

# IAFF Center of Excellence **Helps Rebuild Lives**

Fire fighters and paramedics spend so much time helping others that they often don't recognize when it's time to save themselves. The repeated trauma IAFF members witness daily leaves many unsure of how to process those experiences. To compensate, many choose to work even harder, convincing themselves that mental strain is just part of the job.

For years, fire fighters were taught to put dark experiences behind them and prepare for the next run. But whether it's the untimely death of a colleague or a child lost in an accident, the images linger.

Behavioral health is not a new concern in the fire service, but it's just recently that the taboo of talking about it has begun to fade. And there's now a place to go for help — the IAFF Center of Excellence for Behavioral Health Treatment and Recovery is exclusively for IAFF members to get the treatment they need to return to the life and job they love.

The Center of Excellence, which opened in March 2017 in Upper Marlboro, Maryland, has treated more than 450 IAFF members struggling with post-traumatic stress, substance abuse, addiction, depression, anxiety and other behavioral health problems in an environment among their peers. Set on 15 acres, the facility includes 64 beds, a kitchen modeled after a fire station, exercise facilities and other amenities designed to help the healing process.

Stephen Raclaw, a member of South Shore, WI Local 2939, recalls he was "number 203" to be treated at the Center, a number he likens to a birthday or a personal ID.



He spent one month at the Center from January to February 2018. His first hours were filled with conflicting thoughts about the decision to seek help, as he didn't feel entirely comfortable with the reality of stepping away from his routine.

For Raclaw and others, the Center of Excellence fills an unmet need as members are more comfortable talking about the emotional rigors of the profession with their peers.

Eric Fessenden, a member of Montgomery County, MD Local 1664, spent one month at the Center from June to July 2017. Knowing he would be surrounded by his brothers and sisters was one of the factors that led him to finally seek treatment.

Another Center of Excellence alumni, Joe Kovalsky, a member of

## In a survey of IAFF members:

**77%** percent said their experiences on the job caused lingering or unresolved emotional issues.

**78%** percent said their fire department did not educate them about behavioral health.

Danbury, CT Local 801, can also recall exactly the days of his arrival and departure: May 18 to June 24, 2017. He had wrestled with post-traumatic stress, substance abuse, outbursts of anger and thoughts of suicide. He tried outpatient therapy but says the sessions did not go far enough. He knew the next step was intensive, daily inpatient treatment.

Raclaw notes, "The first full day was rough. I asked myself, how did I get here? I felt like I had no hope. I knew it had to be the right thing to be at the Center, but it didn't feel that way at first."

Before being treated at the Center, there was no outlet for Raclaw to talk about traumatic events, and the mental strain only worsened. He bottled it up. One call in particular weighed heavily on his mind: a suicide in 2013. The victim was another fire fighter in his same



*"This was the hardest thing I've ever done. But it changed my life."*

— Stephen Raclaw

1978

## FEMA to Supervise Fire Administration

The Joint Council of National Fire Service Organizations vote unanimously — but conditionally — to support a proposal by U.S. President Jimmy Carter's team to transfer the National Fire Prevention and Control Administration to the new Federal Emergency Management Agency (FEMA) that will report directly to the president.

## IAFF Legislative Goals

The 1978 IAFF legislative goals include National Fire Academy funding, establishment of Memorial Sunday for fire fighters disabled or killed in the line of duty, Hatch Act amendments and reductions of federal fire fighters' workweek.



local. He went missing one day after completing his shift. Raclaw was part of the team that responded first to the scene. He recalls fighting against belief that it was someone other than their fallen colleague. Attempts to resuscitate him failed.

At night, Fessenden dreamed about many past emergency calls, but one call continued to haunt him. In 1993, his crew responded to a fatal accident in which a mother driving a minivan with her kids seated in the front and back seats veered across an intersection, crossed the yellow dividing line and collided with an oncoming dump truck. The mother and one child in the front seat were killed. Another child survived but with severe, permanent injuries. Sheets were draped over the victims who died, visible to survivors on the scene.

