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First Responders with PTSD: Exploring the Neurological Underpinnings

Dr. Wilner:

According to ScienceDirect, 80 percent or more of first responders experience a traumatic event on the job, and about one in three of these first responders will develop posttraumatic stress disorder, otherwise known as PTSD. So what do clinicians need to know when working with first responder patients with PTSD?

Welcome to *NeuroFrontiers* on ReachMD. I'm Dr. Andrew Wilner. And joining me today to talk about the neurological underpinnings of PTSD is Dr. Marilyn Wooley. She's a clinical psychologist who specializes in treating first responders with PTSD. Dr. Wooley is also author of the book, *How Heroes Heal: Stories of First Responders and the Journey from Posttraumatic Stress Injury to Posttraumatic Growth*.

Dr. Wooley, welcome to the program.

Dr. Wooley:

Thank you. Glad to be here.

Dr. Wilner:

Well, let's start with your background in psychology, Dr. Wooley. How did you become a specialist in treating first responders with PTSD?

Dr. Wooley:

I began my career at the Long Beach Veteran Administration's Medical Center working with Vietnam vets in the '70s before PTSD was the official diagnosis. It was called shell shock or combat fatigue, but it was never really studied and categorized the way that we understand it now. I started seeing first responders, and was associated with certain agencies that had first responders, and I just found that this kind of fit in with my personality and my background. I mean, my original thing was with my grandfather who got PTSD in World War II, and that was something that always personally motivated me to learn more about this.

Dr. Wilner:

What is PTSD? You mentioned that back in the '70s it existed, but it didn't have a name, and now it does.

Dr. Wooley:

Yeah. It was never really categorized as to exactly what it was, and when the *Diagnostic and Statistical Manual* started looking at it, they said basically, the person is exposed to a horrific scene and they have feelings of helplessness or fear or horror, and some intense emotional reaction to it. And what it does, as time moves on, leads to changes in how people feel about themselves, such as anxiety, hyperarousal, and other things that keeps continuing. I mean, one of the things I say is, "You know you have PTSD because it's always with you." It doesn't go away. It's not like you're depressed one day and then you feel better the next. It's there all the time.

Dr. Wilner:

of course, many first responders will encounter some horrific event, as you say, and not develop PTSD. So why do some get it and not others? And then what is happening in the brain of those who do get it that make it something that stays with them?

Dr. Wooley:

So some people are more prone to it, and there's various things that we look at. One thing is childhood if there's childhood experiences that predispose them to reacting this way. Another thing is certain hormonal things. People inherit more tendency to have dysfunction in cortisol say, and they might get it more. It's kind of hard to tell who's going to get it because somebody you could think of would never get it gets it, and other people manage to sail on through.

So what happens in the brain is that something horrible happened, this information gets into your brain, into your amygdala, which is your fight or flight part of your brain, and it becomes dysfunctional. Your hippocampus is another part of your brain. That has to do with memory. And somehow, the connections between those parts of your brain, the emotional part of your brain and the thinking part of your brain, your medial prefrontal cortex, don't connect, and so the experience that people have is their emotional parts of their brain keep acting like something's happening that's really bad, but nothing is, and you don't have the feedback system working. It's a physical thing. So people say they feel crazy because they know at some level they're okay, but their bodies keep reacting, and they have no control over it. It's not something that you can just will away or say—you know, get a good night's sleep or something. It's something that's physically damaged.

Dr. Wilner:

Would flashbacks be part of that?

Dr. Wooley:

Yes, definitely. That's part of what you get, the intrusive recollections, nightmares, and flashbacks. I've seen several people having true flashbacks, and they are not here anymore. They are in the scene. And their occipital lobe is going crazy, and they are there. They are seeing what's happening as though it was still happening.

Dr. Wilner:

For those just tuning in, you're listening to *NeuroFrontiers* on ReachMD. I'm Dr. Andrew Wilner, and I'm speaking with Dr. Marilyn Wooley about first responders with PTSD.

Well, Dr. Wooley, let's move on, and I want to talk about your book, which I just finished reading. So number one, what prompted you to write the book?

Dr. Wooley:

At the time that I started, that I had the idea, I was also doing some fiction, and I took a course about *The Hero's Journey* in fiction. And so I was also dealing with the real heroes and looking at their stories, and I thought, "Oh my God. It's the same thing." So I just started working out a model in how their journey was similar to the journey in literature, and sure enough, it fit very well.

