious mental or relationship problems.

However, 911 center leaders and employees may misunderstand and thus overestimate the depth of clinical services that traditional EAPs can provide. Also, 911 telecommunicators (911TCs) are not inclined to seek or follow through with counseling delivered by EAP providers who lack an understanding of their specific 911 work stressors, cited later. This document is intended to help 911 leaders and EAP providers understand the factors that must be considered for an EAP program to succeed in addressing the psychological needs of 911 telecommunicators.

The Premise: 911 telecommunicators collectively represent what is called a *special treatment population*: such populations are composed of individuals who share specific characteristics that must be recognized and accommodated by the clinician if assessment and treatment are to be effective. Other special treatment populations include military personnel, police officers, survivors of mass casualty events, certain indigenous people groups, etc. The value of recognizing such groups is that their members are known to struggle with certain mental health problems at a greater rate and with different underlying issues compared to the general population; and members of a special population may have particular beliefs and views related to mental health services that increase their ambivalence about accepting help. Thus, they are at greater risk of not receiving the services they need because they are less apt to seek them and or because mental health providers are not equipped to treat them effectively.

These considerations about special treatment populations apply to 911 employees and must serve as the foundation for the decisions that 911 leaders' (or overseeing government body) make in selecting clinical providers and organizations that will be tasked with caring for these personnel. EAP providers proposing a relationship with a 911 center must also be aware of and prepared to accommodate 911 professionals as part of a special population. The 911 employee's ability to accept and participate in mental health services requires that selected clinicians have an understanding of their distinct culture (when work struggles are at issue). Clinicians must also be qualified to treat the specific mental health issues for which 911TCs are especially at risk, being Post Traumatic Stress Disorder, Compassion Fatigue, and clinical depression.

It is often beyond the intended scope of traditional EAP programs to address more serious psychological issues, but most 911 employees don't realize this prior to scheduling appointments. The result may be disappointment, discouragement when they realize that the "counseling" offered by the EAP cannot fully

address their issues and they must be referred elsewhere to receive ongoing "therapy". (Most EAPs provide ten or fewer sessions per their contracts, ample for "situational problems" but too few to resolve more difficult issues.) Thus many 911TCs have confided in this writer that, upon learning that they must be referred elsewhere, they decided to discontinue their pursuit of treatment altogether, leading to continued struggles and a negative mindset about seeking clinical help in general.

> **Related Recommendation:** Prior to establishing a contractual agreement with a 911 agency (or its governmental authority) *EAP providers should provide materials that clearly define their scope and limitations of clinical practice* (what issues they are and are not qualified and prepared to treat). If a contractual agreement between a 911 center or its governing body Human Resources department and an EAP provider is already in place, representatives of each party should nonetheless join to discuss and clarify scope of practice issue assisted guided by the Best Practice guidance offered later below.

911 as part of the Law Enforcement Culture. The 911 profession is a subculture of the nation's Law Enforcement Agencies (LEAS, in which 90% of our 911 centers are still housed). Law Enforcement Officers (LEO) and 911 telecommunicators share a skepticism of mental health due a stigma perpetuated in this culture summed up in the motto: *mental health services are for the weak and are not likely helpful*. Police and 911 professionals ("911Pros") both often expect that non-emergency responder personnel from such agencies will not "get what we go through"—a belief that is unfortunately often confirmed when they attempt to seek help from well-meaning clinicians who do not specialize in treatment of first responders and miss the mark in their care responses. The stigma and belief noted here are then perpetuated when such treatment failures occur since these emergency responders, as members of any close-knit group, will talk about their experience (selectively), leading to underutilization of services.

911 as its own culture. In addition to these shared characteristics shared by LEOs, 911 is also its own group possessing very distinct characteristics. While 911 professionals share an increased risk of Post Traumatic Stress Disorder with LEOs, they appear to have a significantly higher rate of PTSD than LEO and firefighters. This has obvious and major implications for the foci of clinical assessment. It is also a key factor related to another distinction of the 911 community: telecommunicators have experienced a long history during which their role as the Very First Responder has been largely undervalued despite their extraordinary exposure to traumatic events. As a result, 911Pros are especially sensitive to how their profession is perceived by those outside their profession, including mental health professionals. So, during an initial session when seeking help for work-related stress issues, the telecommunicator is inclined to quickly dismiss a clinician viewed as ignorant about the 911 profession and that lacks knowledge or at least a humble curiosity about stressors unique to 911 telecommunicators. The clinician treating these professionals must be psychologically prepared to tolerate extremely emotionally impacting material common in telecommunicators' work experience.

