



Illinois Fire Fighter Peer Support

Firefighters Helping Each Other

Newsletter June 2016

Table of Contents

Why is Vulnerability Important?	
Matt Olson	pg. 2
Good Grief! A New Perspective on an Old Phrase	
Dr. Kristy Mckiness	pg. 5
Rosecrance Plans National Fire Service Event	
	pg. 7
All Together Better: A Look at Fire/Rescue Alliances	
Jada Hudson	pg. 8
Chicks Dig Scars	
Kevin Q. Leverage	pg. 10
Understanding Anger	
Colleen Murphy	pg. 11
PHYSICAL WELLNESS: Wellness, What is it?	
Kyle Matousek	pg. 12
To Stay or Not to Stay - That Was My Question	
Andy Perry	pg. 14
Writing your Way to Healing	
Jada Hudson	pg. 16
Today, I Hate this Job	
Frank Sanford	pg. 16
We are Not Teflon	
Tim Grutzius	pg. 18
So I Got a Tattoo	
Tom Howard	pg. 18
Envisioning a Happy, Hopeful Retirement for Firefighters	
Jada Hudson	pg. 20
Retirement - Are You Ready?	
Chuck Wehrli	pg. 24
Wellness Recipes	
	pg. 25
Dear Mom, It Got Dark for a While	
Tripp Wilson	pg. 26
The Other Side of Death	
Tom Howard	pg. 27

A Letter from the Executive Director

By: Matt Olson, Executive Director



Hello everyone!

ILFFPS has been very active this past quarter. We have been a part of some really important outreach opportunities in Springfield, Willard Airport, Towanda, Edge Scott, Eastern Prairie, Philo, Romeoville, Sadorus, Sidney, Bondville, Middle Fork, Urbana, Thomasboro, Cornbelt, Atwood, Parkland College, Channahon, Pe-kin, Chicago, Aurora, Berwyn, River Forest, Limestone, Coal City and Morton here in Illinois. We also have a date in October to teach in Connecticut.

We also were a part of very important outreach opportunities in Alaska and Indianapolis. The work that you all have done to share the message of "Make it Safe" is incredible and continues to inspire not just me but so many who I meet during my travels in the fire service.

ILFFPS is a welcome resource first to many firefighters and first responders here in Illinois, but also to many firefighters and first responders throughout the US and Canada. Your willingness to be a part of something so important is to be admired.

We have been able to share our message in Florida, Alaska, New Mexico, Colorado, South Dakota, Hawaii, North Carolina, Virginia, Massachusetts, Kansas and likely others since I wrote this. We will continue to keep everyone updated as we meet new people who are also interested in Making it Safe for their members.

This June 16-17, we have scheduled a class scheduled to teach new peer supporters in Chicago Ridge, Illinois. Kelli Krupa, John Sardina and Matt Olson are very excited to teach this class. Also, we will be taking part in a national symposium hosted by Rosecrance at the Lowes Hotel in Rosemont this September. During the symposium, we will be teaching a one-hour lecture and an in-depth eight-hour class. We are scheduled to teach a peer support "train the trainer" in Connecticut this October and aim to host a similar training in Southern Illinois soon. As you can tell, ILFFPS is growing quickly!

Our regional groups share our mission through academies, EMS systems, direct contact with fire departments, and EMS providers and colleges throughout Illinois. Word of mouth is critical to helping first responders understand that there are peers available to listen and understand when they need to share about a struggle.

(Continued on page 2)

Continued: A Letter from the Executive Director

We are getting more and more requests for peer support training each quarter. And, it is our mission to make these trainings available to the Illinois fire service through as often as possible.

In other exciting news, ILFFPS is very proud to have received the endorsement of both the Illinois Fire Chiefs and the Associated Firefighters of Illinois! To be a recognized resource to all of the volunteer, part time, and professional fire departments and first responders in Illinois is an honor and privilege. Being a part of this with all of you is an honor and privilege for me! Recently, our ILFFPS team welcomed Dr. Kristy McKiness as our Clinical Director. We are very much excited by the guidance and direction that she provides. We also want to take this time to thank Dr. Cody Todd for the work that she was able to do for ILFFPS. She without a doubt provided some wise direction when we needed it most. Dr. McKiness has selflessly continued that guidance and direction for us. We are blessed to be able to work with professionals like them.

As always, I am excited by what the next quarter will bring and cannot wait to hear from you. I am always available if you need me!



Why is Vulnerability Important?

By: Matt Olson

As firefighters we are taught to be able to take on many burdens. We are taught to power through tough circumstances and deal with literal emergencies. We become so adept at resolving a crisis for others, we forget sometimes that we are all very much able to be in crisis ourselves.

What do I mean? Well, I mean that we can and will continue to be great at our job and find ways to remediate troubling times for others, we should also recognize the importance of doing the same for us.

What is a troubling time? What is a crisis? That is entirely dependent on us. Who we are, where we have been,

what we have learned and what experiences shaped our thinking. We often see things on the job that, for us, are no problem at all. But, many times we come across situations are tougher for us or for another firefighter to deal with. What makes these situations tougher? History? Emotional attachment? The ability to connect that situation with a memory? A memory that can become a person or place? All of these things, I suppose.

We each come from different places. We don't all come from a nuclear family with a white picket fence in the suburbs and a family of 2.5 kids. Some of us come from poverty. Some of us come from alcoholic parents. Some of us have been children of suicide or accidental death. Some of us may have been from a broken home. And, some of us did not have to deal with these things growing up.

All of that is ok. We are who we are, and we do the best we can. With the experiences and emotions that we bring to the job, the things we see can and will impact us all in different ways. What may be tremendously hard for one firefighter is easy for another. We don't, though, get to choose which runs we take.



(Continued on page 3)

Continued: Why is Vulnerability Important?

We take all comers. Some things we experience



on a call, we deal with and they go away. But, at times, we are exposed to things that we attempt to put away, and they don't always go away.

I have learned the term "processing" through my own personal work with a counselor. It is something that for 24 out of my 27 years in the fire service I hadn't given an ounce of thought. It is also something that for the past 3 years, I have thought about on a daily basis. What does "processing" mean to me?

I often stand in front of a group of people and "tell my story". I talk about the ways that the job has impacted me. I talk about the ways that my personal life has intersected with the job and also impacted me. Sometimes sharing my story is easy to do. Sometimes it is difficult.

One day, I was having a particularly difficult time after sharing my story. I was talking with a firefighter from the audience, and he said something that I remember often: "It kind of feels like someone just knocked over your filing cabinet doesn't it? All of your stuff is out there." I said, "Yep that's exactly what it feels like." He told me then, "It's ok. You know where those things go in the cabinet. You can pick it up and put them back. 'A' goes in 'A', 'B' goes in 'B'...etc. I know that it is hard right now, but you have before and you will this time be ok because you have processed these things the right way."

I think a lot about that. He was and is right. What's the difference between "shelving" something and "processing" something? I know what it is for me. Most of my career, I came back from a run and told myself that the emergency wasn't my fault. I did the best I could. I didn't cause the problem, and it is ok if I wasn't able to fix it. Sure that's true enough. But, the human part of me still struggled with the reality of what had happened.

(Continued on page 4)

A Letter from the Editor

Hello everyone!

My name is Jada Hudson, and over the past few months, I have enjoyed serving as our Newsletter Editor and the Clinical Consultant for ILFFPS. As ILFFPS grows, we are seeing more fire fighters being trained to help their peers, and we are seeing more peers come forward to talk about the unique emotional wellness challenges associated with the fire service. I am very excited about everything that is to come!



First, I would like to welcome ILFFPS' new Clinical Director, Dr. Kristy McKiness, whom I have known for a number of months and am thrilled to have joining our team. Kristy is caring and intelligent, and her experience working with first responders has filled her with so much insight to share with the ILFFPS team.

Also newsworthy is our recent participation in the FDIC Firefighter Conference (pictures on page 28). Matt Olson, Ryan Hanson, and myself set up our ILFFPS booth, and Matt and a number of Peer Supporters talked to people about Peer Support and how it is helping firefighters statewide. Matt Olson also did a fantastic job being relatable and forthright about what ILFFPS brings to the fire service as he participated in a round-table discussion with Battalion Chief Dan DeGryse, John Walters III of Sons of the Flags, who shared his experience working on 9/11, Jeff Dill, Founder of Firefighter Behavioral Health Alliance, Fire Captain and Chaplain Jeremy Hurd, and Clinical Psychologist, Beth Murphy. These conversations were invaluable, and I believe the insights gleaned from them will shape how we serve firefighters throughout the state of Illinois.

Finally, you will see in my later article (page 8) that I was invited by Deputy Chief Hugh Stott to observe the Wheaton, West Chicago, Winfield, Carol Stream, Bloomingdale, and Roselle Fire Departments in their West Suburban Fire/Rescue Alliance trainings. Their cooperative efforts produce remarkably smooth, safe emergency responses, and I think are worthy of emulating.

With so many exciting things happening around ILFFPS, I invite you to read this newsletter and pass it along to firefighters around you, as we continue to spread our message of "Make it safe!"

Be kind to yourself,

Jada B. Hudson, M.S., LCPC

Licensed Clinical Professional Counselor
ILFFPS-Clinical Consultant

Continued: Why is Vulnerability Important?

So, while I tried to change the channel, or focus on my next meal, or wash a rig and forget about it, it didn't always work. It became the hardest for me when some of these things came home with me. When I was also affected personally by an experience on the job, it became really hard. What did processing do for me?

Well, I think about the experiences that I had as wounds. When a wound is fresh, or goes untreated, it can be harmful. It can injure me or in the worst case scenario, kill me. When a wound receives care it gets better.

I think about my time with my counselor as treating my emotional wounds.

When things in my professional life became hard or things in my personal life collided with my professional life and became hard, I talked about them. I talked about them with my firefighter peers and I talked about them with Laura, my counselor. Each time I talked about them they were less open wounds. They were less wounds that did not receive care. They were more wounds that had started the healing process. They were more wounds that had received appropriate care.

Instead of remaining wounds or injuries that could hurt me, they became scars. Scars will remain. I used to worry about that but not any more. Today, I look at scars and I say, "Yep, I remember that. That one

"Then, I see that it is a scar and not a wound, and I know that while the reminder will be present, the danger doesn't have to be."

was hard." Then, I see that it is a scar and not a wound, and I know that while the reminder will be present, the danger doesn't have to be.

So, I process. I tell my story. I hurt a little. Then, I put those memories back into the filing cabinet. I smile at those scars and say to myself, "I am ok."

