

An aerial, high-angle photograph of a city street intersection at night. The scene is illuminated by streetlights and building lights, creating a complex pattern of light and shadow. Tall buildings with lit windows surround the intersection, and traffic is visible on the roads. The overall atmosphere is one of a busy, modern urban environment.

# Essays on Firefighters and Post Traumatic Stress

**Robert Avsec, Executive Fire Officer**

# INTRODUCTION

We all need a voice every once in a while, one that lets us know that we are not alone. Sometimes hearing from multiple voices that have seen, smelled, tasted and "lived it" written in their own words can breakdown that "Great Wall of Stigma" and really let us know that we are not alone.

And that is exactly what my friend, Battalion Chief (Ret.) Robert Avsec, has done in this collection of stories and articles from firefighters, and about firefighters, and their struggles dealing with post-traumatic stress.

This is not an easy or popular subject to address and certainly not something talked about much at the firehouse kitchen table, if at all. It's not about dramatic rescues, multiple alarm fires, bringing back someone from the brink of death...or is it?

Any one of us may be living a life of isolation and misery right now and could really use a "heavy rescue", or need some "mutual aid" to help put out the multiple fires burning in our minds, or need help coming back from the brink.

The devil here is not a fire. I'm speaking of another devil: the stigma of asking for help. In reviewing the stories in "Essays on Firefighters and Post Traumatic Stress" I immediately thought of them as the "backup team on a charged hose line" enabling you to make that push and knock down the raging flames of memories swirling inside of you before they flash over.

Don Prince

International Master of Addiction Coaching  
Nationally Certified Advanced Clinical Intervention Professional  
Co-Founder, The 11th Hour Trauma Retreat  
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Editor's Note: Don Prince is a recovering alcoholic who's been sober for six years. He now makes it his life's work to help other first responders to overcome their addictions.

# PREFACE

First of all, Thank You! I believe that your purchase of this book demonstrates: (1) you're a leader in your fire service organization (whether you have a rank or not); (2) you're a person looking to expand your body of knowledge; and (3) you care about the negative impact of post traumatic stress on firefighters. The fire service needs people like you!

I'm a retired fire department battalion chief. I proudly served with the men and women of the Chesterfield County (Va.) Fire Department for 26-years. All told, I've spent 30+ years in the fire service and EMS.

During that wonderful "1st career", as I rose through the ranks of the department I had many opportunities for personal and professional growth and development. Those opportunities included:

- Serving as an Advanced Life Support Provider, which included a stint as a back-up flight paramedic on a medevac helicopter;
- Serving on our Hazardous Materials Response Team, during which I earned my Specialist Certification;
- Serving as the department's EMS Director while a Captain;
- Serving as Co-Manager of our county's Emergency Communications Center (9-1-1) while a Captain;
- Serving as the department's Chief of Training and Safety Division while a Battalion Chief; and
- Serving as an Operations Division Battalion Commander during several rotations.

Since my retirement in December 2007, I've worked in several other capacities: Operations Chief for a private-sector ambulance service; as a Staff Instructor/Course Developer at the Georgia Fire Academy; and as a management consultant for a private-sector company with management services contracts with the Department of Defense and the Department of Veterans Affairs. All of which allowed me to continue to "broaden my horizons."

Since 2012, I've been plying my trade in my "2nd career" as a freelance writer beginning with the creation of my professional blog, Talking "Shop" 4 Fire and EMS. A couple of years later, I was recruited by Mr. Rick Markley to write articles on a monthly basis for the on-line trade journal, FireRescue1.com.

This book that you've purchased is composed of selected posts from my blog. In addition to my own original content, I've included selections from several of my guest bloggers (Thank you!): Dr. Will Brooks, Nathalie Michaud, and Linda Green.

Robert Avsec

Cross Lanes, WV  
May 2017

# Depression, like fire, takes many forms

**By: Dr. Will Brooks, Ed.D., Firefighter**

Walk into any fire station and ask the crew if anyone has ever suffered from depression. Watch the result. In the average house, silence is the most probable response. Silence, averted glances and changes in body language, all of which say “Let’s not go there.”

**This is by no means always the response, but it is typical and may be part of what harms our firefighters.**

Despite more than 30 years of work by groups such as the World Health Organization, the Canadian Mental Health Association and the Centre for Addiction and Mental Health to de-stigmatize depression, it is a mental illness and is therefore typically bound into misconceptions that few of us even know we hold.

Recently, we have seen an increase in awareness for the impact mental health issues have on fire service members. The following is a brief explanation of how depression, the most frequent aspect of firefighter mental distress, can appear. This also shows what all of us can do to help change the impact of depression on ourselves and others.

## **Early depression can be like a "small" fire**

Keeping quiet about depression—whether your own depression or that of a friend—is like failing to write up a locked emergency exit on an inspection; you aren’t doing anyone a favor.

Part of the reason talking about depression doesn’t happen easily is that it is not part of the picture of the fearless firefighter “slaying” the “red devil.” Nuts to that one!

Another, and more easily understood reason is that depression has many meanings and many levels of impact on those who experience it and on those around them.

So, depression is like a fire. Some fires are of short duration and are managed quickly; others take longer, do more damage and require additional resources to stop. Rarely, there is a big one, a fire so awful that every resource available is brought to bear and the conflagration may last for a long time.

“Depression is similar to a townhouse apartment fire,” says Dr. Lori Gray, a clinical psychologist working in the field of mental health and first responders. “Initially, the fire may be small and can be fought with relative ease.”

Going it alone. Can be hard when we are depressed.

Like a townhouse fire, depression might appear small and manageable to the average person. However, upon closer inspection, one realizes that just as a townhouse fire spreads to the neighboring units, depression slowly creeps into multiple areas of firefighters’ lives, including their jobs, marriages, relationships with their children, families and even hobbies they used to enjoy.

# Depression, like fire, takes many forms

“As with townhouse fires, the spread of depression can go undetected to onlookers for some time but becomes obvious after much devastation has been caused,” said Dr. Gray.

We all know some folks for whom life seems more down than up, for whom life’s glass is always “more than half empty.” These people don’t feel good inside and it usually shows.