"The truck driver kept asking us, 'How many people did I kill?'" Fessenden says. "It wasn't his fault, but by law we couldn't answer him. We just had to make sure everyone was okay."

Following that call, Fessenden confesses his life changed for the worse. "I put myself in the husband's place as a father who lost his kids," he says. He began drinking more, sleeping less and pushing family and friends away. But the grief didn't subside.

As a new fire fighter walking into the station on his first day, Raclaw remembers being told to tough it out. "If you don't think you can handle it, then find a new job," he was advised. But as his mental health declined and the stress wore him down, he also began experiencing loss of vision. In September of 2014 he was

declared medically unfit for duty, yet his employer still made him work. Stress finally forced him to go on medical leave in January 2015.

"All I was doing was surviving hour to hour," he says.

With nowhere else to turn, Raclaw admitted he needed help. The decision to go to the Center of Excellence was "the hardest thing I have ever done," he says, but one that changed his life. "It was 35 days, a lot of counseling and crying and therapy."

Fessenden admits that in the past when information about mental health support was distributed to fire fighters, he would push it aside, saying, "No, I'm good."

He notes, "I had PTSD symptoms during my career, but all I did was make myself so busy so as not to think about it."

When a neck injury forced him to retire in January 2014, Fessenden was diagnosed with complicated grief and PTSD. He went into an emotional tailspin, losing his desire to live. The fire service was the only career he had ever known, and it became his sole identity.

But when a colleague asked to meet, instead of exchanging shop talk over a beer, the friend confronted him about his struggles with PTSD. That's when Fessenden realized he needed help. He went home to share the story with his wife. "She said, 'I've been trying to tell you that for eight years.' So, I said, 'I guess I should get help.'"

Like Fessenden, Kovalsky's entire life was the fire service. "For 20 years, there was nothing else but the fire service," he says. He feared taking time off, filling all the open slots on his calendar with work-related commitments.

His time at the Center of Excellence taught him to adjust his thinking and his habits. A rigorous

*"I knew the alternative if I didn't stick it out. I was going to end up dead."*

— Eric Fessenden



daily schedule included exercise, yoga, reading and painting — anything not related to firefighting. Initially, Kovalsky resisted, but learned to abide by the rules as if they were SOPs (standard operating procedures) or direct orders issued inside the fire station. "I knew the alternative if I didn't stick it out," he says. "If I failed at the program, I was going to end up dead."

For Raclaw, the first week at the Center was like a storm. By week three he was homesick, but by the fourth week barriers began to come down and he was anxious to start living again with a new perspective. "You learn that others are dealing with the same thing," he says. "No one is any different. You see people at their most vulnerable."

"The Center of Excellence was fantastic," Fessenden says. "My peers were there. That's why it works, because our brothers and sisters are there." He didn't have to explain that fire fighters don't want to be called heroes or talk to counselors unfamiliar with the profession or the culture in the fire service. Most importantly, he says, "There is no criticism of anyone. Everyone has your back."

He remembers a session where another IAFF member discussed a call in which a child died as the mother screamed, "Don't let my child die!" Afterwards they talked about their shared experiences. They both carried a lifelong sense of grief that belonged to someone else. "Things clicked for me at that point," says Fessenden. Soon he was able to make sense of other long-term unresolved anxieties.

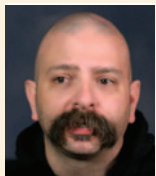
Today, Fessenden speaks with other IAFF members and locals, and fields hundreds of calls from fire fighters about mental health and treatment options. "I'll never be cured of PTSD, but at least I understand it," he says. "My hope is that others will look inside themselves to see if they need help."

Similarly, Raclaw hopes his own experiences can serve as a lesson to other IAFF members who are struggling to stay healthy. "PTSD is not a career ender," he says, but admits, "I let it go on too long without help." Now when he talks with his colleagues, he tells them to save their

Continued on Page 27

*"My entire life was the fire service. That was the pitfall for me."*

— Joe Kovalsky



1979

#### **Mandatory Social Security**

The IAFF devotes an entire issue of the International Fire Fighter to the mandatory Social Security program. IAFF President William H. McClennan calls it a grave threat to hard-won pension rights.