Vulnerability is opening up with my stories and recognizing that these situations, these experiences, these wounds, these memories can

and will hurt me if they go untreated. I recognize all that it means to be human. I can be heroic. I can be strong. I can be fearless for a moment. I can do great things. I can also be hurt. I can also be scared. I can also feel pain. I can also be injured.

I am ok being vulnerable. I am ok with you all seeing the human side of me. A good friend once told me that I don't have to choose whether I am a strong person or a weak person, whether I am a courageous person or a scared person. I am and always will be all of these things. It just depends on when you meet me and how that moment is influenced by the experiences that I bring to it.

I am ok with my story. I am ok with the good times, the tough times, the joy and the sorrow, and I am always ok learning the lessons. Vulnerability is real; vulnerability is human. I am human, and so is every other firefighter I know.



ILFFPS Mission Statement

To aid and serve fire service and emergency response members and their families by providing trained Peer Supporters, who can deliver confidential and supportive assistance whenever and wherever needed.

ILFFPS Vision Statement

Illinois Fire Fighter Peer Support seeks to contribute and provide ongoing emotional wellness resources that are readily needed in the fire service and emergency responders.

Value Statements

Illinois Fire Fighter Peer Support values the concepts of Making it Safe and Making it Matter. These values are upheld by an understanding that we have a calling to care for all firefighters and emergency responders equally, and that we are all deserving of genuine support by our peers in a time of need, no matter the need.

VISIT OUR WEBSITE

www.ilffps.org

VISIT OUR FACEBOOK

<https://www.facebook.com/ILFFPS>

Good Grief! A New Perspective on an Old Phrase

By: Dr. Kristy McKiness



“Good grief.” “Stop giving me grief.”
“I’m going to make a grievance.”

The word “grief” has an understandably negative connotation in today’s society. We often associate “grief” and “grieving” with an emotionally-painful, life-changing event.

Although grief is often a result of a tragic situation, it can also be a

normal reaction to any kind of change – shift change, relocating, change in health status, promotion, new job, divorce, loss of a pet, or even aging.

Regardless of the source of grief, most individuals will experience a phenomenon called the Stages of Grief (SOG). These stages occur when an individual loses the familiarity he/she once had. When what we are accustomed to in day-to-day life changes, these SOGs surface because of the stress associated with adjustment to the loss of what was familiar and comfortable to us.

Adjustment from loss is normal, and everyone experiences it differently. Some people may express their feelings outwardly, while others keep their feelings to themselves. Regardless of how people experience their emotions, grief is an important reaction that allows us to heal. As we experience grief and adjustment, we learn more about how we as individuals are resilient, what helps us move forward, and what we need to start recreating familiarity and normalcy. These new insights increase our emotional strength and adaptability that can be applied to future situations that result in grieving or adjustment.

Just as everyone responds to grief differently, so also everyone also heals differently. Therefore, there is no standard for how long it “should” take someone to establish a sense of “new normal.” Healing from grief means that we find ways to manage the change and cope with it during times we are reminded of it.

Scars? Yes, they can stick around from the event that triggered grief. But, as we allow ourselves to heal,

But, as we allow ourselves to heal, the scar doesn’t re-open into a gaping wound each time we are reminded of the event. As time passes, there will be stages where adjustment to the loss is more or less difficult; we may forget about the event for weeks, and then unexpectedly feel like we did immediately after the loss occurred.

This experience is normal, and is the mind’s way of making sense of the change.

Imagine a closet with several shelves that are filled with items in an organized fashion. Then, picture a huge earthquake breaking the shelves broken and strewn the clothes all over the closet. In the aftermath, the items are still in the closet, but need to be reorganized in a way that makes sense to the closet owner. Grief works much the same way; we need to reorganize factors in our life in a way that make sense within the “new normal.” Just as it would take time to fix the shelves and reorganize the items on each self, it takes time for people to re-establish normalcy and familiarity after a change.

One helpful tool in healing and growing stronger from grief is to understand the Stages of Grief (SOG). The key to understanding the stages is not to feel like you must go through every one of them in a precise order. People may experience the SOGs all within a day, or they vacillate among them for periods of time. All of these stages are common anywhere within the grieving process. The SOGs are:

- 1. Denial and Numbing.** Denial is a normal reaction and should not be confused with lack of caring. We may refuse to believe a situation and/or minimize or deny it in order to cope.

- 2. Anger.** People may be angry with themselves, others, or the situation. They may argue that the situation is unfair and place blame or displace anger.

“...As we allow ourselves to heal, the scar doesn’t re-open into a gaping wound each time we’re reminded of the event.”

“...Grief is an important reaction that allows us to heal. As we experience grief and adjustment, we learn more about how we as individuals are resilient, what helps us move forward, and what we need to start recreating familiarity and normalcy.”

(Continued on page 6)

Continued: Good Grief! A New Perspective on an Old Phrase

3. Bargaining. We may try to change or delay our loss. “Coulda woulda shoulda” statements are common as is the belief that we could have had some control over the loss whether or not we actually do.

4. Depression. In this stage, we recognize a loss did or will occur. Isolation and crying are common. Depression is a precursor to the Acceptance phase because we have come to recognize and acknowledge the loss.

5. Acceptance. In this stage, we accept the loss and changes resulting from the loss. People understand the situation logically, and understand that life is different but can be fulfilling and have comfort.

Understanding the SOGs helps to normalize our reactions to both expected and unexpected changes. For certain situations, people may prefer to heal on their own with minimal help from others. However, asking for help becomes extremely important during periods of healing that are disruptive to our relationships, affect work performance, limit our ability to enjoy things, affect our physical health negatively, include heavy drinking or use of other substances, or simply create a desire to talk through our grief. Reaching out to a peer supporter, a family member, clergy, therapists, friends, and any other trusted individuals during difficult healing stages is crucial to rebuilding normalcy and increasing resilience.

When these rebuilding processes occur, we are then able to experience the silver lining of grief; increased emotional strength. It is normal to be affected by a loss as we experience reminders of it, and we can use these reminders to recognize where we are at with our grief and where we want to go. No one wants to experience a situation that disrupts normalcy and causes grief, but within this process there is indeed, good grief!

As a clinician, I get concerned when people don’t grieve. No matter how big or small, loss is loss and we all respond differently. We are supposed to respond to change and it’s normal to do so. Good grief!

References

Kubler-Ross, E. (1969). On death and dying: What the dying have to teach doctors, nurses, clergy, and their own families. New York. Schribner.

Director’s Message:

Dr. Kristy McKiness, Clinical Director

Dear Peer Supporters,
Thank you for the warm welcoming messages you have been sending since my recent addition to the team as the Clinical Director. I have been working on acclimating to my new role, getting connected, and participating in peer support trainings and events. I am appreciating the opportunities to get to know and work with all of you, and to see so many firefighters be positively impacted by peer supporters. We had some excellent outreach and training opportunities in May, some of which included Limestone, River Forest, Aurora, and West Frankfort. It was neat getting to see these trainings in action, and I welcome feedback and input about these trainings, if you want to send it my way!

Please feel welcome to reach out to me with any questions or ways that I can support you, and I welcome opportunities to continue to serve firefighters through peer support and mental health wellness. Feel free to email or call me at kristy@thekminstitute.com or call 331-213-9706.

Looking forward to getting to know you,
-Kristy

Physical Therapy Opportunity:

Dr. Kristy McKiness, Clinical Director

I am soon meeting with the Director of the NIU Physical Therapy program, Dr. Prisca Collins. She and her doctoral physical therapy students recently met with Shabbona Fire Department to teach them ways to prevent back and other common injuries firefighters sustain due to excessive force and repetitive lifting. Students learned beneficial lifting techniques as well as daily stretches that help to prevent injuries. See article: <http://newsroom.niu.edu/2016/05/02/physical-therapy-students-respond-for-first-responders/>

I contacted her after reading the article to inquire about expanding these presentations to other Illinois fire departments, and she was enthusiastic about opportunities to do so. My hope is that these students will soon be meeting many of you to help with preventing injuries, and therefore adding another layer to the important mind/body connection of overall wellness. I also think it’s important for physical therapists to become more knowledgeable about the fire service in order to best help firefighters that receive physical therapy.

-Kristy

Upcoming ILFFPS Events

August 16, 17, & 18: ILFFPS leaders will be presenting in Cicero.

August 28: We will be hosting “A Road to Help” fundraiser for ILFFPS.

September 28, 29, & 30: Rosecrance Symposium.

October - Dates TBD: Dr. Kristy McKiness will be teaching in Connecticut.

Rosecrance Plans National Fire Service Event



rosecrance®

This September, Rosecrance will be hosting a three-day event completely focused on broadening the conversation about behavioral health in the fire service! This 2016 Rosecrance Florian Symposium will bring together clinical experts, along with all ranks of men and women from fire departments across the country, to discuss topics such as substance abuse and mental health treatment, trauma, peer support, and the chaplaincy.

For many years, Rosecrance has worked alongside firefighters and paramedics. But, in 2014, it stepped up its focus on how it can best serve first responders by launching the Florian Program. Florian has its own eight-bed inpatient substance abuse treatment unit for firefighters and paramedics struggling with job-related addiction and mental health issues such as post-traumatic stress disorder, depression, and anxiety. Florian is led by Dan DeGryse, a 26-year veteran of the Chicago Fire Department and a current battalion chief.

The Florian Symposium will take place Sept. 28-30 at the Loews Chicago O'Hare Hotel in Rosemont. The first day features pre-conference training sessions in Mental Health First Aid, taught by Rosecrance's Sarra Reichwald, and Illinois Fire Fighter Peer Support with Jada Hudson and Matt Olson. The next two days are full of sessions featuring experts in the field from across the country: Frank Leto and Andrew Kane with FDNY; Bobby Halton with Fire Engineering magazine; Ryan “Birdman” Parrot and John Walters with Sons of the Flag; Suzy Gulliver with the Warriors Research Institute; and fire service personnel from Illinois,

Wisconsin and Florida. Rosecrance staff including DeGryse, Dr. Raymond Garcia and the Rev. Jim Swarthout, as well as Florian Program alumni are also slated to speak. Nationally-recognized comedian Mark Lundholm will perform, as well.

The symposium is open to anyone with an interest in furthering the conversation about behavioral health in the fire service, including new and long-time firefighters and paramedics, fire service administration, chaplains, clinicians, family members, and government officials/fire department trustees and board members.

“We want people to feel like it’s OK to talk about these issues and know that there are people who care and places they can go for help. I want people to walk out of this event and go back to their communities to have these discussions in an open forum, so we can continue to leave the fire house better than we found it.”

Keep an eye on www.rosecranceflorian.org and the Rosecrance Florian Facebook page for more details about registration and the symposium agenda/events. Call Dan DeGryse at 815-387-2461 or email him at ddegryse@rosecrance.org for more information.