They tend to be downers and may mask this trait in a variety of ways in the firehouse. Constant cynical comments and jibes that go beyond the usual club room and kitchen banter might be a tipoff. Mental-health workers refer to this constant low level of unease as **dysthymia**. Folks with dysthymia will sometimes develop a more severe depression but by no means always.

More severe clinical depression can be slow to start or come on swiftly as a reaction to a critical event. Like a fire, depression might be invisible when the first-due rigs arrive, but when it shows itself, there is usually no doubt about what is going on.

Those with clinical depression will have experienced certain signs and symptoms most of the time for at least two weeks. The Canadian Mental Health Association website ([DEPRESSION](#)) helps those who think they might be suffering any form of depression to examine those feelings and determine whether they mark some type of depression.

Depression can be a killer if the individual suffering it reaches the point of suicidal thought and action. For some who are near this stage, a helpful friend who can point out resources and just be with the sufferer can sometimes be enough to prevent such destructive actions.

Sometimes, more active interventions are necessary. As with many of the life-saving techniques firefighters learn on the job, it is vital to know how to respond when one of our own is trying to deal with depression.

Sometimes the best thing to do is to help the firefighter friend make contact with an appropriate professional through a help line, an employee assistance program or clergy.

If you feel like the depression is working into the “big one,” get some real help. Talk with a qualified mental health worker or your physician. Call a help line. Tell a close friend or talk to your spouse. If you have access to an effective employee assistance program, use it.

Do what firefighters are known for: Act! Search out a source of help. If the first person you meet does not “get it,” move on. Don’t wait for a flashover!

The good news is that depression can be lifted. You can feel better. Life does not have to be a black hole. I know. I have been there, worked like any firefighter would at a major blaze and put the fire out!

# Depression, like fire, takes many forms

Dr. Will Brooks, Ed.D., Revised from an article originally published in *Firefighting in Canada* 2008

## About the Author

Dr. Brooks is a retired firefighter who was a Founder and President of the Canadian Fallen Firefighters Foundation. He's written about firefighters and Critical Incident Stress and has presented his findings to fire service organizations, as well as private and public sector organizations, across Canada.

He now makes his home in Lunenburg, Nova Scotia with his wife, Cheryl (a retired Canadian Air Force Colonel who is also widely known as Cheryl D. Lamerson, C.D., Ph.D.) They have four adult children and five grandchildren that keep them busy in their "golden years."

# Is the Diagnosis Really PTSD?

**By: Dr. Will Brooks, Ed.D**

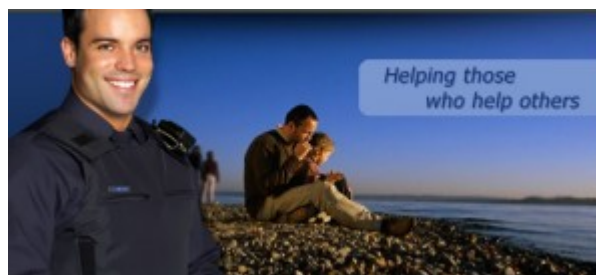
I've been involved with firefighters and the stress reactions they experience for over 25 years, so the recent trend to using the PTSD (Post-Traumatic Stress Disorder) term for all manner of stress reactions causes me concern. There is no doubt that firefighters and other first responders do sometimes experience PTSD. It has been my privilege to listen to several first responders who could be accurately diagnosed with PTSD.

However, recent articles and "studies" purporting to be seeing PTSD in groups of firefighters are alarming in the use of rates for this diagnosis. A quick sample of these efforts indicates ranges from 17-24% of a cohort of firefighters who could be said to have PTSD.

Please listen to the excellent BBC broadcast dealing with [Post-Traumatic Stress Disorder](#). This 18-minute review, in my mind, puts the matter in a much clearer frame.

As well, I suggest reading [Dr. Jacinthe Douesnard's](#) recent Canadian studies on the psychological health of firefighters. (Note: The website was created in French, but the Google Chrome browser will automatically translate the page's text). She recently presented to the Canadian Association of Fire Chiefs and her work suggests a 1% rate of diagnosable PTSD in firefighters. (Dr. Douesnard has also authored a book on the subject of her research, [The Emotional Health of Firefighters](#), that is available on-line from the Quebec University Press).

In both the above cited cases, rates of PTSD vary between 1 and 3%, a far lower number than that noted in the second paragraph. How could this be explained?



In the late 70's through the 90's and even to the present there has been the wide spread adoption of stress as it occurs in response to what became known as a **critical incident**. [Critical Incident Stress \(CIS\) and its management](#) became quite prevalent in first responder communities, and in many it still thrives.

But something shifted. The Middle Eastern wars in which both the U.S. and Canada have been engaged, rained down a continuous exposure to critical incidents and ongoing trauma. Unlike their civilian counterparts who could be involved in Critical Incident Stress Debriefings as needed, our military members had very few ways to carry on Critical Incident Stress Management given the potency of stressors and their continuous nature.

# Is the Diagnosis Really PTSD?



As we have learned from our veterans, there was a demonstrable lag between psychological injury and any type of diagnosis or treatment. Despite the lag, however, our media and some military institutions began to recognize PTSD as a real entity. Because it was very slowly acceptable for members exposed to combat to suffer from PTSD, the label was adopted quite widely. There was no diagnostic criteria for CIS, only PTSD, in the 1980 edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) published by the American Psychiatric Association. Thus, if a member had any type of stress reaction or affective disorder, it was frequently presumed to be PTSD.

## DEPRESSION and You

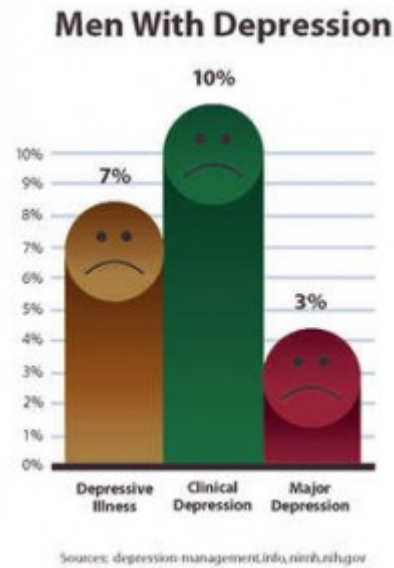
In my own experience, *clinical depression* continues to be the prevalent issue for firefighters. It can be part of the constellation of reactions to trauma and a diagnosis of PTSD, but often it is a stand-alone illness. The tragedy of a suicide is all too real among first responders. It could be said that some suicides occur in people with diagnosed PTSD, but many more arise from the unremitting horror of depression, the cause of which might not be any traumatic event at all.