#### **Right to Work Laws**

The U.S. Department of Labor concludes that the wages of production workers in states with right to work laws compare poorly to the wages of the same workers in the 30 states without right to work laws.

1980

#### **"Third Service"**

The IAFF closely monitors the U.S. Department of Transportation's move to establish a "Third Service" composed of EMS personnel, separate from fire and police safety forces.

#### **Mourning Labor Leaders**

The IAFF mourns the passing of two labor leaders, former AFL-CIO President George Meany and former IAFF Secretary-Treasurer George Richardson.



## The Treatment Journey

### Step 1 — Contact

A prospective client, family member, local member or department member can reach out to the Center of Excellence admissions department, which operates 24/7 with dedicated intake coordinators trained specifically to address IAFF members' needs and guide them through the admissions process.

### Step 2 — Insurance Verification

The intake team obtains a prospective client's insurance information to verify benefits and determine insurance coverage for services at the Center of Excellence. If desired, the intake team can also provide a summary of benefits for an entire department's insurance policy, which can be useful if other members are interested in treatment at a later date. The Center strives to make treatment as accessible as possible and has in-network agreements with several commercial insurance providers, including Cigna, Aetna, Humana, Multiplan, Healthcare Solutions, United Healthcare, First Health and Medical Mutual of Ohio. Accredited by the Joint Commission, the Center can also accept individuals whose insurance allows them to use out-of-network benefits or those looking to pay privately for treatment.

### Step 3 — Pre-Assessment

The admissions team conducts an individual pre-assessment by phone, which generally takes 15-20 minutes. This information is used by the clinical team to screen for existing substance abuse and mental health issues, other medical conditions and any relevant family history. While the actual diagnostic assessment cannot occur until the member arrives at the Center of Excellence and is evaluated by clinical staff, pre-assessment information is used to determine if the Center of Excellence will be an appropriate fit for treatment and to obtain initial insurance pre-authorization.

### Step 4 — Costs

Intake staff will review insurance coverage and projected costs of treatment with the member. While the exact cost of treatment cannot be determined prior to admission, members are informed of daily copays, deductibles and out-of-pocket maximums per their plan. Every member's treatment experience is different, including the length of stay, level of care and potential additional costs, such as prescription needs. Incremental payment plans are available.

### Step 5 — Admission

The Center will work with members to determine the best method of arrival to the facility, whether by plane, train or car. A Center staff member will meet the member at the airport or train station and transport them to the Center. After arrival, clients meet with a member of the nursing team, a general physician, psychiatrist and financial counselor.

### Step 6 — Treatment

Within the first few days, clients meet with their assigned primary therapist for a diagnostic assessment to evaluate their treatment needs and develop a treatment plan to support their path to recovery. After the initial assessment, the client is placed into the appropriate level of care, depending on diagnosed primary and co-occurring conditions. During their stay, clients participate in both individual therapy, group therapy and psychoeducational group sessions. Treatment levels range from acute medical detox to intensive outpatient treatment. Clients reside in one of four station houses on the Center of Excellence campus.

### Step 7 — Discharge

Discharge planning begins at the start of the treatment stay to ensure success throughout the client's recovery journey at the Center and beyond. Upon discharge from the Center, a client will have an appointment to continue local behavioral health treatment within seven days, in addition to a follow-up appointment with a primary care doctor. The recovery process does not end upon leaving the Center of Excellence. The Center is focused on creating sustainable, long-term success. ■

### About the Center of Excellence

The IAFF Center of Excellence for Behavioral Health Treatment and Recovery is a one-of-a-kind treatment facility specializing in the behavioral health needs of IAFF members. More than 450 IAFF members struggling with addiction, post-traumatic stress, complicated grief and other related behavioral health challenges have already come to the Center and taken the first steps toward recovery.

