

The 4 Myths of PTSD and First Responders

1. If you are a First Responder you have PTSD

Nothing is worse than an unsubstantiated, blanket statement! But, unfortunately, this has been permeating the services. Of course, then, we need to define PTSD. Anyone is capable of looking up the Diagnostic and Statistical Manual's (DSM) definition. What you may find could surprise you; for instance, the person must be suffering from the typical and now famous symptoms for at least 30 days. And, you are going to need to have a combination of those symptoms over that time period.

Making this statement can impact on us negatively in a few ways. But one particularly damaging way is as follows:

By assuming that we all have PTSD, we dismiss everything else that could be occurring. Just like assuming a sprain is actually a broken foot, we would be treating it the wrong way. It also dismisses that it is normal following a call that we may have flashbacks, nightmares, and intrusive thoughts.

This is normal.

So breathe. Unless you are ignoring some significant issues or you are ignoring a diagnosis from a trained professional, you probably don't have PTSD.

2. All Headliner Calls Result in PTSD

The media would certainly have us believe this. I can't even count the headlines that read "FIRST RESPONDERS HAVE PTSD FOLLOWING YESTERDAY'S EVENT". Read Myth one to understand why, diagnostically, this is impossible.

The media has helped us launch these issues into the larger population and has given us a platform to fight for certain supports. But, in this battle to better our mental health supports, it has also distorted the true nature of PTSD and its development.

Seeing as how we are all different, it really shouldn't be a surprise that we all react differently to trauma and stress. Yet, it would seem as if there is one "type" of call that would be a guarantee to developing the disorder. To think of it simply; we are all different shapes and sizes of a water glass. No matter who we are, eventually our glasses would overflow if we put too much water in them. But, some glasses are filled quicker than others. It is important to remember that we all have a point at which we can "overflow", so it is unfair to judge others we see going through this. Taking care of yourself and others helps to keep that glass under control.

3. Developing PTSD (or depression, anxiety, etc) Means I Am Not Cut Out For The Job

Perhaps one of the most damaging statements that can be made. I have heard it leave the lips of both the public and members of first responders. This is one of the last legacies of that "machismo" mentality that many of us are working hard to fix.



Yet, no one ever discusses whether they “should have to” tough it out. Toughing it through a disorder does little to teach you or mold you into anything more productive. And, of course as far as treatment goes, it also does little to help you overcome those struggles.

But, as Myth 2 pointed out, this can happen to anyone. It is a normal reaction to an overwhelming situation. And this is precisely why it is important to understand that developing a disorder in no way outlines who “can and can’t” work in this field. What is important is to ensure that you are taking care of yourself. Psychological jargon calls this “self-care”, but ultimately it boils down to “eating right and moving”. If you find yourself struggling – go talk to someone. The longer you wait the more damaging this can be for you and your families.

4. Only Certain Therapies Will Help Me If I Have PTSD

The research shows that the therapeutic approach plays little into the recovery and growth of individuals engaged in counseling. And while there is not an exact number, upwards to 80 percent of recovery is contingent on the relationship that one has with their therapist. Therefore, if your resisting the process and expecting results, you may find that you are disappointed time after time.

There are some promising research conclusions that come from these specific therapies as well, and it would be dismissive to totally throw them out. Eye Movement Desensitization and Reprocessing (EMDR) therapy for instance, has shown a great response to re-structuring and processing through trauma. Similarly, “tapping” a newer technique focusing on repetitive tapping on various points of the body to help with distress tolerance (dealing with stress) has also been on the rise.

As one therapist put it, “All that matters is that you get good, psychotherapy”. The traditional approach is to meet with a counsellor or psychotherapist and begin the process. It probably should be noted that nowadays you don’t lay on a couch and recite dreams while the therapist attaches meaning for you. Instead, good, modern therapy takes the stance that “you are the expert on you” and therefore, they are simply helping you move through the issues at your pace. No good therapist will neither make you talk about things that you aren’t ready to, nor stick to one method even if it isn’t working. But, like a good pair of shoes, you have to find the right fit.

Be careful not to choose a method based on its current popularity. There are movements in the counseling world that mimic the movements in the diet world. There is always the next, better thing! But, one thing that seems to be clear and underlying all these newer therapies is the connection between body and mind.

Ultimately, under times of stress, move your body! That alone can do worlds to burn off the stress and help recalibrate your body back into its natural balance. As the research starts to gain ground, it will be of no surprise that more and more approaches are focused on making our bodies mobile instead of both the public and members of first responders. This is one of the last legacies of that “machismo” mentality that many of us are working hard to fix.



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