[See Related: Trouble in Mind](#)

Again, let me repeat, *PTSD can well be an accurate diagnosis in first-responders*. But when the term PTSD is ubiquitous and synonymous with any stress reaction, its usefulness and accuracy is questionable. If the term PTSD is used in a specific firefighter's situation, let's be sure that the person has been accurately diagnosed by a competent mental health or medical practitioner and that the criteria for PTSD as outlined in the latest edition of the DSM have been met.



# Is the Diagnosis Really PTSD?



The human mind under all types of stress is a remarkable and complicated entity. Human beings have numerous ways of dealing with the stresses they experience. Firefighters are like other humans, and they cope in ways about which, often, we know very little. It is no surprise to learn that firefighters experience both varying stresses, some extremely toxic and traumatic, and yet they display coping mechanisms which not only work but are effective and result in the individuals continuing to function both on and off the job.

And let us continue to employ Critical Incident Stress Management in the most robust programs available where and when possible. To do less is possibly to short change our people and pave the way for more complicated mental health issues, e.g., an accurate diagnosis of PTSD, down the road.

# What to say about Firefighting and PTSD?

In the next three articles, Nathalie Michaud, a PTSD survivor/sufferer, shares the story of her journey as a PTSD sufferer towards a healthy and happy life. Both Nathalie and I ask that you share these stories on social media, use them in training classes with your people, talk about them with your spouse, significant other, and your children.

The more informed and educated that we all can become about PTSD and other mental health challenges that face firefighters and other first responders, the better we can become at recognizing how exposure to the mental hazards of the job are affecting us and those we live and work with.—Chief Avsec

## **By: Nathalie Michaud, Firefighter and PTSD Sufferer**

***So much to say, yet so little is spoken about it openly.***

I live with PTSD (Post Traumatic Stress Disorder) and it lives with me. I got diagnosed in the Fall of 2014; it hit me like a ton of bricks and sucked the air out of me. I had no idea that all the symptoms that I had for the past 5 years were due to PTSD. I thought I was “just” depressed or “just” losing my mind.

***Let me share with you what brought this on almost 6 years ago.***

I am a firefighter and I worked in a part-time fire department. Sadly on January 30<sup>th</sup> 2010, my Fire Chief responded to his last call and lost the battle with undiagnosed PTSD and committed suicide in our fire station. That alone was very hard and traumatizing because to me, he was “rock solid.”

My now-deceased Fire Chief was also my husband. We had been married for only 6 months.

***I did what I could to survive and I made it. Or so I thought.***

I had just started a new job on the 25<sup>th</sup> in another fire department and after 2 weeks off I returned to work right after Valentine’s Day. That morning, all were talking about their dates, evenings, etc. until the reality of my dead husband hit them and the loudest “scream of silence” took over the office.

That’s when it began: the stigma and label that others would place on me. I knew, or thought I knew, that I couldn’t show any emotions and I sure couldn’t talk about it because every one was so uncomfortable. I was alone, isolated and numb.

I pushed on because I was on probation and afraid of losing my job if I made a mistake. At the end of 2010, physical pain was becoming more present in my daily routines and I started to have insomnia. I ignored all symptoms and brushed it off as “a little tired from all the changes of 2010”.

# What to say about Firefighting and PTSD?

The insomnia got worse, so I was prescribed sleeping pills. In September 2012, after 1 ½ years of psychological harassment from a colleague, I filed a complaint. My work environment became hostile since my colleagues turned on me one by one.

I went through the HR (Human Resources) investigation and was “interviewed” 3 times; the last one wasn’t questions about events and facts, but about my personality as if they were trying to make me second guess myself. Their investigation resulted to in a determination that, “I was too sensitive.”

In addition to the lack of support from my employer, my work environment became even more hostile. I had more anxiety attacks, loss of appetite and was losing weight very fast. My doctor said, “Enough!” and pulled me off of work.

I spent the next year fighting HR’s decision; worker’s compensation (CSST) decision for them to recognize it (PTSD) as a condition; and then I had to return in October 2014 which at that point in time my “harasser” had transferred to another city.

During that year, more physical issues came to the surface. Feeling tired, yet unable to sleep; feeling irritable, aggressive, and anxious; nightmares and night terrors were surfacing and night sweats were now a normal nightly routine. If only I could get some sleep...but there was much more to come.

## About the Author

Nathalie Michaud is a PTSD Sufferer. Nathalie served for more than 15 years in a variety of Emergency Services roles including EMS Paramedic, Firefighter, Fire Prevention Technician and Fire Investigator in the province of Quebec, Canada. She also served for 13 years with St. John’s Ambulance in positions that included: Regional Assistant Director; Provincial Training Team; and Master Instructor.

Nathalie has served for three years on the Board of Directors for the Canadian Volunteer Fire Services Association and was recently elected to the Board of Directors for FQISI (Quebec Federation of Emergency Responders).

She makes her home in Quebec where she continues her journey living with PTSD...every day.

# A Firefighter's Struggle with PTSD

## By: Nathalie Michaud, Firefighter and PTSD Sufferer

Back in the Fall of 2012, I started drinking wine every night, but then the quantity increased; by 2014 I was drinking every night until I would be knocked out. I remember sitting in my rocking chair, looking up through my window, watching the moon go by as the world turned.

I started abusing prescription drugs and over the counter drugs and things went from bad to worse. In July of 2014, my doctor then diagnosed me as having major depression, pulled me off work and told me I should enter a facility for my drinking problem. Of course I did not!

So then September 2014 comes along and the PTSD diagnosis “grenades” lands itself on me. I got worse and did more harm to myself. My desperation and my need to “make it all stop” brought me to making the only choice I thought I had.

Sitting on train tracks in my truck waiting for the train so I wouldn't, “be like this anymore.” Something happened where I was forced off the tracks and I drove home thinking, “I can't even do this right”.