All Together Better: A Look at Fire/Rescue Alliances

By: Jada Hudson, LCPC



Fighting a fire, going out on an EMS call, or extricating someone from a traffic accident, all demand that you go into battle mode. You have a task ahead of you and someone who needs you. Nothing should slow you down. But...

What if another department arrived before you? Who, then, calls the shots? Did they do a 360° size-up to your standards? What if they missed something? It can get clunky when multiple cities work together, and one slip up could cost someone his life.

Deputy Chief of Carol Stream and former Fire Commissioner of Chicago, Bob Hoff, saw this problem and dreamt of a partnership in which multiple fire teams would work together regularly, and know exactly how to act when that time came. So, he was part of a group of fire Chiefs that formed the West Suburban Fire/Rescue Alliance. Comprised of the Carol Stream, Wheaton, Winfield, and West Chicago Fire Departments, the West Suburban Fire/Rescue Alliance shares resources, coordinates emergency dispatch, together, and assigns specific leadership roles to individuals in each department, in order to practice taking orders from leaders in other departments.

Others have seen how well it has worked, and now the Bloomingdale and Roselle Fire Departments have joined the Alliance.

Battalion Chief Hugh Stott, from West Chicago, invited me to observe some of the Alliance's cooperative trainings, and I was impressed by their commitment to setting aside department boundaries for the sake of teamwork and safety.



This formal decision to cooperate has made the Departments of Wheaton, Winfield, West Chicago, and Carol Stream more efficient, effective, and safe. They share a dispatch system, which sends the closest available fire station to the emergency, even if that station is from another department. And, by training together regularly and frequently, they have effectively broken down barriers and built trust amongst themselves, so that whoever gets to an incident first has the authority and the trust of the other departments to do what needs to be done. Ultimately, saving lives.



(Continued on page 13)

Continued: All Together Better: A Look at Fire/Rescue Alliances

The Alliance's supervisory level is organized into various chief roles. The "Incident Commander" carries the ultimate responsibility for the operation. The "Interior Chief" supervises what goes on inside the fire building. The "Plans Chief" monitors communications, checks on available resources, assists the Incident Commander, and assigns auxiliary tasks to supporting chiefs. The Safety Chief and RIT Chief responsibilities go to one single person until another department arrives and the roles can be separated.

Understanding fire behavior is crucial, and Wheaton Assistant Chief Jeff Benda gave me a lesson on how "reading fire can save lives." Reading the color of the smoke gives fire fighters an intuitive sense of what is going on in the fire. Knowing the construction of the building gives insight into fire travel. And, knowing the personalities of those in neighboring departments helps when making important action calls. After training together, these departments know how to alter their tactical approaches in unison. Clear. Smooth. Safe.

"After training together, these departments know how to alter their tactical approaches in unison. Clear. Smooth. Safe."

After seeing how smoothly and safely these departments work together, I am confident that if other departments formed similar alliances, our firefighters and our cities would be

safer. But, how does a department go from operating independently to joining forces with another department?

The first step in forming an alliance is the decision to cooperate. Leaders must set aside their egos for the sake of unity.

As a therapist, I see a lot of conflict arise from ego. Whether it surfaces in the workplace or in the home, ego interferes with healthy relationships

because ego, ultimately, boils down to fear. It sees that if someone else is in charge or gets what they want or

makes a decision for the group or the family, I have to let go. That letting go causes anxiety.

How can ego and the tension it causes be replaced with unity? Practice. In the home, this looks like foregoing the right to call the shots and trusting that the other person will make an acceptable call. As trust is built,

fear subsides, and ego loses its place.

How can ego and the tension it causes be replaced with unity?

Practice. In the home, this looks like foregoing the right to call the shots and trusting that the other person will make an acceptable call. As trust is built, fear subsides, and ego loses its place.

"Ego, ultimately, boils down to fear. It sees that someone else is in charge...and I have to let go. That letting go causes anxiety."

In the fire service, practice also eliminates ego. What if you knew you could trust the people you were giving up control to? This is the beauty and strength of alliances. Each department practices letting go of various tasks throughout an emergency response, and each department grows to trust one another, so that ego and anxiety no longer interfere with any emergency situations.

Yes, transitioning to an allied fire service is a change. But, change gets easier with practice. Initially, change feels awkward, and it may cause anxiety. But, more practice will lessen that anxiety. And, soon enough, groups will find unity and trust that is well worth the effort to get there.



Chicks Dig Scars

By: Kevin Q. Leverence



"Kevin! Just jump already! It can't hurt that bad and if it does, chicks will dig the scars!" We all have scars. Sometimes scars can be a reminder of the poor choice of taking a risk for a thrill. Other times, scars can be a badge of honor. But, no matter how scars come to exist, not all scars are

physically visible.

The American Psychological Association puts first responders in category of higher risk for emotional trauma based on the work we do. That seems obvious. But, sometimes these scars cause us difficulty sleeping, irritability, or even drinking to forget "the sads". Do chicks dig these types of scars?

I'm pretty sure my wife didn't dig my scars at first. Though I spent a long time in denial, my wife, Kathy, recognized my pain and tried to nudge me toward help. She tried being more assertive. She tried being flat out firm. She even tried tough love and reverse psychology. I blew her off like she was telling me that the grass was purple. Then, my internal scars all came to a head. Depression and heavy drinking came with them. I couldn't function well enough to work or get along with people.

Kathy never stopped fighting for me and for us. She was caring and compassionate, but let's not mince words; she gave me the business. She told me her concerns, she told me her expectations, and she told me she would give me all the help she could as long as it was just help. I had to do it myself because she couldn't do it for me. That got me through. That kept me in the fight. And, because I had support, I overcame the scars that were pulling me into depression and alcohol abuse.

Sadly, I'm not the only one whose job-related emotional scars affect family members on a daily basis. Annually, we're seeing more than 100 firefighter and EMT suicides, and this number is trending upwards. Like me, these individuals' scars cause them to question if life is worth living. And, without support from spouses or peers, they have nowhere to turn to discuss traumatic memories. Because society has attached such a stigma to emotional health and discussions about personal pain, many are afraid of what others

will think, so they just don't open up about their scars.

Worse, there is a fear that those who open up about their scars will be considered a burden because we take up time and resources for a condition you can't see on an x-ray or measure with blood work. I've felt that fear, and it is horrible. I spent the better part of a decade in that fear.

And, when you're alone without someone with whom you can process traumatic memories, you begin to believe things about yourself that simply aren't true. Emotional scars can make you believe that you deserve only the terrible things in life. When there's emotional trauma, many think they are broken and unworthy of love and compassion. It's demoralizing and degrades your will to fight. Who is going to fight for these people? They joined the fire service to stand up for those who needed help. What about when they need help?

I speak up for our brothers and sisters that feel like they can't be open because society will reject them and tell them they are wrong. I once had a psychiatrist tell me I didn't need services, that I "should get over it and move on." Another told me she didn't believe I had any experiences in my life that would be traumatic. Wake up! There are invisible scars that need to be looked at. Just because a firefighter or EMT is able to crack a smile does not mean all is well. So many young men and women have sacrificed their innocence, their youth, and their happiness in service of our fellow man and find ways to hide away the pain.

For many of us, the things we have seen are some of the worst that humanity can produce. It is our burden to bear as first responders. Those are our scars and there should be no hesitation to wear them proudly and to talk about them openly. We have given our lives to our profession and our communities. Just as the people we protect deserve compassion and care, so do we. Take care of yourself and each other. Ask for help if you need help. Know what resources are available. Own the way our profession makes you feel, and don't let that be what defines you. Emotional scars are not a source of shame. We all have some scars and they are indicators of what we have faced, survived, and overcome. Be proud of that. While these scars may not be ones to impress the girls on the playground, they are still mine and owning them shows me just how strong I can be. How are you going to own and honor the scars the job leaves on you?

Understanding Anger

By: Colleen Murphy



Anger is the one emotion we use so often and so frequently misunderstand. What's confusing about anger is that it usually pushes others away, when what we may really need is to draw someone in.

Anger is usually secondary to the other emotions we feel. Most of the time we get angry after we felt hurt, shame, guilt, embarrassment, fear, or even disgust. It's so much easier to walk around angry than it is to identify

what we really felt first.

Think about the angry bully in schools and how he or she taunts other children on the playground. Some of that probably stems from the hurt she herself has encountered from being bullied elsewhere. This doesn't make it ok. However, it helps those of us watching the anger unfold to hold off on a reaction and think of a better response. When we pause and ask ourselves, "Where is this person's anger really coming from? Does it really have anything to do with me?" we will be amazed at how easy it is to not take things personally. When we understand that there is something going on beneath the anger, we find it to be less offensive and more transparent.

Sometimes the angriest person is the actually the saddest. He can get stuck in an irritable depression cycle where he pushes away his loved ones with angry behaviors, when what he really needs is help. What he really needs is someone to ask, "What were you feeling before you got so mad?" Eventually, when we become more self-aware, we can call out your own emotions before they turn to anger, improving our relationships and making our communication skills soar!

Sometimes we substitute our emotions, which can make it even more confusing. Lets say, for example, you are grieving the loss of someone, and the hurt is starting to creep up on you. Instead of honoring the hurt, we start looking for reasons to be mad. We get mad that the wrong order was delivered at dinner. We get mad that the car in front of us is driving too slow. We get mad that there's food left out on a counter, etc. When these moments occur, ask yourself: "Do these little things really justify why I am so angry? If I weren't grieving a loss and ignoring/substituting the hurt that comes with my circumstances, would I really be this mad?"

Anger is a costume.

If we can understand that it masks what we really are feeling, it will be much easier to communicate and understand accurately what's going on. The more you know about yourself and your own anger, the easier it is to understand those around you. Be careful not to let your anger go on for too long without understanding its roots. If left unchecked, your anger will turn to resentment and your resentment will lead you to depression.

"Do these little things really justify why I am so angry? If I weren't grieving a loss and ignoring/substituting the hurt that comes with my circumstances, would I really be this mad?"

Colleen's Message:

Colleen Murphy, Family Coordinator

Hello Everyone!

I am so pleased to announce that the Spouse Program is continuing to grow and receive positive feedback! Matt and I presented about it in early May in Aurora, and we hope to be at a department near you this summer. We are currently working to compile a directory of peers, which spouses can utilize to provide support for their firefighters and themselves going forward. Stay tuned as we continue to provide ways to help you and your family "Make it Safe!"

