

Personal Stories of 911 Professionals

The Amy Seidler Story

In 1998, when I entered the world of 911 dispatching at the tender age of 19, it was my first “real” job. Sure, I worked the typical teenage jobs through high school, such as in-home daycare, and food service, but my first big-girl job was becoming a public safety telecommunicator (PST). Now back in those days, there was not much in the way of formal training in the small-town Indiana PSAP’s. I read through books of standard operating procedures (SOP) and sat with the seasoned dispatchers to observe as they took calls and dispatched emergency personnel, but after a couple of weeks of that, it was into the hot seat. All of this was a bit overwhelming for a 19-year-old girl from small town Indiana, the sheltered only child of a typical middle-class home. Nonetheless, I pressed on.

Most of those initial calls were administrative lines, and most of the initial dispatches I made were based on information collected from my colleagues off those intimidating 911 lines. Eventually, I had to jump into that arena as well though, after all how could one be considered a 911 dispatcher without ever answering a 911 line. So, after just a few weeks of reading SOP’s and observing other dispatchers, I answered my very first 911 call. I was at the console by myself with the only other dispatcher in the room at the next console answering phone lines and radio traffic of her own. Here is the story of my very first 911 call. While you read, consider the fact that it is now 17 years later and I can recall the details as if it happened just yesterday.

“Can you lay the child on the floor and put your face to her nose, just to be sure she’s not moving even just a little air?”

PST: 911, what is the address of your emergency?

Caller: (Crying) Please help me. Please. My baby is blue. I don’t think she’s breathing.

PST: Ma’am, let me get your address so I can get the ambulance started.

Caller: (Crying) 123 Main Street

PST: OK ma’am, the ambulance is being started your way. Are you holding your child?

Caller: (Becoming more hysterical) Yes. Oh my God. Oh my God. She’s not breathing. She’s so blue. My God. Please help me. Do something. Please

PST: Can you lay the child on the floor and put your face to her nose, just to be sure she’s not moving even just a little air?

Caller: Ok (hiccup). No, she’s not breathing at all.

PST: Ma’am, do you know how to CPR?

Caller: Yes, but. Oh my God. I can’t do it. I can’t do this. Please just get the ambulance here. I can’t do this

PST: I need you to try so we can help your little girl until the ambulance arrives. How old is your child?

Caller: She’s just a baby. She’s only 3 months old. Please don’t let her die. Please.

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PST: Ok Ma'am, we're going to do everything we can until the ambulance arrives.

At this point I do my best to remember my CPR training and give her instructions and encouragement until the ambulance arrives. Thankfully, being small-town Indiana, the ambulance was no more than 5 minutes away. Unfortunately, it made no difference. That woman lost her baby to sudden infant death syndrome (SIDS), in spite of all we attempted to save her.

After that call, I took a short break to catch my breath, but I returned to the console and put my headset back on. My head spun with worries of whether or not I was able to help, feelings of inadequacy, and the despair I was feeling for that young mother and her baby, but the phone kept ringing, and the emergencies kept coming in. It was necessary to lock those feelings away in order to provide what I could for the next caller, and the one after that. There was no time to process that call properly. After my shift, I went home and cried myself to sleep, but we do not discuss this display of weakness with our coworkers, regardless of how normal the reaction was.

“After my shift, I went home and cried myself to sleep, but we did not discuss this display of ‘weakness’ with our coworkers, regardless of how normal the reaction was.”

The firefighters and EMS personnel that responded held a debrief the following shift for the men that responded, but no one thought to ask the dispatchers to attend. I came into work, sat down at my console and put my headset on. I did not talk about it, as I

mentioned above, this would have been a sign of weakness. I tucked it deep inside where it still resides. That was the first addition to the shell that I eventually built around my psyche in order to protect myself as I continued through the next 14 years of my 911 career.

Fast forwards seventeen years as Next Generation 911 (NG911) is emerging. Seeing the scene of this call via real time video (a future feature of NG911) could have been helpful to ensure that this mother was following directions and performing proper CPR. Yet, to preserve the mental wellness of our Nation's PST's engaged with such callers via real time video, the 911 industry will need to make a concentrated effort to dispel the negative stigma surrounding mental health treatment. We must make mental care as a priority on par with physical care such as exercise and good nutrition. Encourage your PST's to participate in self-care programs, seek peer support, and know when to seek the assistance of a licensed clinician. Train your staff to recognize danger signs and know where to seek assistance and to provide that peer support when it is sought.

These steps of care are all provisions required by the new NENA¹ *Standard on 911 Acute, Traumatic and Chronic Stress Management*. This Standard states “*Public Safety Answering Points shall establish Comprehensive Stress Management Programs [CSMP].*” All other branches of Public Safety benefit from a strong social support system within their fields, but the

¹ National Emergency Number Association. Standard approved by the NENA Executive Board, 08/05/2013; prepared by NENA PSAP Operations Committee, 9-1-1 Acute/Traumatic and Chronic Stress Working Group.

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civilian side of Public Safety does not. We need to work together to form that same social support for our PST's.

I burned out of the profession in 2011, after 14 years of service. A large contributing factor to my burnout was the lack of support I felt. I know from speaking with other PST's that this is a widespread issue, not to the fault of anyone in particular, but rather due to the lack of information available to those in positions that can make a difference. The goal of the 911 Wellness Foundation is to change this, to provide the knowledge and empirically supported information that can lead to better support networks and stronger centers. Walden University, where I am currently studying to obtain my master's degree in mental health counseling, strives to instill the necessity of affecting social change in our communities.

This commitment to social change struck a chord with me and led me to further consider the lack of focus on the 911 profession. These men and women are the lifeline for civilians and sworn personnel alike. It is these men and women who make the initial life and death decisions that impact the wellbeing of our communities and our emergency responders. They have been left to fend for themselves for too long. It is this realization that drove me to contact Jim Marshall and volunteer my knowledge and experience for the 911 Wellness Foundation. Together, I hope to be able to help affect this social change, not only in my community, but on the global level.

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Resources:

To download the NENA² *Standard on 911 Acute, Traumatic and Chronic Stress Management* and for more helpful resources, see *Building Your PSAP CSMP*:
<http://911wellness.com/building-your-psap-csmp/>

For helping finding a qualified therapist in your area or for support in implementing your PSAP's CSMP, email Jim Marshall, 911Wellness@live.com. (All requests for personal support are held in strict confidence.)

References

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² National Emergency Number Association. This standard was developed by the NENA Working Group 9-1-1 Acute/Traumatic and Chronic Stress and approved by the NENA Executive Board on 08/05/2013.

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