My self-destruction kept increasing until the moment a very dear and trusted friend lovingly confronted me with a solution: an in-house therapy program, in a private center that helps only Emergency Workers and Military and also provides therapy for PTSD. Thanks to him, I decided to give myself a chance. I went into therapy on November 2<sup>nd</sup>, 2014.

There, we all talked the same language. Most importantly, I was “normal” and everything I was experiencing was too. I wasn't alone and the healing began. I would stay there until November 29<sup>th</sup>, 2014.

# A Firefighter's Struggle with PTSD

Even though I struggle with many crippling symptoms on a daily basis, living with PTSD has become my new normal and I'm learning to slowly take control of my life. For a PTSD sufferer, 24 hours can be hell; just getting out of bed in the morning is an excruciating and frightening task.

I now speak very openly about PTSD. I give talks at conferences to fire chiefs, firefighters and other emergency workers in hopes of shedding a small light for someone who is in the dark and feels like I did. Much positive has come out of these conferences. Good like the audience leaves emotionally drained, but now has a better understanding of how PTSD is real and how it can lead to suicide.

**I want to help stop emergency worker suicides.**

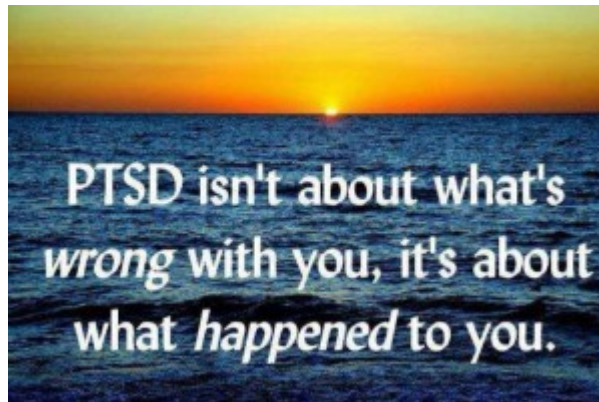


My mission is two-fold: bring awareness to all so that sufferers are no longer afraid to talk and ask for help; and move both Canada and the United States to recognize PTSD as a presumptive illness for firefighters. PTSD is a brain injury that happens because of all that we see and have to deal with through our jobs as firefighters and medics.

**PTSD is not about what's wrong with me, it's about what happened to me.**

# PTSD: My New "Friend"

By: Nathalie Michaud



After I received the diagnosis of [my PTSD](#) in late Summer 2014, I was partly relieved because now I knew why I felt and thought the way I did. It didn't make it any easier to accept, but now that there was a name for it, a bit of the "ET" syndrome went away.

I had choices: accept PTSD or be angry. I figured, may as well be "friends" with it so I can get close enough to understand. This isn't a monster under my bed nor is it a skeleton in my closet... unless I let it.

## Residential Therapy

The one-month in-house therapy program helped me do just that. First, I understood that I didn't have a substance abuse problem, but rather I was abusing to "get away" from my brain, pain, feelings, memories, etc. They gave me tools and support and I learned how to "face" my brain and soul.

I learned so many things on my new found "friend"—PTSD—and now felt "normal" and could accept it more. Being numb for so many years and having many strong defense mechanisms, I have to admit that it was hard to dig into my "emotions". That was a monster for me. Pure fear.

I learned so much, some technical psychological stuff, some on myself and how I was being affected. I always felt that there was something "wrong" or "off" with me. With the therapy concentrating only on PTS (Post Traumatic Stress) and PTSD, I understood the logic and mechanisms that create it. I was able to link it to my experiences and "forgive" myself for having labeled myself as weak, wrong, stupid, unworthy, never good enough and so many more self-hating feelings.

## The "Surgeon"

# PTSD: My New "Friend"

With my therapist (He was known as the surgeon at the Center: There's a reason for that) I took a chance and revealed this one image I had in my head that lingered since childhood. The image was so painful, shameful and disgusting I wasn't even sure if it was real or just something my mind made up as a kid. The "surgeon" went to work.

I took the little strength and hope I had left and described the image for the first time in my life. As I did, I searched his eyes for a reaction, for judgement and there was none. He asked "Does it feel real when you describe it? Do you have a feelings attached to it?" My answer was the most painful and heart wrenching "yes" I ever uttered in my life.

In that moment I realized I was a "victim" of more than just that "one image" that was locked in my head. Learning that a victim is not weak or responsible. Everything came back to the surface. Now I knew I had suffered one trauma that changed the path of my becoming a woman and robbed me of one of the most simple things in life: relationships.

Many of my self-loathing, self-destructive behaviors were now logical. Not less painful, but it made sense and now the healing and "facing the music started." The sadness, the raw anger, the feeling of wanting justice all because now that it was at the surface, it's as if it had happened to me at that moment, meaning at 41 years-old and not 8.

## Group Therapy



During one of our group morning sessions following this "discovery", I needed to share with someone. My safe place was the group I was with for the past 3 weeks. I couldn't keep this to myself, it was too much to handle. The love, acceptance, support and compassion from the group made me stronger as I reached into their energy. I felt in control by sharing what I thought were my weaknesses.

The morning of my last group therapy, for the first time I said the following: "I am a good person, I deserve and I'm allowed to be happy." From that point on my "24 hours" changed. I'm not healed, I'm healing.

## Before and After as a PTSD Sufferer

The "24 hours" pre-therapy and the "24 hours" post-therapy...That I can describe.

# PTSD: My New "Friend"

The 24 hours morning sessions are all of us were together for 60 minutes. We shared what we wanted, only if we wanted. What happened, how we felt or anything we wished to talk about from our previous 24 hours.

My first 24 hours (Monday Nov. 3<sup>rd</sup> 2014) I eventually talked. Legs and arms crossed, looking at the floor I said, "Don't take it personally, but I hate people. I have a huge bubble and don't get close to me."

Ya... well, all were so accepting that they didn't make a big deal out of it. Inevitably as more "24 hours" went by, it created trust in the others as I listened to their 24 hours. I stopped holding out my "10-foot pole."

Today, a 24 hours is remembering that "if I was able to do it there—cry, be happy, not feel guilt or shame—then I can do it on the outside, in the "big scary world."

Don't get me wrong, I'm not all trusting of people. I'm still very cautious, but nothing bad happened to me there, when I cried in front of them for no reason and not feel like I had to explain... WOW! Liberating.