- Colleen

ILFFPS Leaders

Executive Director -

Matt Olson

Public Relations Director -

Kelli Krupa

Clinical Director -

Dr. Kristy McKiness Ed.D, LCPC, ACS

Clinical Consultant -

Jada Hudson, M.S., LCPC

Lead Peer Coordinator -

Andy Perry

Significant Others/Family Coordinator -

Colleen Murphy

Faith Program Coordinator -

Tom Howard

Rosecrance Florian Program Coord. -

Paul Gardner

Retiree Program Coordinator -

Chuck Wehrli

EC/WC Regional Coordinators -

Chris Humer, Jimmy Zindars

NE/NW Regional Coordinators -

Paula Tomczyk, Bill Nyhanna, Josh Way

SW/Cook Regional Coordinators -

Tim Grutzius, Mike Kilburg

S/SC Regional Coordinator -

Kurt Litteken

PHYSICAL WELLNESS: Wellness, What is it?

By: Kyle Matousek



What, exactly, do we mean when we use the term “wellness”? We could refer to “emotional wellness” or “physical wellness,” but we really mean by those words? What does it mean to be emotionally well, and what does it mean to be physically well? For now, let me explain the idea of wellness in two parts: physical and emotional.

Physical wellness can be quantitative, meaning that it can be measured by actual numbers. A person can be categorized to a certain degree of sickness, wellness, or fitness. CrossFit HQ released an article in 2002 written by founder Greg Glassman on “What is Fitness.” There, Glassman explained that sickness, wellness, and fitness is a single measure of health. He went on to discuss that these three things are on a continuum on which everyone falls somewhere. (See Figure 1.)

Basically, this means is that someone with normal blood pressure, heart rate, body fat percentage, etc. ... is considered “well.” Those with better than normal ranges move toward “fitness”. And, those on medications or with higher-risk numbers move towards sickness. (Glassman, 2002). Admittedly, this is a very quick explanation of wellness. Soon we will summarize how it pertains to first responders and emotional wellness.

The next item to discuss is the idea of the comfort zone or “false wellness” as Figure 2 depicts. Many may think they are healthy because of what the media and society says is healthy. Remember, the sport of firefighting and the need for firefighters to live to a higher standard on wellness. So, the idea of false wellness is one where there are no symptoms, exercise is sporadic, and nutrition is inconsistent. This is where many people fall, though first responders should always seek optimal health. In order to move toward true wellness, lifestyle changes should be made –

“...False wellness is one where there are no symptoms, exercise is sporadic, and nutrition is inconsistent.”

nutrition becomes a higher value, exercise becomes more regular, and seeking lifelong health becomes a valued goal. Firefighters and first responders need to embrace the idea of wellness and learn to make it a lifelong journey.

Emotional wellness plays a vital role in both Figure 1 and Figure 2. However, quantifying emotional wellness is much more difficult. For example, lets say you are someone who is close to the “fitness” side of Figure 1. You eat well, exercise, and live the lifestyle of being well.

(Continued on page 11)

Figure 1



Our assumption is that if everything we can measure about health will conform to this continuum then it seems that sickness, wellness, and fitness are different measures of a single quality: health.

Continued: Wellness, What is it?

Figure 2



Now let's say you have a tough call – something that created a lot of emotional stress for you. You will actually move down on the continuum closer to the center, or “wellness”. Remember “fitness” is better than “wellness” in this graph. Now, imagine a person who is “well,” or actually living in “false wellness” and expose him to that same emotionally stressful situation. He will move from the center – “wellness” or maybe “false wellness” closer to “sickness” or disease. So, you see that being physically well can determine to what level emotional stress affects you.

I recently wrote a blog that compared firefighters to professional athletes, analyzing the sport of firefighting. The psychological and physical demands of the fire service are greater than that of an athlete. So, the need to be to the far right of both graphs is great. The healthier you are, the more fit you are, the better you can do your job, the better you will be able to deal with the stresses first responders face.

Back in 2014 I had one of the hardest years of my life, dealing with unfortunate family circumstances. My family's healthy lifestyle, I know for a fact, helped me get through it fairly unscathed. I did experience some illness from the stress I faced, and I can only wonder what it would have been like if I did not live this lifestyle. What first responders do is hard, very hard, and I will continually say that. Let's help each other and promote a wellness so that you, your brother/sister firefighter can be in the best position possible to deal with all the stresses firefighters face both physically and emotionally.

First responders need to maintain a lifestyle that promotes physical wellness: eat well, no big firehouse meals like meatloaf with gravy and mashed potatoes covered in butter (okay, maybe once in a great while). Exercise regularly and challenge yourself to be better, stronger, and faster. Talk about stress and emotions and what hurts you, it's okay to talk about things. Doing all these things is living the lifestyle and putting you in a position of optimal health. The payoff: you are a better firefighter, you are a better husband or wife, you are a better mother or father, you are capable of dealing with extraordinary things, and you simply feel better everyday. I know it can be hard to start, but do it together, and do it for each other. Firefighters work as a team, embrace that because it is said firefighters have the best job in the world.

“The more ‘well’ you are, the more prepared you are to face all the challenges life and this profession will throw at you.”

Semper Paratus,
Kyle Matousek
kyle.ff81@gmail.com

References

Glassman, G. (2002). What is Fitness. CrossFit Journal, 1-11. Retrieved April 7, 2016, from <http://library.crossfit.com/free/pdf/CFJ-trial.pdf>

To Stay or Not to Stay - That Was My Question

By: Andy Perry

In 1991, just a few days after graduating from High School, a neighborhood friend of mine asked me if I would be interested in joining my hometown's small volunteer fire department. Having given it a little thought from a previous conversation we had had, I agreed to meet him at the fire station to discuss what it entailed. We met that afternoon, and I was in awe of the apparatus and equipment. I admit I was a bit overwhelmed, but certainly intrigued. A short time into my tour, the assistant fire chief arrived and asked if I had made a decision yet. This question surprised me, as I was unaware of the decreasing number of volunteer firefighters in the early 1990's and the department's need for help. "I suppose" I replied. "Great" he said, "I just have three quick questions. If they go well, I'll have one more." He confirmed that I was eighteen years of age, lived in the city limits, and had no felonies. He then followed with the bonus question that I had quickly advanced to: "What size boots do you wear?" – And just like that I was a firefighter!

Two and a half years later, I had my right hand in the air and I was taking an oath during my swearing in ceremony to become a paid, full-time firefighter with the City of Peoria, Illinois. Since that first day meeting with the volunteer assistant chief, I had dived head first into every possible class, school, training, activity, and organization one could imagine that had anything to do with the fire service.

I was exactly two weeks short of my twenty-first birthday, and I had earned a degree in Fire Science Technology, become an Illinois State certified Emergency Medical Technician, had attended the University of Illinois Fire Service Institute summer college, attained my Firefighter II Certification, and had accumulated multiple other certificates. – And at age twenty years and fifty weeks old I had landed my dream career!

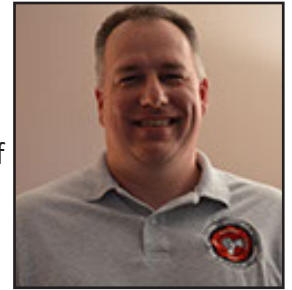
In March of 1998, in addition to having the greatest job in the world, I was married, owned a home and two cars, had a savings account, was putting money aside for retirement, and was on the brink of planning a family. Just after two o'clock in the morning of a warm spring day and nineteen hours into my shift, my life changed forever. I became lost and trapped in the attic of a multi-family dwelling on fire. I was alone without a radio, running low on air, trapped in place by rising impinging flames, and holding on to the nozzle of a fire hose that had burnt in half two stories beneath me. I panicked. I lost control of my mind. I froze

in place, went to my knees, and embraced my certain demise. How could I have so many things going for me only to have it all end like this?

A month later I was sitting on a couch in a shrink's office for my third visit in just a week. This meeting followed my being pulled to safety by my Captain and four weeks of hell.

I wasn't happy with my life. I couldn't make heads or tails of the fire. Why did everything go so wrong when we did everything right? Why did I escape completely unscathed physically and feel as if I would have been better off six feet under as a result of that awful night? I had a million questions and no answers. Now I felt as if I had become crazy and found myself here. Loaded up with anti-depressants and anti-anxiety medications, he encouraged me to return to work. The Union had done an amazing job of covering my shifts for me and fabricating a story of my absence, so I was on board with my return. And scared to death, I went back to work with only a handful of people aware of my situation.

I remember turning a corner as I rode backwards on the engine and seeing the plume of black smoke rise in the distance. This was about a month after coming back. My brain immediately went back to the attic. I felt my mind repeating its dismemberment from my body again. "I can't do this," I thought. I reached inside my coat and clumsily unpinned my badge from my shirt. "When we get there, I'll just give this to the battalion chief." The final turn we made near the end of the cul-de-sac confirmed what little bit of rational thought that I had left, when I saw the flames erupting from the roof of a split level home. If we are ordered into that building,



(Continued on page 15)

Continued: To Stay or Not to Stay - That Was My Question

I'm walking up to the chief and quitting. No ifs ands or buts about it. As fate would have it, we were not ordered into the building, but to protect an exposure. And that night in my bunk, I tripled my dose of medications and slept until shift change. "I won't be back," I thought, as I drove home, "Ever."

"That night in my bunk, I tripled my dose of medications and slept until shift change. 'I won't be back,' I thought, as I drove home, 'Ever.'"

The shrink visits increased but the time off from work was far from a picnic. I was forced to use my accrued time as the City took a stance against my claim that I was off for a duty related injury – this would later be settled in court.

I was diagnosed with PTSD, depression, and anxiety. I was losing weight, having panic attacks, and becoming extremely irritable. At my worst, sometime in the summer of 1998, I reached a point where my depression was so bad that I could barely make it out of bed and my anxiety was so intense that it was nearly impossible to live in my own skin. The mere thought of returning to work made me nauseous. I was experiencing a high level of suicidal ideation and my alcohol intake skyrocketed. I couldn't wrap my mind around how fifteen minutes of my life could leave me so desolate, fearful, ashamed, and bewildered. Why do I even want to get better? So I could return to work only to be faced with the exact same stressors all over again?

Little did I know, that question, to stay or not to stay, was exactly what I had to face. I asked my shrink, "Why would I want to go back? I'm just going to have to face this again." He smiled at me and this of course angered me. He told me that if I ever decided to go back to work that first of all, I would be ready. Second of all, if I returned to work, I would naturally be hypersensitive to my surroundings. Most importantly, though, if I returned to full duty, I would be afforded the opportunity to conquer what had beaten me, an opportunity many discharged war veterans never had. I went home that day and thought about that for a while. I could be afforded the opportunity to conquer what had beaten me. The opportunity. A chance to overcome. I experienced a glimmer of hope.

