

WHY FOUR VETERANS ELECTED TO ESTABLISH A PTSD PROGRAM SPECIFICALLY FOR VETERANS AND FIRST RESPONDERS

Veterans avoid PTSD treatment primarily due to **stigma surrounding mental health**, the ingrained **military culture of toughness and self-reliance**, and significant **practical and systemic barriers** to care.

Cultural and Personal Barriers

- **Stigma and Perceived Weakness:** Many veterans internalize the belief that having a mental health condition like PTSD is a sign of personal failure or weakness. The "warrior ethos" emphasizes strength, composure, and emotional control, making it difficult to admit vulnerability.
- **Fear of Judgment:** Veterans often fear being labeled as "broken," "unstable," or "unfit" by their peers, commanding officers, or family members. This fear of social stigma can lead to isolation and silence.
- **Self-Reliance:** Military training fosters a strong sense of self-sufficiency, leading many veterans to believe they should be able to "tough it out" or handle their problems on their own.
- **Desire to Avoid Trauma:** Trauma-focused therapies can be intense, requiring veterans to relive painful memories and experience temporary symptom exacerbation. This natural desire to avoid distress can be a major barrier to starting or continuing treatment.
- **Misconceptions About Treatment:** Some veterans may believe that therapy is ineffective, that they will be forced to take medication, or that the treatment duration will be lifelong.

Systemic and Practical Barriers

- **Concerns About Career Impact and Confidentiality:** Veterans, especially those still in active duty, worry that seeking mental health care could negatively impact their security clearance, job security, or career progression.

- **Lack of Trust in the System:** Some veterans have a general distrust of the military or mental health systems due to past experiences where their concerns were dismissed, or they were given a non-PTSD diagnosis (e.g., "post-war issues"). They may also feel civilian providers won't understand their unique experiences.
- **Access and Logistics Issues:** Practical barriers include long wait times at facilities, difficulty with scheduling appointments around work or family obligations, transportation issues, and living far from care centers, especially in rural areas.
- **Difficulty Navigating Resources:** Understanding eligibility for benefits or knowing where to start the process of seeking help can be overwhelming and confusing.

Reluctance to discuss their service

- **Traumatic Memories:** For many who have experienced combat or loss of life incidents, talking about their service can trigger painful memories, flashbacks, or nightmares associated with the horrors of tragic scenes, loss of friends, or difficult events, which they prefer to avoid reliving.
- **Difficulty Relating to Civilians:** Veterans and first responders often feel that people who have not faced life and death situations cannot truly understand the unique culture, extreme circumstances, and jargon of their unique lives. Attempts to share are often met with well-intentioned but unhelpful or awkward responses (e.g., "that's all over now" or intrusive questions like "have you killed anyone?" or see people actually die tragically), which discourages further conversation.
- **Fear of Judgment or Pity:** These servants may worry that sharing details of their actions, especially difficult moral choices made under extreme duress (a concept known as moral injury), will lead their loved ones or the public to see them as "cold" or "damaged goods". They may also hate the feeling of being pitied.
- **Sense of Modesty/Humility:** Some veterans and first responders do not feel their service was or is anything special, nor do they seek recognition, as they simply doing their job alongside their comrades. They are often more willing to share funny or self-deprecating stories instead.

Consequences of Avoidance

Untreated PTSD can lead to a range of negative outcomes, including substance abuse (often as a form of self-medication), social isolation, relationship breakdown, and an increased risk of homelessness or suicide. This is for informational purposes only. For medical advice or diagnosis, consult a professional.

How common is PTSD in veterans and what are the symptoms?

Post-traumatic stress disorder (PTSD) is a significant concern among veterans, with an estimated **7% of all U.S. veterans** developing the condition at some point in their lives, a higher rate than the general population. The prevalence varies significantly by service era and gender.

Prevalence of PTSD in Veterans

Rates of PTSD vary depending on the service era, the nature of exposure to trauma (such as combat or military sexual trauma), and whether the veteran uses VA healthcare services:

- **Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF):** Approximately **11–20%** of veterans who served in these conflicts have PTSD in a given year, and up to **29%** may have it at some point in their lives.
- **Persian Gulf War (Desert Storm):** About **14%** of veterans in a large study had PTSD in the past year, with a lifetime prevalence of **21%**.
- **Vietnam War:** The lifetime prevalence of PTSD among Vietnam veterans is estimated at around **30%** for men and **27%** for women based on a follow-up study. A more recent study on currently living veterans of that era found a past-year prevalence of **5%**.
- **World War II and Korean War:** In a study of currently living veterans from these eras, the past-year prevalence was about **2%**, with a lifetime prevalence of **3%**.

Gender Differences: Female veterans have a higher lifetime prevalence of PTSD (**13%**) compared to male veterans (**6%**), often due to higher rates of military sexual trauma (MST).