**My 24 hours today is just that. Striving really heard to stay as happy as I was there. My 24 hours is now filled with only good and positive people.**

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# PTSD Sufferer/Survivor: The Challenges Moving Forward

**By: Nathalie Michaud, Firefighter and PTSD Sufferer/Survivor**

After my diagnosis, the first time I ever spoke about PTSD (Post Traumatic Stress Disorder) openly was actually when I was in therapy. Within the first week I was there, CTV (Canadian Television) was covering **Remembrance Day** with the angle of “mending broken lives” and was using the La Vigile facility (where I was enrolled in their residential program) since they offer help for military and all other first responders.

Bravery is the ability to confront pain, danger or attempts of intimidation without any feeling of fear... Courage, on the other hand, is the ability to undertake an overwhelming difficulty or pain despite the eminent and unavoidable presence of fear...The essence of courage is not the feeling of being certainly capable of overcoming what's one is faced with, but rather is the willful choice to fight regardless of the consequences. –DifferenceBetween.net



The thing is, this was in Québec City where all is in French and they also wanted to cover the PTSD treatment program. To do so, CTV was hoping for an interview with a patient. First off, this was really touchy because everyone there remains anonymous and no one wanted to go in front of a camera and I don't blame them at all.

At that time, only two of us were in the PTSD program and only one of us spoke English. I was asked if I would talk with CTV and that it would be done with respect and my limits. I first said no. Then I said, “OK, but disguise my face and voice.” Then as I was thinking about it, I realized that I couldn't hide.

Hiding is part of why I got so lost in PTSD in the first place. I also realized (and thought from my opinions and values) that not showing my face, voice and name, there would be no way anyone listening would give me credibility. How could they relate to me if there's not a face?

# PTSD Sufferer/Survivor: The Challenges Moving Forward

I mean, I'm not "testifying" to something where my life would be in danger, right? All I wanted to do was share in hopes that others know that the facility exists and how much it does help. I thought, "If I hide myself, I'm sending the message that I'm either ashamed or afraid which I am not."



So... I went full on camera. No made up hair, no make-up and looking like someone that's been through physical and emotional hell in the past week! That was my reality. Why hide it?

Doing the interview, both the journalist and cameraman were so kind, respectful and patient that they actually empowered me. For the first time I was speaking openly about "what happened to me" and showing there is nothing wrong with being "stuck" with PTSD.

The downside... I also knew that since it was going on the news on November 11<sup>th</sup>, that it would go viral within a few days and my employer would see it. I understood that by going public I was giving access to my "medical and personal" side to my employer and that could come at a great cost.

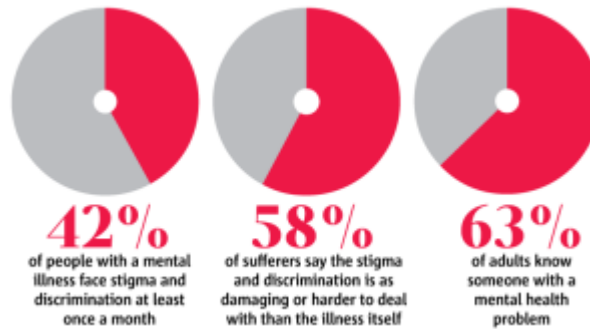
Sadly, I was right. I was not accepted as I was. Everyone forgot that my husband, who was also my fire chief, committed suicide in 2010, only five days after I had just started working there. They did like everyone else and I suppose I can't blame them. I mean they are just human, right?

Everyone else moved forward; my world moved forward, but with one foot always stuck on January 30<sup>th</sup>, 2010 (the date of my late husband's suicide).

I returned to work on February 15<sup>th</sup> 2010, only 2 weeks after his death. Everyone else's life moved forward... They all forgot. It didn't happen "to them" so I suppose I can't blame them for that either. The departed always seem to be forgotten for the one's that weren't close and the reality of the collateral damage suicide creates is also forgotten.

# PTSD Sufferer/Survivor: The Challenges Moving Forward

So when my “friend”, PTSD, caught up to me in 2014 and I went public in hopes of helping others, no one remembered 2010. No support, no understanding, nothing.



Like I was “crazy” or something. To them, I was weak and had a “disease” or something and became a liability. Unstable. Instead of asking me, talking to me, them getting knowledge on how to help me through this difficult time and help me reach my potential (like it should have been done when it all happened in 2010) they turned a blind eye.

All forgot... What was now happening to me in 2014 was “normal” and it should have happened in 2010, but I had kept quiet and never talked, I buried it so it only came out in 2014.

This created a lack of trust and so, it was understood that I was to leave. August 2015 I was no longer an employee at the department where I had worked for the past five years. My employment ended in large part because I was a PTSD sufferer.

Going public, speaking about it before groups of firefighters, having a “speaker” Facebook page for those who wished to follow my journey and how you can heal from PTS and PTSD, this created a whole new barrier for me in searching for a new job.

Most employers will search your name on the Internet and they see the news reports, posts on Facebook and LinkedIn, and other social media platforms. I’m not a hypocrite, so I share my stories, conferences that I give, blogs, etc. Those employers do read them. Sadly, it appears that they don’t research what PTSD really is and they sure don’t ask me questions to see if I am “OK” to work.

**Guess what? I am “OK” to work. Actually, I want to work and I am beyond ready!**

# PTSD Sufferer/Survivor: The Challenges Moving Forward



I'm still in the process of looking and I'm not giving up. I'm hoping that all that I've been doing in the past year—to raise awareness and inform and educate people so that other first responders do not have to go through what I have—has been worth it. I hope that in some small way I'm helping others see that there's hope.

I also hope that my "going public" with my PTSD will not continue to dissuade a future employer but rather... maybe they will see the angle of, "She's gone through all that, chose to go through therapy, speaks openly about it, writes about it, almost lost everything in doing so and yet she continues? She's a tough lady that has her head screwed on straight, we want a person like that. We want an employee who will fight for their beliefs... We should hire her!"

Ya, I'm still hoping that one employer will see that and not the label of PTSD that I now master! The beast is under control! I am normal!

I always wonder... If I had diabetes, a heart issue, would they hire me? Of course they would right? This is the same thing. Even better because PTSD can be healing and I am proof of that. You can have a normal life and be a "kick ass" productive employee. Why? Because we are warriors!