My return to full duty was ten months from that original fire. I knew I had a lot to prove to myself. I still felt like I had to prove myself to others. The shame of being off for ten months for a psychological reason terrified me as much as anything. After a week or so back on shift, I had not received any grief for my injury. This was a step in the right direction. To this day, over eighteen years later, I have yet to hear anything negative from another firefighter regarding that absence. The firefighting aspect of things came slowly as anticipated, but after the first year back, I thought about the small

opportunities that I had overcome. I didn't realize until about ten years later that I wasn't going to master or dominate, or overcome or defeat my past at one fire. I wasn't going to be able to claim victory after just one incident. I realized that, although a bit hypersensitive to my surroundings, every incident that I went to, I was regaining composure. I had begun to rebuild one brick at a time.

"I had begun to rebuild one brick at a time."

Today, in the spring of 2016, I look back at what happened in my career. It has been a whirlwind of a ride, and, God willing, I have several more years to go before I hang it up

for good. I continue to add bricks to the wall and probably will right up until the final bell. Firefighting is the best career ever, but like any other career, it comes with its down sides. I unfortunately came across a particularly rough one of those potholes but

was able to make it out. This brief recap of my story has many more parts and detailed events, but this is how I rose then fell and am rising again. Not everyone will emerge from this type of crossroads like I did, but I hope anyone that has the opportunity to overcome such an obstacle gives it a shot. My advice would be to get help early, disregard the stigmas, and take it at your own pace. Just don't go it alone.

-Andy

Writing Your Way to Healing

By: Jada Hudson, LCPC



You experienced a trauma. It was horrible. What now? How do you even begin to think about it? Where do you go first? You can't get it out of your head, and you don't want people to think you're weak. Should you talk to someone, or should you try to sort it out on your own? Should you take your time, or do you need to come forward right away?

The most important thing you can do to begin healing from a trauma is to deal with it in a healthy way based on how you, personally, need to start processing. That may mean you sleep more, you exercise, you talk to a trusted friend, you seek help from a therapist, or you start writing about it. In fact, one of the most helpful ways to begin to think through a traumatic event is by writing about it. There are so many subconscious thoughts that human beings hold internally – dreams, ambitions, fears, habits, desires, etc., and when people begin to write down their reflections on a situation, it engages their thinking on a deeper level. By using a different part of the brain, reflective writing can help us think about a traumatic

situation differently, shedding new light on it, and helping us be able to wrap our minds around it. You may be surprised! The part of the brain that is engaged during reflective writing may produce even more thoughtful insights than talking aloud can produce.

This is not to minimize the importance of talking through a situation with a peer supporter or a counselor. Having someone to ask insightful questions and relate to what you have been through is invaluable. But, there is power in taking a pen to paper and spilling your heart out. Think of this as translating your feelings into a story. There was an event, framed by all of your

“There is power in taking a pen to paper and spilling your heart out. Think of translating your feelings into a story.”

other life events, that occurred, and at the moment it makes no sense. But, as you fill in the words on the page, the story starts to take shape. You are the author and the main character, and you can begin to see how the event fits.

Research Psychologist James Pennebaker of the University of Texas conducted a number of studies
(Continued on page 17)

Today, I Hate this Job

By: Frank Sanford, Baton Rouge Fire Department



(Frank is an ILFFPS-trained Peer Supporter working in Baton Rouge, Louisiana. This was his post-trauma reflective writing, which helped him deal with

the intensity of the situation. Frank recommends that first responders write to help deal with stressful and traumatic events.)

I hate this job. Most of the time I love it. Today I hate it. “MVA cars rolled over” was the call. On the way, “unresponsive child” was the transmission on the radio.

Mind and body start racing, as I can feel this is going to be a bad one. I can only hope and pray, for my men who arrive on the scene first, that it is only a minor call with no injuries. I silently hope that maybe it's a over-active caller that just thinks it's bad. Maybe the little one just is lying still in the grass.

My Engine Co and District Chief arrive and calmly size up the scene before starting to work. When I arrive 30 seconds later, I see a large crowd around a little girl, who is laying in the grass motionless while two firefighters apply oxygen ever so gently to her face. I also see a man sitting not far from her bleeding

sitting not far from her bleeding profusely and saying over and over it was my fault it was my fault. He then tries to get up to get to the little girl, who turns out to be his granddaughter. During this time I am doing pt assessments on this little girl only to find no major injuries except to her head.

I ask my firefighter applying oxygen, “Is she breathing?” and he answers “Barley.” EMS arrives, and I run to tell them of the pts we have. They sprint to the child and somehow this elderly man who is bleeding from his head seems to be forgotten about for the moment. All care is being given to this lifeless little child in a polka dot dress. >>

Continued: Writing Your Way to Healing

that all found that writing about a stressful or traumatic event helped people come to terms with the emotional aftermath of such an event. Not only did writing help mentally and emotionally, but it also helped physically! Those in his study were less prone to post traumatic stress disorder (PTSD), but they were also less likely to suffer from asthma, arthritis, and even chronic fatigue syndrome later. And, he quantified it! Pennenbaker found that when people write for about 20 minutes a day – ideally at the end of the day – for three or four consecutive days, they were likely to have half the number of medical visits.

In my experience, anything you can do to get your thoughts out immediately after it happens is going to help you process and move forward. A high percentage of first responders are introverts and need time to think about things on their own. That is totally fine! Many introverts will sleep more and process a trauma internally. One way to begin to think through an event without having to process with another person immediately is to write your experience down.

If you're up for it, grab a piece of paper, and begin to write down everything that happened. Ask yourself

what you were feeling, why you were feeling that way, what senses were you using, what was stressing you out, what were you proud of, what do you wish hadn't happened, and, most importantly, what you want to learn from this experience. Once you've done some writing, set the paper down, and plan to write again later.

When you're ready, it is also incredibly important to process a traumatic experience with a peer supporter or counselor. So, reach out and get help because processing takes time, and the sooner you can begin to heal after a trauma, the sooner you'll begin to see the sunlight again.



Continued: Today, I Hate this Job

I pull a backboards and stretcher from the EMS unit and set it ready next to this baby as our firefighters and EMS crews work their hardest.

I also remember the crowd of onlookers gawking at this baby when I first arrived. I ask nicely for them to move back, and when they don't, I ask in a louder and different tone. It was starting to happen – the sick feeling in my gut. The past smells begin coming to my senses: blood, gas, oil, burned rubber. By this time we have loaded this baby and her grandfather in the unit, when I go to check on another little girl, crying. I find out this was the younger sister of the child in the unit.

She begged me not to put her in the ambulance. She also wanted her sister, that's when I had to walk away. Thirty-one years and I was starting to cry like a baby. I walked to my unit where I pretended to be looking for something. I actually ended up looking for a teddy bear or other stuffed animal that I could give her to take care of during this time. I gave it to her and then was told all our men on 683 were needed for pt care.

Pawpaw was still sitting on the bench in the unit crying and bleeding into a 4x4. Did no one care about him? Not at all. Everyone was taking care of the lifeless child. See, I know if you are crying and talking you are a lot better off than an 8- or 10-year-old not moving. I drive

straight to hospital, park, and jump out of the unit. I open the doors to help get this child to Trauma as fast as possible. I stand there, eyes fixed on her little body laying on the bed in the ER as the doctor says, "Pupils fixed and dilated. No breath sounds." They hook her to ventilator, so we can get her to CAT Scan. I don't want to move for fear she will be gone, so I stand and pray for what seems like forever. I stand there and cry. Hell yeah, I cry, as I hear her mother arrive. I, then, realize my men are standing behind me with the same look on their faces. So, I do what I always do. I turn and say, "Let's go, men. We have work to do." Yeah today, I hate this job! Tomorrow has to be better.

We are Not Teflon

By: Tim Grutzius



The name Teflon is synonymous with a chemical that is applied to cookware creating a non-stick surface. A cast iron skillet

treated with Teflon (a discovery of the DuPont company), was the first to be sold on the open marketplace with the slogan “Nothing Sticks to Happy Pan.” So what does this innovative product – a delight to cooks-home and professional alike – have to do with being a first responder or peer support team member?

The life of a first responder is by no means an easy one. On an annual basis, we are exposed to: environmental elements, toxic products of combustion, bodily fluids, communicable disease, and hard, strenuous work when it is called for. We have all been there, done that, and got the free t-shirt when it comes to the fire service. Our calling is not only taxing on the body, but it is demanding to the mind as well. Every time I have the opportunity to talk to the civilian population about my job, I always relate that I have seen things during my 20+ year career that the recesses of my mind will never, ever let me forget. In other words, unlike the non-stick “Happy Pan” we are not Teflon. Things can and will stick.

“We are not Teflon. Things can and will stick.”

(Continued on page 19)

So, I Got a Tattoo

By: Tom Howard



So, I got a second tattoo. I know what you’re probably thinking, “Really? A fireman with a tattoo is like walking into a coffee shop and seeing a barista with a ‘man bun,’ it’s a requirement now days.” However, before I explain my new tattoo, I should start by explaining both why I have tattoos, and the importance of my first one.

I always wanted a tattoo, but when I was in my late teens, early 20’s they still were not all that common and even carried a bit of taboo. My grandmother once commented to a tattooed friend of mine, “Were you drunk?” That being said, I still wanted a tattoo, but I didn’t want a half-naked woman or the standard barbed wire around the bicep.

No, I knew that when I finally decided to put something permanent on my arm, it would be something meaningful to me. So, I got my first tattoo in my late 20’s - a tattoo of a cockroach. Really? Yes. Let me explain.

I wanted to be a fireman like nothing else in my life to that point. And, one day, our senior man, the station engineer, came up with a drawing of our shift logo. The logo was an upright cockroach holding a line, an axe, a pike pole, and a cigar. This was based on a slogan, “2nd Shift: Tough as a cockroach.” The idea was that nothing can kill a cockroach, and that’s how tough we were. A couple months after the t-shirts showed up the first tattoo was inked. So, for about 20 years, I have had a larger than life cockroach hanging out on my left bicep. Over the years, it has faded, but there is still no mistaking it for what it is.



Often times, people ask to see it. I always love the reaction from people, especially outside the fire service. I am not even sure how many times I have explained the concept of tough as a cockroach – “Because you can’t kill them” – I would tell people, implying that just like the cockroach, I too was indestructible.

So, what about the new tattoo? Well to start, I turned 50 last November, and I wanted to do something to mark the milestone. I decided to get my second tattoo. This time, I knew just what I wanted. Several years ago, I answered a different call in my life, a call to church ministry. In June, I will be graduating from seminary with a Masters in Divinity, and as I near the end of my time in the fire service, I wanted a tattoo that marked this transition in my life.