The purpose of an EAP in contractual relationship with a 911 center (or its governing body) is to provide initial mental health and counseling services at no charge to the employee for a limited number of sessions to incentivize the employee to take initiative for self-care. Such participation can prevent development and persistence of psychological problems negatively impacting work performance and retention. As a fundamental expectation of a typical EAP service contract, the provider organization agrees to serve as the first point of contact for employees in distress. So with initiation of a contractual relationship with an EAP, all employees are to be fully (and frequently) informed of the available services, the terms by which those are delivered, and how the EAP can be contacted when needed. When a 911 employee elects to seek such services, the 911 leader and EAP provider should expect that they, in accord with the "suck it up" emotional code of most emergency responders, likely feel highly vulnerable and ambivalent about openly acknowledging their struggles.

Summary and Implications. 911 leaders and or the local, county or state government Human Resource departments overseeing 911 centers, should whenever possible, seek contractual relationships with EAP

providers whose clinicians who are qualified to treat 911 telecommunicators as members of a sub-culture of emergency response, and who can treat or are fully prepared to refer to other local clinicians who can treat PTSD, Compassion Fatigue and clinical depression. Although highly unusual, some EAPs may offer terms providing for more extensive treatment delivered in-house by clinicians qualified to treat these disorders. However, attempts at treating these disorders with a brief course of EAP counseling will typically not be effective, leading to a higher rate of treatment failure, and thus also a higher risk of ongoing stress-related problems impacting personal health, professional performance and the well-being of the person and potentially negatively impacting quality of work life with their 911 co-workers.

911 leaders and their governing bodies (and HR departments) are urged to secure EAP providers that meet the criteria offered above to assure that these providers can effectively serve 911 as a Special Treatment Population.

PART 2: Identifying Local Clinicians to Treat More Serious Problems

In addition to securing effective EAP services, the *Standard Stress on Acute/Traumatic and Chronic Stress Management* established by the national Emergency Number Association (NENA) in 2013 states that all Public Safety Answering Points (PSAPs, or 911 centers) should "Identify local therapists specializing in treatment of stress and traumatic stress disorders who utilize evidence based therapies…" (Page 24). For 911 leaders who are not experts in psychology, this task can seem daunting, and leaders will usually not know where to begin in the search for such clinicians. To assist, this author has prepared guidance which can be found online by clicking here. Consistent with the NENA Standard Such clinicians should provide the PSAP leadership with documentation assuring that they*:*

- *Are duly licensed as mental health provider at the Masters or Doctoral level*
- *In good standing with their state government's licensing board*
- *Possess expert knowledge about psychological resilience and related skills training*
- *Have extensive experience utilizing Evidence-Based Treatment (EBT) for PTSD*
- *Are knowledgeable (or willing, as a condition of their work with the PSAP, to become fully knowledgeable) about the unique stressors of the 911 profession and its culture (as explained earlier).*

The Foundation recognizes that 70% of the nation's 911 centers exist in rural areas where there is a limited availability of licensed mental health professionals, and an even smaller supply of clinicians with the qualifications set forth here and in the NENA Stress Standard. 911 leaders in such rural areas can only do their best to secure such expert services. In such cases, the guidance provided at www.911Training.net/seeking-personal-help can increase the chance of finding needed clinicians. The author also welcomes email requests from 911 leaders seeking help in this endeavor. Email: Jim@911training.net.

PART 3: Handling Life-threatening Mental Health Crises

Finally, in emergent situations when a 911 leader suspects or knows that a telecommunicator is struggling with serious thoughts of suicide (or risk to others) it is essential to verify this risk with the employee by directly asking *"Are you thinking of killing yourself".* This straightforward approach has more preventive power than indirect inquiries such as *"Are you thinking of hurting yourself"*. In any case where suicide risk is at issue, contact your contracted EAP, identified local specialist clinicians cited above, or when risk is immediate get the employee to the emergency department. You can also seek guidance from a crisis hotline such as **SafeCallNow.org**, an organization providing 24/7 phone support for all emergency responders and their families using trained lay-counselors. Their phone number is 206-459-3020. (Leaders are encouraged to review the SafeCallNow.org website (or call their number) prior to an emergency to learn about best use of this service. (Note: neither 911WF or this author endorse SafeCallNow nor can we guarantee the value of their services. We are grateful though that they exist and know of 911 telecommunicators who have been effectively guided to emergent care in crisis.)

More Guidance for Clinicians. For a thorough clinician's introduction to the 911 culture with guidance to customize delivery of evidence-based treatment for this population, see *Reaching the unseen first responder with EMDR therapy: Treating 911 trauma in emergency telecommunicators*. Marshall, J., & Gilman Sara G. (2015). In M. Luber (Ed.), Eye Movement Desensitization and Reprocessing (EMDR) Therapy Scripted Protocols and Summary Sheets: Treating Trauma- and Stressor-Related Conditions (pp. 185-216). New York, NY: Springer Publishing Co.

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