**PTSD is not who I am. PTSD is what happened to me.**

# The Stigma of Firefighter Suicide

By: Robert Avsec, Executive Fire Officer

## National Suicide Prevention Lifeline Phone Number

1-800-273-8255

Nathalie Michaud was a volunteer firefighter for the previous 5 years at her fire department and was a full-time probationary fire prevention officer at another fire and a newly-wed.

Six-months after becoming a bride, acting on a “gut instinct”, she went to her fire station one morning to find that her fire chief, and new husband, had committed suicide in the station earlier that morning.

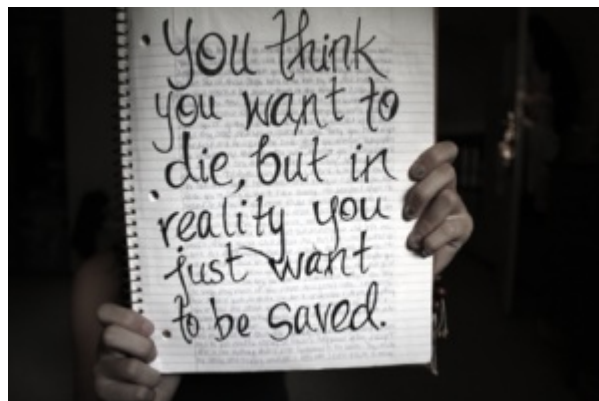
Rough start to a shift, right?

But things only got worse for Firefighter Michaud as her life from that point forward began a downward spiral into the world of PTSD (Post Traumatic Stress Disorder). That spiral eventually led to her sitting in her pickup truck [parked on a railroad track crossing](#) waiting for a train to come along and end the pain.

So, how do we accept or understand or go through the “normal” grieving steps when the death was self-inflicted? How do we pronounce that nauseating word “suicide”? How do we answer the famous and never ending questions “What did they die of? Suicide? Really? Why? Did you see it? Did you know?”

Like were supposed to know what the hell was going on in their minds! Like, “Ya, I knew, I saw it and didn’t do anything about it!” Really? Until all are made aware of the death of that person, the ones left behind are left with never ending unanswered questions, guilt, shame and to top it all off, having to explain or justify to others the reasons why they chose to take their own life!

So how did the fire service “brotherhood” help this “firefighter in distress”? Her fellow firefighters had no idea what to do as they too were living through the loss of their fire chief. Nathalie’s new coworkers [responded with silence, and worse.](#)



# The Stigma of Firefighter Suicide

The people around me, including at my new job, were so uncomfortable they weren't able to look me in the eye so they did as if nothing happened. Maybe it was for the best anyways because I didn't want to talk about it, I didn't even know what to say and I sure as hell didn't want any pity or claims of "I understand" from people who were completely clueless. Silence was better I suppose.

And to add insult to injury, a little over one year after her diagnosis (PTSD) and while still on medical leave from work, [her department fired her](#) because they didn't feel she was "stable" to continue in her job as a firefighter. (The department's leaders felt they were justified in firing her, but not justified in getting her help? In what "parallel universe" is that "right"?).



The tragic case of [Firefighter/Paramedic Nicole Mittendorff's](#) suicide that may have been prompted by bullying and cyber-bullying from the very people she served with has got us all thinking. Thinking about why and how this could happen. Thinking about how we can—and need! —to make significant changes in the fire service culture to ensure a fair, equal and safe work environment for all firefighters and women firefighters in particular.

But we cannot ignore that firefighters in our midst **are hurting today** and hurting for a variety of reasons. We must stop thinking that firefighters who are hurting—from PTSD, substance abuse, domestic violence (at home and in the workplace)—will come to work with a sign on their forehead that reads, **"I Need Help!"**

Why is it that a person who is drowning in water will respond to a rescuer swimming to their aid by trying to drag that rescuer under with them? Because they're not thinking rationally. Their body is fully engaged in the "flight or fight" syndrome and their muscles are consuming massive amounts of oxygen and their brain is becoming "starved" for that same oxygen. Their brain is in the full "survival mode."

**You don't have to be in water to be "drowning."**

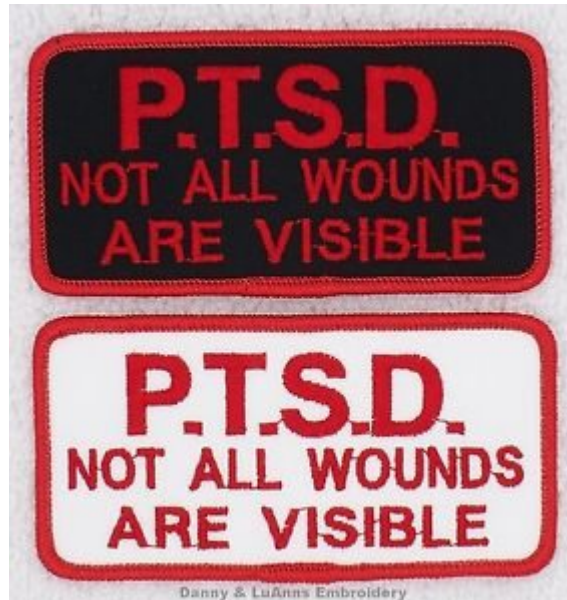
So how do we in the fire service become better at recognizing that one of our own is "drowning"? How do we get better at asking for help? How do we get better at providing help?

Those are just a few of the questions that we need to answer and answer quickly. Every day, in too many places, one of our own is "drowning."

# PTSD in the Fire Service: There's No Rank Immunity

**By: Linda Green, Guest Blogger**

It was a great career. It did not end the way I had envisioned it.



Fifteen months before I retired as an Assistant Chief with the California Department of Forestry (CDF), while listening to radio traffic on the scanner, I heard the on-duty battalion chief request an additional chief officer to respond to a vegetation fire.

Within the hour, I was at scene and met up with the BC to transition command. He told me that some firefighters had just been overrun by fire, and that they were in their fire shelters.

The next hour was a blur of activity between the rescue of the crew, ordering a large-scale evacuation, and ordering enough equipment and personnel for what I felt the potential was...

## **Before I go on, a bit of background**

I'm Linda Green, and I'm that former Assistant Chief. I am honored to be here. Not just because Chief Avsec has so graciously allowed me to share my story, but because I'm a PTSD survivor. This is my story of how I got there.