(Continued on page 19)

Continued: We are Not Teflon

Enter Illinois Firefighter Peer Support to the dynamic world of the fire service, where no two days are alike. ILFFPS has grown to an organization of over 100 people, who have chosen to step up and help our brothers and sisters in need. There is not a request for assistance that goes by without several members answering the call at a moment's notice. We all come with our own story that may resonate with a peer in need. Although we do not have a magic wand to wave that will erase the painful memories he may be carrying, it is our caring demeanor and understanding ear that can help them to reshape his doubts and fears into a different perspective. If peers need services beyond our capacity, we can offer that as well by referring them to our Clinical Director and Clinical Consultant. This begs the question: Do we think we wear a coat of Teflon as peer supporters?

Recently, I have reflected at great length on this question. The answer requires further investigation or, at the very least, a serious conversation. It has always been my understanding that professional counselors and psychiatrists – who spend years in the listening field – themselves need someone to talk to. They need to debrief in order to cleanse and avoid trauma to their psyche. If they do it, why not us? Peer supporters, think back when you attended the initial peer support training and listened to your classmates each in turn tell their reason for being there. Did this affect you in anyway?

(Continued on page 20)

Continued: So I Got a Tattoo

My second tattoo is of a cross. This is a large wooden cross with my bunker boots at the foot, my coat hung on the cross, and my helmet sitting on top. It shows the idea of hanging up my gear for the cross. As I near retirement, I have a clear understanding of what my next step is. I want to continue helping others just in a different way.

I also included scripture from **John 15:13 "Greater love has no one than this: to lay down one's life for one's friends."** Because each of us in the fire service gives so much, I wanted to recognize that sacrifice.

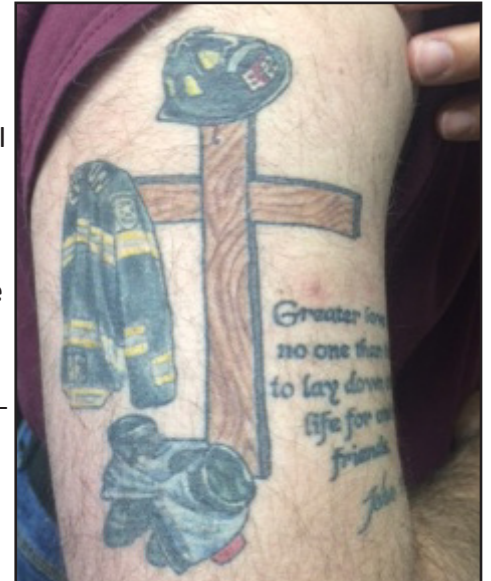
While my gear on the cross signifies my transition, the drop of blood dripping off the bottom edge of my helmet signifies the sacrifice

I have made over the years – including my aching knees and back! But, even more than the physical aches, that drop of blood is there to signify immeasurable mental stress and the countless mental images I have of the people that I have done my best to help, sometimes successfully, and sometimes not. That drop of blood signifies all the people that have called 911 for someone else, often a loved one, for one reason or another, the opportunity to help had passed. That drop of blood is for my brothers that I have seen go off the job because of an unexpected injury and the sobering reality that it could have just as easily been me in their shoes.

After I got my second tattoo, I realized its stark contrast with the first one. My first tattoo came about at a time when I was young and ready to take on the world. I thought I was indestructible. My second tattoo came at a time when I realize how firefighting has broken me. No, it can't take over my life. Yes, it has broken me, but it hasn't won. It has shaped me from thinking I was indestructible to acknowledging that I am not my uniform. My life is more than the shift I work.

After I got my second tattoo, I realized its stark contrast with the first one. My first tattoo came about at a time when I was young and ready to take on the world. I thought I was indestructible. My second tattoo came at a time when I realize how firefighting has broken me. Yes, it has broken me, but it hasn't won. It has shaped me from thinking I was indestructible to acknowledging that my true identity is found elsewhere.

Twenty-five years after my first tattoo, I now understand that I never was indestructible. I received the strength to face the successes, the failures, the trauma, the blessing, and the pain from the place where I rest my helmet – the cross. So, I guess my final question would be, "Where will you rest your helmet?"



Continued: We are Not Teflon

It is the greatest honor and privilege to be a part of this organization that lends a helping hand to others in need. So, to answer whether or not we are coated in Teflon, I am leaning towards "No." I think it would be prudent for every peer supporter to reach out and debrief with someone, even if just to say, "I am doing okay." It would be awesome if any of our clinical consultants or other team members could weigh in on this topic and add their level of expertise to this conversation as well. Please email me your thoughts any time! timgrutzius@gmail.com

Stay safe and be well,
-Tim

INPUT WANTED!

If you are a retired firefighter or will be retiring within the next few years, I would love to hear your input as we develop the Retiree Peer Support program! Call Jada Hudson at 630.815.3735 to share your ideas!



Envisioning a Happy, Hopeful Retirement for Firefighters

By: Jada Hudson, LCPC



As a part of the Illinois Firefighter Peer Support team, I am excited and hopeful about the launch of our new Retiree Peer Support program. My name is Jada Hudson, and I will be serving as the Clinical Consultant for Retiree Peer Support. I look forward to working with Retiree Coordinator Chuck Wehrli as we develop the Retiree Peer Support program into all that I know it can be. My background in counseling individuals, families, and children in addition to my firefighter counseling specialty, has given me such a vision for the later years of life and how emotional and psychological support can turn retirement into happy, fulfilling years. I know that the fire service is emotionally demanding and can leave scars and residual emotional wellness issues for those who have served, and I believe that surrounding these retirees with peer support changes everything for them.

Why Retirees Need Peer Support

Establishing a peer support program specifically geared toward retired firefighters introduces new psychological, physiological, and relational dynamics. Because these retired firefighters are no longer wrapped up in the daily busyness of firehouse life, they often find themselves searching for belonging and discovering that years of commitment to the fire service has left them feeling somewhat disconnected from family life and longing for a renewed sense of purpose and excitement. The vacancies left in these schedules leave room for them to realize the sadness or pain that was previously masked by busyness. So, it becomes easy for these retired firefighters to fall into depression, substance abuse and addiction, and even suicide, if left unchecked. However, Retiree Peer Support steps in to offer hope, a place to confide, and a renewed sense of belonging for these retirees.



Retirees Facing Depression

The first emotional wellness issue that often emerges in retired firefighters is depression. The most common Meyers-Briggs personality profile for firefighters is ISTP. Within these letters lie a wealth of knowledge about how these individuals make decisions, spend their time, and react to situations around them. But, for simplicity, note that the letter "T" stands for "Thinking." These individuals more often process information and make

(Continued on page 21)

“Between ages 40 and 50, more sides of one’s personality surface. Emotion begins to step in, and these ‘thinkers’ often do not know how to deal with it.”

decisions based on what they know rather than how they feel about a situation. Thus, they are more accustomed to operating without emotion. However, people experience a psychological development around the decade between ages 40 and 50, and more sides of one’s personality surface. Emotion begins to step in, and these “thinkers” often do not know how to deal with it. These emotions can be positive and negative, including new feelings of excitement, freedom, accomplishment, ambivalence, sadness regarding the loss of professional identity, anxiety, and/or pessimism. Firefighter retirees, then, not only find themselves with more time to think about their memories and pain, but also they find themselves with more emotion and the discomfort of not knowing how to deal with it.

According to Terrence Real’s book, *I Don’t Want to Talk About It*, men and women experience depression differently. Men often struggle with a depression that is difficult to identify – “covert depression.” Where women typically feel more comfortable expressing emotion, men conceal emotions and turn to behaviors that help them deal with their feelings. These behaviors can appear to be healthy or they can be obviously unhealthy: an endless pursuit of achievement at work, workaholicism, a compulsion with physical fitness, excessive exercising or sports performance, physical illness, alcohol or drug abuse, domestic violence, affairs, addiction to pornography, or other increasingly risky behaviors.

Being disconnected from the fire station and unearthing new emotions can lead many retired firefighters into covert depression. Sadly, unlike “overt depression,” this may mean that a man will “put [himself] at risk [rather] than acknowledge physical or emotional distress.” Who is he to talk to? Where would he go with these feelings, anyway? This is why these retirees need peer support. By opening up to someone who can relate to his past and his pain, he can experience healing, process even the most difficult trauma, and be free!

Retirees Facing Substance Abuse and Addiction

Unfortunately, one of the ways retired firefight-

ers deal with pent-up emotional pain is through turning to substances such as alcohol and drugs. When ingested, substances either excite or inhibit the brain’s messages, and they often provide a temporary escape from emotional pain. Painful memories or trauma recede into the background when an individual is under the influence. But, once the body filters the substance, painful memories emerge yet again. Continued exposure to addictive substances teaches neurotransmitters in the brain to adapt and addiction sets in. Individuals can no longer function normally without the excitatory or inhibitory response that the substance inspires, so they become dependent. Unfortunately, breaking this addiction requires withdrawal and often depression, but freedom can be achieved with commitment and support.

According to psychologist KM Jennison, becoming addicted to a substance may be a very easy thing to do at the turn of retirement. He acknowledges that “[Drinking alcohol] increase[s] during periods of prolonged exposure to emotionally depleting life change and loss, when supportive needs may exceed the capacities of personal and social support.” People who experience change or loss and do not have an appropriate support system to cope with these changes or pain, increase alcohol consumption. Without appropriate support, retired firefighters may develop addictions, and the physical ramifications will be worse due to age.

For those who are ages 65 and older, substances have more extreme ramifications. Physiologically, retirement-aged adults metabolize alcohol differently than they did when they were younger. So, one beer hits the body

“Retirement-aged adults metabolize alcohol differently than they did when they were younger. So, one beer hits the body in the same way two or three beers would.”

in the same way that two or three beers would. The increased alcohol saturation that occurs, then, makes it hit the system harder than it did in earlier years.

Further, alcohol and other substances worsen residual health problems in older adults, such as heart conditions, blood pressure, or even obesity’s effects.

(Continued on page 22)

Continued: Envisioning a Happy, Hopeful Retirement for Firefighters

According to Campbell J. Alper M's article "Alcoholism and Aging," published in 1993, alcohol can shorten life expectancy in older adults. It can destroy families and other relationships, reduce memory capacity and slow brain function, and diminish a person's quality of life.

But, substance abuse and addiction can be difficult even for doctors to identify because the negative effects of aging can look similar to the negative effects of alcohol. For example, if a person's memory is fading, it may receive a "dementia" diagnosis, when really it is a result of overconsumption of alcohol. Thus, peer support and accountability is crucial in the retired years, so that struggles are not faced alone, and substance abuse can be halted before it takes root and destroys a retiree's health and relationships.

