

RECEIVING AND PROCESSING A CANCER DIAGNOSIS



This factsheet was developed by the International Association of Fire Fighters and the Firefighter Cancer Support Network.

A cancer diagnosis can leave even the most seasoned fire fighter feeling blindsided. Common reactions include shock, disbelief, fear, or sadness. Thoughts like “Why me?” or “What happens to my family?” are normal. These feelings can also appear as behavioral shifts – withdrawal from peers, disrupted sleep, irritability, or difficulty focusing.

There are useful tools that can help you navigate these challenges and support your mental, physical, emotional, and psychological well-being.

The BLTM Framework (Behaviors–Life Events–Thinking–Mood) helps make sense of these reactions and identifies healthy ways to process them, including key signs and feelings:

B – Behaviors	Withdrawal, sleeplessness, appetite changes, increased alcohol use.
L – Life Events	Loss of control, identity shift from responder to patient, uncertainty about finances or role.
T – Thinking	Catastrophizing thoughts (e.g., “I’m not strong enough”), guilt, or fear of stigma.
M – Mood	Sadness, anger, anxiety, numbness, occasional hope or relief during and/or after treatment starts/ends.

WHAT ACTIONS CAN YOU TAKE

DO: Talk openly (even if you are not sure how to express yourself), stay active, keep healthy routines, and reach out to trusted peers, family, and clinicians.

DON'T: Withdraw, self-medicate, or pretend to be “fine.”

The following self-screening tools help assess distress, and the results can be shared with a healthcare provider or discussed with a cancer care team:

- [NCCN Distress Thermometer¹](https://www.nccn.org/physician-resources/physician-education/nccn-distress-thermometer)
- [PHQ-9²](https://www.apa.org/pubs/assessment/phq-9)
- [IAFF Distress Screening Guide³](https://www.iaff.org/wp-content/uploads/IAFF-Distress-Screening-Guide.pdf)

KEY POINTS

- Emotional distress is a normal reaction, not a sign of weakness.
- Early coping reduces long-term stress and improves recovery outcomes.
- Prioritize community. Connection and structure can offer protective factors during treatments and when at home and/or the station.
- Not every approach will be the same, but it is valuable to cultivate these relationships for support.



¹ National Comprehensive Cancer Network. (2024). *NCCN distress thermometer and problem list* [Screening tool]. https://www.nccn.org/docs/default-source/patient-resources/patient-resources/nccn_distress_thermometer.pdf NCCN

² American Psychological Association. *Patient Health Questionnaire (PHQ-9)* [Assessment instrument]. <https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf> American Psychological Association

³ International Association of Fire Fighters. *Distress screening for cancer patients*. International Association of Fire Fighters. <https://www.iaff.org/wp-content/uploads/IAFF-Distress-Screening-Rebranded-1-1.pdf> IAFF