My career started 30+ years ago, when I signed on to be a seasonal firefighter with CDF to help pay my way through college. Though I struggled with college life at a major university, I discovered that I was good as a firefighter. When I saw what the department had to offer, I was hooked, and started to pursue the "brass ring": A career in the fire service.

I changed schools to study fire science, attended seminars, even became an EMT before it was the thing to do. I took written tests, physical assessment panels (yes, sometimes failing), and suffered through oral boards.

# PTSD in the Fire Service: There's No Rank Immunity



Finally, though, I made Fire Apparatus Engineer. After graduating from the Academy, I went to work in Fresno County in the Mid-Valley Fire Protection District, via a contract agreement with CDF.

When I promoted to Fire Captain, I moved north to work at one of the inmate firefighting camps. After a few years of that, I transferred back to station life, and spent the next dozen years continuing to learn my craft. I went back to school and earned my Fire Officer certificate, and then finished my college education to obtain a Bachelor's Degree.

I loved being a station captain, but eventually creaky knees got me thinking it was time for a change, and so I tested for and eventually promoted to Battalion Chief in the same battalion I had worked as a captain. After several years there, I finally decided to take one more step, and promoted to Assistant Chief.

## **Back to the fire and our injured firefighters**

Our Unit Chief called for an update. I knew he would also want news on the crew, who had been rescued by then, so I drove over to where they were being treated prior to transport to the hospital.

I knew the first injured firefighter I saw. Two others were by the helicopter, already receiving treatment from the REACH flight crew. The fourth injured was a fire captain I'd worked closely with at a near-by station. I've known him for years, fought a lot of fire with him. And he was seriously hurt.

When the flight medic walked up to him, I stepped away. I still had that phone call to make to the Chief, and the fire was picking up speed.

## **The descent to hell**

Several weeks later, the on-going insomnia drove me to the doctor. I left the office with a Rx for sleep medicine. Unbeknownst to me, she referred me to a therapist.

Initially diagnosed with acute stress, we spent the winter working on those issues. By spring I was feeling better. As the grass turned brown again, and thoughts turned towards another fire season, I started to feel unsettled.



# PTSD in the Fire Service: There's No Rank Immunity

I drove through the burn scar of a different fire from the previous summer. I noticed the thick grass crop and the brush skeletons and then, suddenly filled with extreme anxiety, I wanted to escape from the truck.

The sound of fireworks over the 4<sup>th</sup> of July weekend drove me batty.

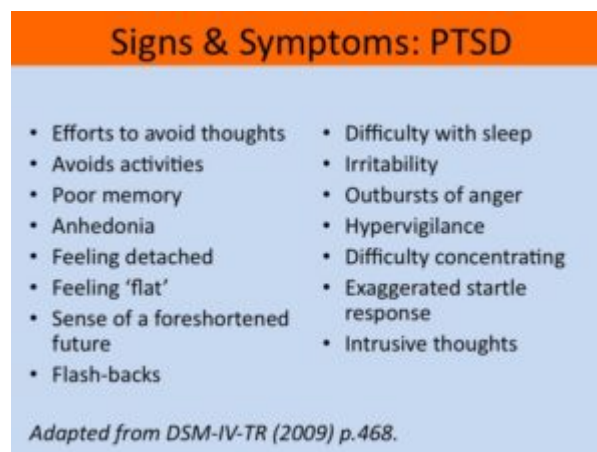
The diagnosis changed to PTSD.

Things continued to get worse, as the paranoia kicked in. Finally, in mid-August, after a week-long panic attack, I took a medical leave from work. I needed to heal.

A few months later, I was describing a situation I had found myself in during a session with my [EMDR counselor](#).

“After I left the injured firefighters, I was driving through one of the neighborhoods that was about to be overrun by the fire. At the end of a cul-de-sac I realized I was in front of a pre-school. Glad to not have to worry about evacuating it that Saturday, it suddenly dawned on me that that meant the children were at home, scattered around the community, and that they were in danger!”

Suddenly, I felt a wave of claustrophobia sweep over me. My counselor looked at me and said flatly, “That was a panic attack.”



Claustrophobia sounds less harmful. That was not my worst panic attack, by far. Insomnia, my first recognizable symptom—and still is—my constant companion. The bone-crushing headaches have abated for now, but I know if I don't take care of myself, they will return.

So why put myself out there in the world of the Internet? I only knew one actual person who had a post-traumatic stress injury, and it wasn't fair to bug him 24/7, so I went searching.

When I was struggling, I found hope out there in the various blogs, chats and Facebook groups that I found. I also discovered there are a lot of people out there suffering. So, if I can offer hope to someone else, then I'm all in.

# PTSD in the Fire Service: There's No Rank Immunity

## About the Author

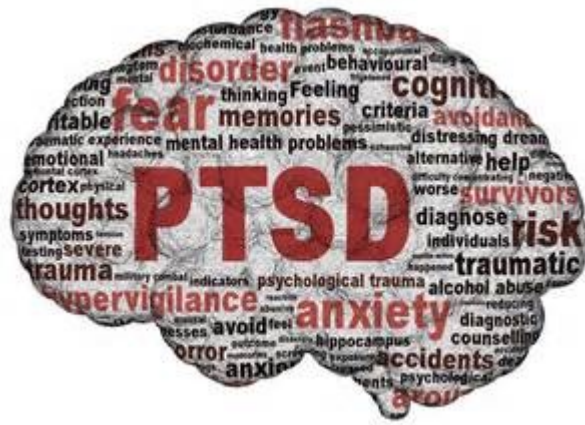
Linda Green worked for the California Department of Forestry & Fire Protection (CAL FIRE) for over 32 years. Starting as a seasonal firefighter straight out of high school, she worked up through the ranks of Fire Apparatus Engineer, Fire Captain, Battalion Chief and Assistant Chief. She served on several instructional cadres at the local, region and state level. She worked in the Plans Section and was an Incident Safety Officer for one of CAL FIRE's Type 1 Incident Management Teams.

Still working on her recovery, Linda has retired from the department. She volunteers time with the First Responder Support Network at their PTSD in-house treatment retreat.

She lives in northern California with her husband, three dogs and a cat.