Retirees Facing Suicide

Tragically, some retired firefighters experience deep enough emotional pain to drive them to suicide. Thomas Joiner, PhD., proposed the theory that in order for an individual to commit suicide, he/she needed both the desire to commit suicide and the ability to commit suicide. This desire to commit suicide developed under the specific psychological situation where an individual felt both the perception that he/she is burdensome and a low sense of belonging with others. This social alienation and feeling burdensome then drives the individual to undertake high-risk behaviors that expose the individual to pain and numb his sense of self-preservation. The individual may engage in fights, self-injury, or other accidents that serve to desensitize him to pain and make the ability to commit suicide a reality.

Retired firefighters can experience a sense of being burdensome to their families as they leave the fire service. Their occupational commitments have decreased along with their financial contribution to the family, which may lead to a sense that they are a burden. If this feeling grows, the individual may feel that his or her death would be more valuable than his or her life. Thus, leading to a desire to commit suicide. Add to this the loss of camaraderie he had while on duty,

and the individual has both indicators necessary for suicidal tendencies. Without peers to come alongside this individual, he may, indeed, end his own life. However, retiree peer support steps in and build a new sense of belonging, validating the individual's memories and fire service experiences, and reminding the individual that he is not a burden but a blessing.

Retirees Facing a Cancer Diagnosis

In addition to the psychological and physiological changes taking place at the turn of retirement, many retirees are blindsided by physical ailments or upsetting diagnoses. Cancer hits more frequently than expected for firefighters, mostly due to job responsibilities. According to a study produced by the National Institute for Occupational Safety and Health (NIOSH), those in the fire service are two times more likely than non-firefighters to be diagnosed with brain cancer and liver cancer, 2.8 times more likely to be diagnosed with colon and rectal cancer, 2.5 to 3 times more likely to be diagnosed with bladder cancer, and they have a higher incidence of non-Hodgkin's lymphoma and urinary cancer than non-firefighters. Sadly, cancer hits often in the fire service.

These retirees move forward by managing fatigue, adjusting to physical changes, and sorting through the financial issues, address changes, and relationship dynamics associated with a cancer diagnosis. But, they need not feel alone. By increasing communication with family members and peer supporters, cancer patients

can cope with processing the physical pain, the thinking about end of life, and with bereavement. Again, being surrounded by support changes everything for retired firefighters, regardless of their emotional or physical situation.

Making the Most of the Retired Years

After overcoming the emotions of retirement and painful memories experienced in the fire service, many retirees find excitement and purpose by pursuing second careers, meaningful leisure planning, or volunteerism. Retired firefighters now have the beautiful opportunity to create a new vision for the future.

"Retired firefighters can experience a sense of being burdensome to their families as they leave the fire service... If the feeling grows, the individual may feel that his or her death would be more valuable than his or her life."

(Continued on page 23)

Continued: Envisioning a Happy, Hopeful Retirement for Firefighters

By identifying values – strengthening long-term relationships, establishing new relationships, building fitness, mastering finances, giving back to others – retirees can take steps to frame their retirements around the pursuit of those values.

For many, the highest value in retirement is giving back. Psychologist and researcher, Eric Erickson identified the primary goal of adults in their mid-life as “generativity.” Erickson believed that, “All we want to do is create something that outlives us.” So, those in their midlife find meaning in passing on a legacy. David Levinson stated, “I truly believe that everyone has some way that they can help somebody else... They just need to know where they are wanted and needed, and sometimes they just need to be pointed in the right direction.”

After years of work and experience-accumulation, retirees are ready to pass on information, coaching, and support to the younger generations. Giving back to younger generations provides new purpose, self-identity, and fulfillment. Retired firefighters truly have so much to offer to younger firefighters, and it really is a win-win for both: retirees feel purpose, active firefighters feel empowered and equipped.

Financing a Healthy Retirement

Retirement offers endless opportunities! What will occupy the retiree’s time? Will he/she and the family move? What will the new retirement budget look like? Will he/she work and/or volunteer? Having a healthy retirement means laying a sustainable financial foundation. By defining retirement goals, considering the financial benefits associated with retiring from the fire service, and analyzing personal savings and investments, a retiree can determine the level of risk he/she can tolerate and what future plans will look like.

A financially-sustainable retirement should start with making a retirement budget and taking it for a



test-drive to see how it fits the family’s needs. Paying off debt and setting aside an emergency fund will bring peace of mind. Simplifying financial commitments will relieve pressures on the budget. Then, the retiree can assess what other streams of income will provide for the family – pension, fixed annuities, spouse’s social security, and other personal investments. These streams of income should aim to cover fixed expenses and provide additional budget space to pursue personal interests.

If moving out of state is a possibility, the individual should consider tax laws in prospective states. In Illinois, pension and retirement income is not taxed. Elsewhere, it may be. If the spouse will be taking social security, the individual should consider delaying as long as possible so that the social security payments increase. Beginning social security at age 62 will reduce benefits, and delaying taking social security until after age 66 or 67 will increase payments by 8% annually. If retirement starts early for an individual, he/she should consider seeking employment or even starting a business, where he/she can continue investing for future retired years.

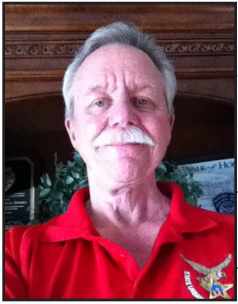
Retirement presents so many changes emotionally, physiologically, physically, and financially, but by approaching it with peer supporters, retired firefighters can find meaning, purpose, and excitement in this new phase of life.

INPUT WANTED!

If you are a retired firefighter or will be retiring within the next few years, I would love to hear your input as we develop the Retiree Peer Support program! Call Jada Hudson at 630.815.3735 to share your ideas!

Retirement - Are You Ready?

By: Chuck Wehrli, Naperville Fire Department, Retired



"You'll know when its time," said the old-timers. And, it was true. There comes a moment in the fire service when you say, "Yep, time to go." This time can be different for everyone, but most of the crew I know feels the same way. You just know. Some say, "20 and out," some say "25," and some say, "30." Are you ready?

"Is this what you really want to do?"

become chiefs in this area. But, the question to ask yourself is, "Is this what you really want to do?" Let's take a look at some of retirement's options one at a time.



BUT... BUT... IF I RETIRE, WHO WILL PUT OUT ALL THE FIRES?!
© Paul Combs www.ArtStudioSeven.com

Actively serving in the fire service has its unique challenges. But, retirement comes with its own set of issues – insurance, hobbies, new jobs, even health issues – that make us hesitate to take the leap and retire.

But, I began to know I was ready because of the issue of tradition. I am a fourth generation Naperville Fireman, and I was a part of the department from 1971 to 2006. So, when I began to hear, from the top, that they didn't care about the tradition established by my father and grandfathers, I began to think I was getting close to retirement. Did I go out on my terms? Yes. There can be many reasons to go, but I think we can all say it was/is the best job ever.

So, when I came to my retirement day, all I could think was, "Now what do I do?" Many firefighters don't plan their retirements. They dream of relaxing, mentoring, traveling, teaching, or investing their money. Some, from my department even, went on to

Option #1:

Teaching. There are many colleges, community colleges, and local fire academies that may be looking for Instructors. But, be ready because some of them require degrees, do you have one? There is nothing better than sharing what we have learned and passing it on to the next generation. You can make your retirement all about the saying: "The goal of an old fireman is to make a new fireman an old fireman." I, personally, love teaching locally and for the National Fire Academy.

Option #2:

Change Careers Altogether.

Work for a corporation, manage a hardware store, get a security position at a large business, or even become a Walmart greeter. Whatever interests you! The goal is to be happy and have a plan. If you do not need the money, you may just want to work because you like to

stay busy, like most of us with "Type A" personalities. Many businesses love hiring firemen, so take advantage of it!

Option #3:

Get Involved.

Join clubs at a local and or national level. Volunteer at food banks, for instance, or at your church. There are a ton of things to do, just don't sit around! It's not healthy. Giving back is one of the most rewarding things I do. I have become a Peer Team Coordinator with ILFFPS. I also got involved with the Firefighters Cancer Support Network after my cancer in 2012.

Option #4:

Go Back to School.

Learning and gaining new skills can open a world of opportunities for you! You could study something just for fun , or you could earn a degree or certification to start a different

(Continued on page 25)

Continued: Retirement - Are You Ready?

career or hobby. There are classes online or locally, so choose what fits best for you and get excited about moving forward!

Other Things to Consider:

Have you looked into insurance issues before you retire? What benefits are you entitled to besides a pension? Do any of these benefits run out after a year, like my dental did? Believe it or not, that AARP info you started to get at age 50 pays off! Before you retire, you need to look at all of this. Are you applying for your social security early from other jobs you may have had? Do you have a medical account from your city from sick leave? Save that sick time! It will come in handy. Trust me.

Planning a retirement can be somewhat scary. Like I said, what will you and your spouse do? Sit down with a financial planner and human resources to figure out a plan. Most of all, have a happy and healthy retirement. And, when the time comes, welcome to the club!

Chuck Wehrli is a retired Naperville Fire Department Captain. He started as a volunteer in 1971 and retired in 2006. He is a former Task Force Leader for ILTF-1. Former FEMA US&R Safety Officer with MOTF-1 that was deployed to "Ground Zero" on 9/11 and teaches for the Romeoville Fire Academy and the National Fire Academy. He is also a Team Coordinator for the Illinois Firefighters Peer Support group. He can be reached via email at FireL7@aol.com.

Wellness Recipe: Stacked Veggie Casserole



- 3/4 C Brown Rice (uncooked)
- 4-6 medium Tomatoes
- 6 medium Zucchini, sliced
- 1 Red Bell Pepper
- 1 Green Bell Pepper
- 1 C sliced Carrots
- 1/2 C Green Onion, sliced
- Low-Fat Mozzarella or other cheese
- salt & pepper to taste
- Garlic Powder to taste
- Your Favorite Seasoning Blend, to taste

Preheat oven to 425° F. Spray 9x13-inch baking dish with olive oil spray. Sprinkle brown rice over the bottom of the baking dish. *Layer zucchini slices over the rice, and sprinkle chopped red bell pepper over top. Then, layer sliced tomatoes throughout, and sprinkle with sliced green onion. Season heavily with salt, pepper, garlic powder, and your favorite seasoning mix. Make another layer of zucchini, sprinkle with carrots, add another layer of tomato, and sprinkle with green bell pepper. Season heavily, again, with salt, pepper, garlic powder, and your favorite seasoning mix. Top with thin layers of sliced low-fat cheese. Cover with foil and bake for 45 minutes. Uncover and continue baking at 350° F for another 30 minutes. (Makes 10 servings)

*If desired, use other vegetables. Just make sure to do two layers of tomato to ensure you have enough moisture for the rice.