The Center provides a safe haven for members to talk with other brothers and sisters who have faced or overcome similar challenges. Created through an innovative partnership with Advanced Recovery Systems (ARS), the IAFF Center of Excellence is a flagship recovery center exclusively for IAFF members.

Treatment at the IAFF Center of Excellence uses cognitive processing therapy (CPT), an evidence-based psychotherapeutic treatment that is supported by research and is demonstrated to be effective in reducing symptoms of post-traumatic stress. The treatment team uses a multidisciplinary approach — combining the expertise of doctors, nurses and clinicians from different disciplines — so the whole person is treated, not just the addiction or co-occurring disorder.

Located just outside Washington, DC, in Upper Marlboro, Maryland, the 15-acre facility includes a pool, basketball court, gym and comfortable residential accommodations for up to 64 clients.

Learn more at  
[www.iaffrecoverycenter.org](http://www.iaffrecoverycenter.org)  
(855) 900-8437



### Insurance Update

Effective September 7, 2018, United Behavioral Health is now a participating provider with the Center of Excellence, giving members who are United policy holders greater and more affordable access to this critical life-saving treatment.

United Behavioral Health joins other major healthcare participating providers Cigna, Aetna, Humana, Medical Mutual of Ohio, Healthcare Solutions, First Health and Multiplan. In addition, the IAFF is in discussions with Care First Blue Cross/Blue Shield about becoming an in-network provider.

1981

### Commission on Pension Policy

President Ronald Reagan establishes a Commission on Pension Policy to examine the nation's retirement systems and to develop recommendations for changes that would address current problems, including employee pensions, Social Security, disability, public assistance and inflation indexing.

### Anti-Union Busting

The IAFF sponsors an anti-union busting workshop following the passage of Resolution 169 at the 1980 Convention calling for a national seminar to study and combat union-busting tactics.

1982

### Cancer Linked to Fire Scenes

The IAFF publishes a 100-page booklet entitled, "Occupational Cancer and the Fire Fighter." It analyzes the available data linking cancer to exposures at fire scenes.

careers and save their marriage. “It’s important to appreciate what you have and not focus on what you don’t have,” he says.

Now in retirement, Raclaw jokes that his greatest challenge is deciding what to make his children for lunch. Still, he says he misses the adrenaline rush that goes with the job. “I would love to be working,” he says. “I had to leave a career that I loved. But no one ever says, ‘I spent too much time with my kids.’”

## Peer Support

*The first step is asking for help. The second step is knowing what resources are available for counseling and treatment.*

The stresses faced by IAFF members throughout the course of their careers — multiple casualty events, violence, injury to children and the inherent dangers of firefighting — can have a cumulative impact on mental health and well-being.

Research shows that peer support programs are an effective method for providing support to occupational groups, including fire fighters.

The IAFF Peer Support Training program, initiated in 2016, teaches members about common behavioral health problems that impact the fire service, how to provide one-on-one peer support and how to develop or enhance a peer support program.

The program was designed to develop a cadre of peers who can identify with the professional struggles fire fighters and paramedics face following traumatic events and to connect the distressed member to appropriate services, when needed.

“Fire fighters are often reluctant to seek mental health treatment,” says General President Harold Schaitberger, “and are hesitant to talk with behavioral health professionals who are unfamiliar with the fire service. Our members are more comfortable talking to another brother or sister. Our Peer Support program helps meet this need.”

After completing the IAFF training, trained peers have the knowledge and skills to provide support to their peers, serve as a bridge to behavioral health services and community resources, and help build or enhance other peer support programs.

The training includes a two-hour online behavioral health awareness course, which is a prerequisite for the two-day onsite training. Each training session typically accommodates 30 students. Additional courses tied to peer support are under development, including a resiliency course, a recovery mentor course, a disaster

Seeking treatment for behavioral health doesn’t have to be a career ender. In some cases, treatment can help preserve a career. Following his treatment, Kovalsky returned to the firehouse. After hearing about his struggles with PTSD, his fellow fire fighters tell him it’s like reading their own life story.