# Insights from Those who Suffer

By: Robert Avsec, Executive Fire Officer



Some of my best inspiration for writing blogs comes from reader comments here and on my other social media platforms. Today, that inspiration comes from two of my fire service colleagues, Assistant Chief Linda Green and former military man and now a management consultant, Adrian Clarke. Chief Green works for Cal Fire and Adrian is a friend and colleague from “across the pond” in the UK.

The other day, I shared an article from FireRescue1.com, [5 Signs Your Spouse has PTSD](#), over on LinkedIn. Here's Linda's comments:

*I think if my husband had read that article last year, he would have dragged me off to the therapist, if I hadn't already been seeing one. I was 5 for 5 on that [list from the article] when I was in the depth of my PTSD last fall.*

*It can be caused by cumulative stress, a single incident, or some combination of the two. My single event, on top of a 32-year career, planted the seed for my delayed onset PTSD. I sought help early because of my insomnia, but that didn't stop the progression.*

*If you're suffering, ask for help. Build your support team, because it takes a team to carry you through. You cannot do this alone.*

And now, from Adrian:

*Thanks for sharing Robert. This piece highlights the importance of understanding of the signs and symptoms of PTSD by those who live with or are connected to the person living with it.*

# Insights from Those who Suffer

*Living with it? Yes for many. Surviving it? Yes, for most, but unfortunately for some no as this is a terminal injury/illness just as cancer is. It can eat away at the individual until they cannot deal with it anymore.*

*My PTSD came from my active service in the military. Before I met my wife, after 20 years of living with it I sought treatment and yes it is curable and yes your life can be PTSD free. Recognizing and admitting you have it is the first step but by understanding the condition will help those around you to support your recovery.*



See why I'm inspired? And thus, the title of this post. One of the things we all must do if we are to become more successful in combating PTSD is to understand it better. To become better at recognizing it in ourselves and in those we work with or live with.

I truly believe that if we can get better at that, and better at talking about PTSD, we can remove the [stigma surrounding PTSD](#), and other afflictions that strike firefighters and EMS personnel. Afflictions like alcohol and substance abuse which all too frequently are the “self-medications of choice” for those who are suffering.

**So, who's with me on this?**

# Firefighter Mental Health Challenges Need Proactive Programs

**By: Robert Avsec, Executive Fire Officer**

There's a great deal of discussion going on in social media, fire service trade journals (hard-copy and on-line editions) and at fire service conferences about the firefighter mental health problems that too many firefighters are struggling with. Increasingly, the adverse effects of post-traumatic stress (PTS) are manifesting themselves in a greater number of firefighters struggling with depression, PTSD, and too often, suicide.

## Firefighter Suicide

On average, a firefighter takes his or her own life every 36-72 hours in the United States. Just yesterday, a fire service colleague shared with me that a student in their college-level fire administration program had committed suicide several days earlier. That firefighter left a spouse and five children. And an unknown number of family members, friends and colleagues who have been left wondering, "Why did this happen?"

## Our Reactive Approach

Just last week, I attended my first meeting as a member of the Honorary Board of Advisors for Warriors Heart in Bandera, Texas (about 50 miles northwest of San Antonio). I wrote about that experience in this [blog post](#).

And while I know and understand the overwhelming need to give care and [treatment for addiction and depression or PTSD resulting from PTS](#), I'm also aware of the fact that we've got to become more proactive in our efforts to develop emotional survivability in our men and women in the fire service

## Trust and Respect

One of my "take aways" from that first meeting at Warriors Heart was from the Clinical Director, Ms. Annette Hill, and her presentation on "why" and "how" the Warriors Heart treatment approach is so successful. Ms. Hill said it this way:

A soldier tells you, "I go to war so you don't have to." But if that soldier comes back from war and tells you about what it was like for them in combat, then they've brought you into the war. And for a soldier—to share the burden that they've taken on in your place—that's unacceptable.

So, they keep those strong emotions and feelings of combat bottled up. And when that happens, those unprocessed effects of PTS can start a downward spiral into depression, addiction or PTSD.

But when that soldier is in a group of fellow soldiers—who've been there, seen it, and done it—soldiers struggling with the same depression or addiction that they are experiencing, they feel safe and secure. And only then do they "open up" and "download" their brain that's jammed up with unresolved emotions and feelings caused by PTS. The things that drove them to seek comfort in drugs or alcohol.

# Firefighter Mental Health Challenges Need Proactive Programs

Now substitute the word **firefighter** for **soldier** in Ms. Hill’s narrative. We do the job so that others don’t have to. We take a deep responsibility for making bad situations better. Listen to the words we use:

- We lost that house;
- I lost that child who drowned in the swimming pool; or
- We lost that mother and two children in that apartment fire.

We take on all that responsibility—and the emotions and feelings that go along with it—day in and day out. But who can we talk to about it to “download” our brain so that it doesn’t drive us to abuse drugs or alcohol or become depressed or develop PTSD? We typically don’t talk about it with our family or friends because subconsciously, **“We don’t want to take them there.”**

[See Related: De-stigmatizing Post-Traumatic Stress by Annette Hill.](#)

## So, who can we talk to?

We can’t or won’t talk to mental health professionals. Why? Because, unless they’ve “been there, seen it, and done it”, they too are outsiders. And without that common ground, there’s never the trust and respect and understanding that gives us “permission” to open up

So, that leaves our colleagues in the fire station. But what’s the level of trust and respect and understanding in your fire station or within your department?



I read this piece just today on-line, [Psychologists diagnose what ails Clearwater Fire and Rescue](#). I urge you to read it as well because I see a direct linkage between the level of everyday trust and morale in a fire and EMS department and the ability for its members to “be there” for one of their own who’s struggling with PTS.

# Firefighter Mental Health Challenges Need Proactive Programs

If we're to be successful in becoming more proactive in our efforts to protect our people from the emotional toll that our profession can take on firefighter mental health, shouldn't we be taking a good hard look at the one place that they should feel safe, secure, and respected, the fire station?

There are likely a great many things that we could start doing to become more proactive in helping our men and women in the fire service to avoid becoming "mental casualties of the job." I'm not sure yet what some of those might be, but I'm confident that through my association with the great people at Warriors Heart, like Annette Hill, that I'm going to learn what they could be.

**And when I do, you'll be the first to know.**