Wellness Recipe: Hummus Crusted Chicken

(modified from *Gimme Some Oven* blog)

- 4 chicken breasts, boneless & skinless
- salt and pepper
- 1 zucchini, chopped
- 1 yellow squash, chopped
- 1 C hummus, homemade or store-bought
- 1 Tbsp olive oil
- 2 lemons
- 1 tsp smoked paprika or turmeric

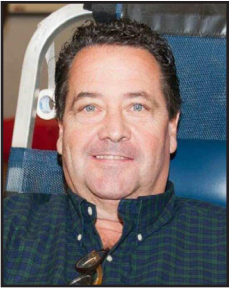


Preheat oven to 450 degrees. Prepare one large baking dish with cooking spray. Pat the chicken dry. Season the chicken breasts with generous pinches of salt and pepper. In a large bowl, toss the zucchini, squash and onion with olive oil until evenly coated. Season with salt and pepper.

Place all of the vegetables on the bottom of the dish in an even layer. Lay the four chicken breasts evenly on top, then cover each chicken breast with the hummus so that the entire breast is covered. Squeeze the juice of one lemon over the chicken and vegetables. Then sprinkle the pan with smoked paprika or sumac. Thinly slice the remaining lemon, and place the slices in between the chicken and vegetables if desired. Bake for about 25-30 minutes, until the chicken is cooked through and the vegetables are tender. Serve immediately.

Dear Mom, It Got Dark for a While

By: Tripp Wilson



Dear Mom,

I know you've been gone 30 years now, but it seems like just last week you were here. I'm glad we still have our weekly talks. They mean a lot to me - now more than ever.

We've talked, over the years, about all that has gone on in my life and all the things I have seen. Of course, that includes all the things I will never un-see. These un-seeable experiences have been the topic of many of our conversations - good and bad, happy and sad, terrific and terrible.

The good include dating Susi, our wedding, the births of our daughters, buying our first home, taking the girls to Disney, going fishing and camping together, giving our daughters away to their husbands, and the births of our grandchildren. Those are just some of the images I desperately hold onto as I fall asleep at night. The 35 years of being a fireman, along with 58 years of life, have also provided me with images I will never un-see that are the opposite: tragic, horrific, and sometimes unbearable. Death, dismemberment, pain, suffering, and inhumane acts, made me question God sometimes on a daily basis.

Mom, that's when it got dark for a while. My life became one of confusion and unmanageability.

From the outside, things appeared normal: good job, beautiful wife, two beautiful children, house paid for and cars in the driveway. But, when I retired, I would page through my mental life book at night as I fell asleep, and I became unable to turn past the bad pages to see the good ones. Sleepless nights, anger, frustration, and fear became daily emotions for me. I became a mean, selfish, self-centered, egotistical, and difficult to be around.

"When I retired, I would page through my mental life book at night as I fell asleep, and I became unable to turn past the bad pages..."



I needed an escape. I used alcohol to sedate my racing brain and numb my emotions. You told me to talk to other guys and share my thoughts with them, but I reminded you that I was a fireman, tougher than my emotions. I could hear you thinking I was wrong, however I told myself I was in control. I just needed to ice it up, tape it up, and get back in the game.

Fortunately, and with the grace of God, I gave up on searching for all the answers and surrendered to the fact that I needed help. All the begging and reading and searching was fruitless. I asked for help and the answer was clear, talk to another drunk about the drinking and talk to another fireman about what I have seen, and if they are the same person, all the better.

The Florian Program at Rosecrance gave me the open door to do both, I was able to start to confront my demons, alcohol, and memories.

Meeting face to face with my peers brought me to the reality that I was not alone. Brothers in experience, we were able to share those deep dark defects of character that I was holding onto as my own. Terror, bewilderment, frustration, and fear were no longer reigning over me. And, as long as I shared with another, I was free. Returning to Rosecrance monthly, to meet with my brothers and sisters who are still suffering, allows me to continue my healing by sharing. It also helps them know that they are not alone. A gift of peace and serenity has been given to me, and to keep that gift, I must give back what was so freely given to me.

"Meeting with peers face to face brought me to the reality that I was not alone."

The very same peace and freedom I live with today is available to anyone who is willing to surrender their pride and ego, just long enough to talk to another peer, and share. Talking and sharing is NOT a sign of weakness, but a sign of strength and a path to freedom. Thanks again for listening mom, I get to go meet with some guys. Talk again next week. I still miss you!

Love, Tripp

The Other Side of Death

By: Tom Howard

Ok, so the title sounds a little ominous, but for those of us in the field of first responders, I think we're overwhelmed with tragedy, particularly when it comes to death. Let's face it, people don't call us because they're having an awesome time and suddenly decide they need a few more people to share the good times with. Nope, we get the call because grandma came for the turkey dinner and didn't make it through to dessert. We get the call because the missing child was found in the pool, but he/she isn't swimming. Or, we get the call when the wife gets home and finds the husband has taken his own life.

I could continue with a much longer list, but I have no doubt that everyone reading this could add their own tragedy to the list. Whatever the situation we all know the routine: tones go off, we head out the door, arrive, rush in, and see multiple family members somewhere between shock and grief mode. Or even worse they are in delusional mode and believe that a miracle will take place and the dead will be revived by our mere mortal hands. We must also recognize those times, by some miracle, we actually do revive someone that has been down. We all go back to the station sad that we had just sustained someone to continue for an undetermined amount of time, living as a vegetable.

The point in all this is that time and time again we see the worst side of tragedy: the sad unexpected reality of sudden death. Over time, this repeated exposure to death in this way can create the unreal idea that death is always sad and tragic.

I have just completed 160-hour clinical rotation as a hospital Chaplain. I have to admit I had expectations of what it was going to be like – of course these expectations were formed from my many years in the fire service. My first day on the floor, I expected to move from room to room, tragedy to tragedy. To my surprise, that is not how it went at all. Instead much of my time was spent just checking up on people recovering from surgery. Then it happened: "Code Blue, eta to the ER 5 minutes." This was the announcement that goes out over the hospital wide intercom system.

This was a call for the Chaplain to respond for someone coming into the ER in full arrest.

As I made my way down, I was preparing myself for the drama to be played out with a family that is losing a loved one. Now I'm glad to say that they don't just drop me in the mix and say, "Go." I meet up with the full-time Chaplain, and we gather information as we wait for the family. All the while, I am playing out the scenario of the arrival of the grieving wife and surely a couple kids that have, without notice, lost a father. I have vivid pictures of shocked family members is my mental rolodex ready in a moment's notice.

As the family arrives, of course they are taken to the "Family Room," which we all know is really the "Oh, crap!" room. They don't take you there to pop the champagne to celebrate a miraculous recovery. Anyway, as the family arrives, there are the expected tears, and I wouldn't say shock, but there was an element of surprise; this was not an expected occurrence.

Then, something happened. The mood changed. The wife was the first to say it out loud. You know he really wasn't doing well. She went on to explain that he hadn't been himself. In fact, with a quick onset of dementia, he really didn't remember anyone in the family and hardly spoke a word any more, she explained. For this woman and her kids, there was a real sense of relief in the death that had just taken place.

It wasn't long after that day that I had a request to come by a room in ICU for a man that was dying and would like to have prayer for himself and his family. Off I go, again prepping myself, pulling stock photos from my mental rolodex of the shocked grieving family facing death. As I arrive, I see a man that looks very pale. He

"Fearing the unanswerable question of 'Why?', I enter the room. To my surprise... I get a story about... how this gentleman has outlasted the doctor's expectations by more than a year and a half."

is attached to a12-lead, and he is jumping into and out of runs of V-tac. With so many years as the fire medic, my thoughts are geared to fix this, but also, I know it's unfixable.

Fearing the unanswerable question of "Why?", I enter the room. To my surprise, rather than why or how

(Continued on page 28)



Continued: The Other Side of Death

could this happen, I get a story about how this gentleman has been sick for a couple years. He explains how he has outlasted the doctor's

"I can't help but have my reality shattered; this image was not in my rolodex."

expectations by more than a year and a half. Again, what I thought and expected to be a sad event filled with anger, shock and an overwhelming time of grief, turned out to be nothing of the sort.

As I listened to this man, who had outlived the expectations, he had his grandson sitting up on the bed. He looked to be around ten years old.

His voice had a tired tone, and he explained that he felt he had had a "good run." He said his life has had its struggles, but he was at peace. He was glad to have his family with him at this time, but he was looking forward to being with the Lord and resting. I offered a prayer with him and his family that had gathered and went on my way. I don't know the actual outcome for that man, but I can't help but have my reality shattered; this image was not in my rolodex.

Of course, I know that this is not how everyone dies – with this amount of grace and dignity – but I am left with a couple observations. First, I wonder how many people I have run across that are in my mental rolodex of death, but in fact, it wasn't a tragedy at all but a welcomed time. Second, and an even bigger question then is, what does it take to be ready? Have they run the race and are tired and ready?

Most of all, from my experience in the hospital, I learned that what I have lived in the field as a first responder is not the full story. This has given me some peace. This hasn't put everything to rest. If there is one thing we learn from this job, it's that none of us knows our time, so it's probably best to have our affairs in order. I know I won't have some of the answers this side of heaven. At the same time, this has given me some peace, and in a job that is filled with so much chaos, I will take a slice of peace wherever I can get it.

Ultimately for me, my peace is found, just like the people I have visited in the hospital. They all understood there was something bigger than them. For me, I will lean on the Lord and trust in Him.

Philippians 4:5-7

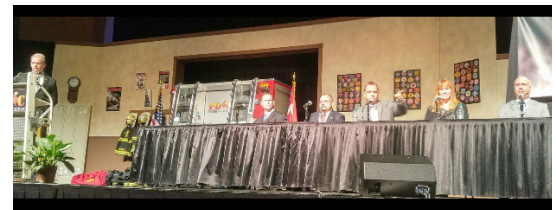
"Let everyone see that you are considerate in all you do. Remember, the Lord is coming soon. Don't worry about anything; instead, pray about everything. Tell God what you need, and thank him for all he has done. Then you will experience God's peace, which exceeds anything we can understand. His peace will guard your hearts and minds as you live in Christ Jesus."

"What I have lived in the field as a first responder is not the full story. This has given me some peace."

FDIC Pictures



Peer Support Booth at FDIC



FDIC Roundtable Discussion

Kendall's Quote