Being open about his own experiences with mental illness also allows him to set an example for new recruits. His message to new fire fighters

response course and a clinicians course.

To date, more than 2,500 IAFF members in the United States and Canada have received the IAFF Peer Support Training.

### Cranston Local 1363

In 2003, when a fire at the Station nightclub in West Warwick, Rhode Island, killed 100 and injured 300 others, members of Cranston Local 1363 were among those who responded. A band performing at the venue had used a fuel-based foam that triggered the fire.

Scott Robinson, vice president of Cranston Local 1363, recalls fighting the fire from 11:30 p.m. until 2:30 a.m. with body recovery continuing until 7:00 a.m. In the aftermath, he and other fire fighters struggled to cope with the incident. Some were even terminated because of job-related stress.

When Robinson visited a clinician to talk about the incident, he realized that even trained mental health professionals weren’t prepared to address the horrific trauma fire fighters witness on the job. “There were no mental health resources for our members,” he recalls.

Today, Robinson says the IAFF Peer Support program is one of the union’s greatest benefits for members.

Now, when new recruits enter the fire service, he says the Cranston peer support team meets with them to educate them on behavioral health issues and make sure they are aware of the resources available for getting help.

“It has to start with a phone number and set of members who are trained to help,” Robinson says.

### Greensboro Local 947

Greensboro, NC Local 947 was one of the first locals to host an IAFF Peer Support training class in March 2016. A small peer network was already in place, but with 570 members, the 10-member team was just a start.

The need for peer support occurred in May 2018 after five children died in a Greensboro house fire, to which more than 40 Local 947 fire fighters had

coming on the job differs markedly from the speech he heard decades ago.

“I tell them, you will see bad stuff, but don’t take it home. Talk with somebody when you need to and ask for help.” ■

*The IAFF thanks these members who gave us permission to share their stories in the hopes of helping others who are struggling with similar behavioral health issues.*

responded. Rather than wait for members to ask for help, Local 947 Vice President and IAFF Peer Support Instructor Justin Price made calls to his brothers and sisters in the first week after the fire.

“We explain that we’re not clinicians,” Price says. “We can give advice on a certain level, but our main role is to listen, refer and follow up.”

There is no question that the peer support program is needed. Price says, “There has been a culture shift in the 18 years that I’ve been in the fire service. Twenty years ago, this would have fallen on deaf ears, and I might even have questioned it.”

Since then, he has learned a lot about post-traumatic stress and how other behavioral health issues pose a major threat to fire fighters. “I think every member is hurting at some point,” he says.

Greensboro Local 947 now has 35 IAFF trained peer support members.

### Surrey Local 1271

Surrey, BC Local 1271 has one of the oldest peer support teams in Canada, dating back to 1990. But Local 1271 member David Burns, an IAFF Peer Support training instructor, notes it was not called peer support back then.

The program began partly in response to two members’ suicides and another who was killed in a motorcycle accident. Today, 40 Local 1271 members have completed the IAFF Peer Support Training program. The local holds a training session every three months.

“When members say, ‘I have this problem, what do I do?’ you realize how much you need the program,” says Burns.

Local 1271’s peer support program includes a long list of resources, such as financial help, anger management, marital counseling and suicide prevention.

“Confidentiality is the number-one priority,” says Burns. “If you don’t have that, then the program has no credibility.” ■

## 1983

### Physical Fitness Study

A John P. Redmond Foundation-funded study concludes that an organized, consistent exercise regimen can increase the physical fitness of fire fighters and improve their ability to perform job-related skills.

### FIREPAC Successful

The IAFF/FIREPAC program is successful in raising \$100,000 since 1981. In total, 76 percent of IAFF-endorsed U.S. House and Senate candidates win their races in the November 1982 elections.

### Project FIRES

The IAFF receives a \$450,000 grant from the U.S. Fire Academy to complete Project FIRES to field test prototype protective clothing that will enhance fire fighter protection, provide increased mobility and reduce weight by 40 percent.