Dr. Wilner:

Yes. I was, very, very impressed by that, it seemed very natural. So tell us about "the hero's journey" of first responders. What's going on there?

Dr. Wooley:

So as a literature, the first thing that happens is there's a call to adventure, and then there's the refusal of the call, and you see that all the time because first responders do not come into my office because they want to deal with this. They want it to go away. They want

to ignore it. They want to think it's just going to disappear. And finally, it becomes obvious it's not going to, and they have to do something. Their lives are falling apart. So then there's the acceptance of the call. Then you continue on the journey, and you meet mentors—the mental health professional is the mentor—and allies and people that can help you. You can't do this journey alone. You have to have other people that help you with it.

And so then, there's a part called "entering the inmost cave" where you start really looking at what's going on. You start really looking at how this is affecting you, how you got here in the first place, and how your past experiences have led up to this. And a lot of first responders in fact, most I would say, have cumulative experiences, and finally, something just hit, and that's when they develop all the symptoms of PTSD.

And finally, we talk about seizing the sort of knowledge where they start looking at their histories, their families, and their experiences in life that led them to where they are now and processing some of those and reframing some of those. I do a lot of reframing, different ways to look at things, which is part of the cognitive behavioral therapy that you use in treatment of PTSD.

And finally, there's the road back, and they start getting better and they start controlling their symptoms or reduce the emotional punch of the symptoms. I mean, the PTSD is very deeply embedded in your brain, and so I can't say that they're never going to have another symptom, but it's not that you have a trigger. It's how you handle the trigger. And they have much better skills. They know what to do. They know breathing or, exercise, and they know how to reframe it, and they are much better. And then after that, the thing I tell them is, "Now that you have this knowledge—You have just gained a great deal of knowledge. You've learned so much about yourself and PTSD. Now it's your job to go out and help other people."

Dr. Wilner:

What can first responders do, knowing that this is a career where they are going to experience very traumatic events? In your book, I think you did a great job of categorizing the different types of stressors.

So what can first responders do to prevent PTSD?

Dr. Wooley:

First of all, if you go into the first class of a group of first responders, I mean, they're all large and in charge; they're control freaks; they're going to get it; they're going to heal the world. You can't say to them, "Look, you can get PTSD." They're not going to believe you. That's their personality, and that is what brings them to this career. So it's kind of tough at the beginning to convince them, but the thing you can do is teach them good self-care skills. Things that reduce PTSD and the things that you use to win the treatment is, having strong family support. And the other thing is exercise, keeping in shape, eating right, sleeping, I mean, all the things we teach people. The more resilient you are, the less chance there's going to be, and if you do get it, the easier it's going to be to recover from it with all those things. It's not all you can do, but you can certainly increase your odds. And, we talk about pre-incident education where if this happens, this is what to look for. So when I go talk to a group of first responders after a critical incident, I say, "If you're experiencing these symptoms, if you can't sleep, if you can't eat, if you're having anxiety, if you're having intrusive recollections, nightmares, talk to a mental health professional. The sooner you get to it, the better it's going to be. If you go through half your career and have these symptoms, it's going to be a lot tougher."

I think first responders are becoming more accepting of that now. At least in my experience, they're not so fearful about talking to a mental health professional.

Dr. Wilner:

Okay. So before we close, Dr. Wooley, are there any other thoughts you would like to leave with our audience today?

Dr. Wooley:

Well, the other part of the book is the posttraumatic growth part, and so the thing that I wanted to say in *How Heroes Heal* is that not only can you get through this, you can be better. You can be better knowing yourself, the spirituality, family relations, and your relationship with the earth. I mean, there are so many positive things that you can learn if you go through the treatment and get to the other side.

Dr. Wilner:

Well, this has been an informative look at the effect PTSD can have on first responders. I'd like to thank my guest, Dr. Marilyn Wooley, for sharing her vast experience and insights.

Dr. Wooley, it was a pleasure speaking with you today.

Dr. Wooley:

My pleasure. Thank you.

Dr. Wilner:

For ReachMD, I'm Dr. Andrew Wilner. To access this and other episodes in our series, visit ReachMD.com/NeuroFrontiers where you can Be Part of the Knowledge. Thanks for listening.