Symptoms of PTSD

PTSD symptoms typically fall into four main categories, and they can appear immediately after a traumatic event or emerge months or years later:

- **Intrusion (Re-experiencing the event):** This involves the trauma coming back in unwanted ways, such as:
 - Flashbacks, where one feels like they are going through the event again.
 - Recurring nightmares or upsetting dreams.
 - Frightening thoughts or vivid memories.

- Strong physical or emotional reactions to reminders of the event (e.g., racing heart, sweating, feeling sick).
- **Avoidance:** This includes intentionally staying away from things that bring back memories of the trauma:
 - Avoiding places, people, objects, or situations.
 - Avoiding talking or thinking about the event.
- **Negative thoughts or mood:** This category involves negative changes in how a person thinks or feels about themselves, others, and the world:
 - Feeling numb or detached from others.
 - Loss of interest in activities once enjoyed.
 - Frequent feelings of guilt, blame, or shame.
 - Inability to experience positive feelings.
- **Hyperarousal and reactivity (Feeling on edge):** This refers to being constantly alert or "on guard" for danger, which can manifest as:
 - Irritability or angry outbursts.
 - Difficulty sleeping or concentrating.
 - Being easily startled or jumpy.

How Common is PTSD in first responders and what are the symptoms

PTSD is significantly more common in first responders than in the general population, with an estimated prevalence rate of **up to 30%** across different first responder groups, compared to about 6% in the general U.S. adult population.

Rates vary by profession, with studies showing different prevalence estimates:

- **Paramedics/EMS personnel:** Prevalence rates range from approximately 15% to 20%.
- **Firefighters:** Rates are estimated between 7% and 37%, depending on the study.
- **Police officers:** Prevalence estimates are around 12.9% to 35%.

The frequent, cumulative exposure to traumatic events (such as life-threatening situations, severe injuries, and death) as part of their job is a primary risk factor.

Common Symptoms of PTSD in First Responders

PTSD symptoms generally fall into four clusters: re-experiencing, avoidance, changes in thinking and mood (cognition and mood), and arousal and reactivity.

Symptom Cluster	Specific Examples
Re-experiencing	Flashbacks of traumatic events, recurring distressing nightmares, intrusive thoughts, and intense physical or psychological reactions to reminders of the trauma.
Avoidance	Staying away from places, people, or situations that are reminders of the traumatic event; emotional numbing; social withdrawal and isolation from loved ones.
Changes in Thinking/Mood	Difficulty remembering key aspects of the trauma, negative thoughts about oneself or the world, distorted feelings of guilt or blame, loss of interest in previously enjoyed activities, detachment.
Arousal and Reactivity	Being constantly on edge (hypervigilance), being easily startled, difficulty sleeping (insomnia), irritability, anger outbursts, and difficulty concentrating.

First responders with PTSD may also experience physical symptoms such as chronic pain, chest pain, and sweating, and are at higher risk for related conditions like depression, anxiety disorders, and substance abuse as a coping mechanism. This is for informational purposes only. For medical advice or diagnosis, consult a professional. AI responses may include mistakes. [Learn more](#)

The PTSD 12 Step Recovery Fellowship provides a holistic approach for Veterans and First Responders that encompasses an understanding of the nature of these individuals that faced life changing situations on an ongoing basis. The foundation of the program utilizes a time proven process that incorporates a 12 Step Program originally created for alcoholism in 1935. Only Step One in this program mentions alcoholism. The remaining Steps are principals, that practiced daily, minimizes PTSD effects to a reasonable comfortable, productive life.

Brotherhood/Sisterhood"

This bond, rooted in shared, often intense, experiences and mutual trust, provides a unique support system that significantly improves mental, emotional, and physical health outcomes that is as essential in recovery as in was in service to your Country. Key aspects and benefits of this crucial togetherness include:

- **Shared Understanding:** Fellow veterans and first responders uniquely understand the mindset, jargon, and experiences (including the dangerous challenges they face) without the need for extensive explanation. This fosters a safe space for open communication and processing trauma that civilians may not fully grasp.
- **Combating Isolation and Loneliness:** The structured, tight-knit community of veterans and first responder is lost in civilian life, leading many of these servants to feel isolated and disconnected. Connecting with other brotherhood members directly addresses this loneliness and provides a sense of belonging and community.
- **Mental and Emotional Support:** Strong social connections and peer support networks act as a buffer against psychological stresses and significantly reduce the risk of mental health issues such as PTSD, depression, and anxiety.
- **Sense of Purpose and Identity:** Military and First Responder service instills a deep sense of purpose and commitment to something larger than oneself. Engaging with other veterans through volunteer work or support groups helps re-establish this sense of mission and identity in post-service life.
- **Enhanced Resilience and Coping:** The emotional support, advice, and encouragement from peers help veterans and first responders build resilience and develop healthy coping strategies for managing stress and other life challenges.

In essence, this togetherness serves as a lifeline, offering veterans a continuing support system rooted in shared history and mutual respect, which is fundamental to their ability to heal and thrive reasonable comfortably in the community.