



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Enhancing Your Peer Support Program:

Beyond the Basics

Strive for Excellence 2026



Introductions



Gordon Wilson

IAFF Behavioral Health Specialist



Tracey Wright

IAFF Master Instructor



Mike Wells

IAFF Master Instructor



Justin Price

IAFF Master Instructor



William "Bill" Crews

IAFF Master Instructor





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ALWAYS THERE



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William "Bill" Crews

IAFF Master Instructor





Introductions

- Name
- Local
- Peer Team Involvement
- Years Involved with Peer Support
- What is the biggest problem your Peer Team is dealing with?

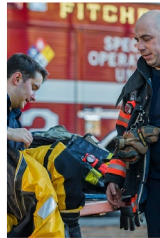


IAFF Behavioral Health Updates

WHAT IS THE IAFF DOING IN BEHAVIORAL HEALTH?



Online Behavioral Health Awareness:
22,856 Trained



Peer Support Training:
14,525 Trained



Resiliency Training:
2,218 Trained



Helping Member In Recovery:
581 Trained



Safety Planning Intervention for Suicide Prevention:
892 Trained



Anger Management for Fire Service Members:
647 Trained



Emotion Regulation for Emergency Responders (ER4ER):
803 Trained



Disaster Response Peer Support:
952 Trained



IAFF Center of Excellence:
4,239 Members Treated

**As of January 28, 2026*



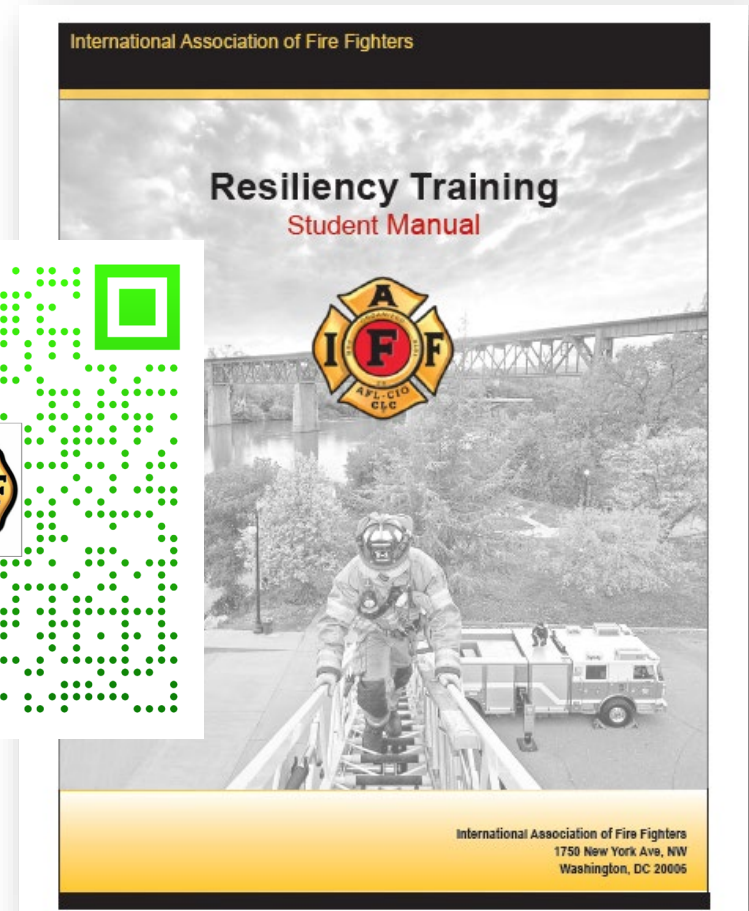
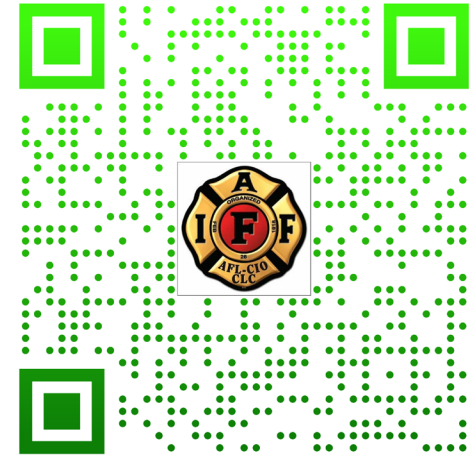
IAFF Peer Support Training: Program Updates

- IAFF Peer Support training Launched **2016**
- **45** IAFF Master Peer Support Instructors
- **14,525** individuals trained to date
- **731** classes delivered in the US and Canada



IAFF Resiliency Training: How to bend and not break

- Teaches individual and organizational resiliency via 6 concepts
 1. Positive thinking
 2. Positive interactions
 3. Positive emotions
 4. Mind/body intervention skills
 5. Nutrition and exercise
 6. Spirituality
- In-person or virtual training options
- Scan QR
 - To request training
 - See upcoming virtual dates



Emotion Regulation for Emergency Responders

ER4ER

- Emotional Regulation Skills for Emergency Responders
- Two-hour self-paced online course
- Free, open to anyone
- Teaches emotion regulation skills for healthier coping
- Collaboration with IAFF and Warriors Research Institute



Helping Members in Recovery

- Free, two-hour self-paced online course
- Intended for fire service members who want to support others in treatment and recovery
- Course Objectives
 - ✓ Identify common behavioral health problems in the fire service
 - ✓ Describe different levels of behavioral health treatment
 - ✓ List the Stages of Change
 - ✓ Discuss strategies to support members in recovery
 - ✓ Describe the importance of personal boundaries
 - ✓ Discuss strategies for affiliate leaders to support members in recovery

Helping Members in Recovery

Designed by Fire Fighters in Recovery for Those Who Want to Help



Description
Helping Members in Recovery is an awareness-level training for fire service personnel who want to support a colleague that is currently engaged in or has recently completed treatment for a mental health or substance use disorder. The course provides a comprehensive overview of common behavioral health problems in the fire service, levels of behavioral health treatment, specific strategies to support a member in their recovery journey, and best practices for affiliate leaders.



Format
This is a self-paced, two-hour course that will take approximately two hours to complete in any order.

Developed by the IAFF
The International Association of Firefighters (IAFF) is the largest labor union for fire service professionals in the United States and Canada, representing over 333,000 full-time professional firefighters. In collaboration with IAFF's mental health and wellness committee, the course was developed by IAFF members and licensed fire service professionals.



Course Objectives:
After completing the course, participants will be able to:

- Identify common behavioral health problems
- Describe different levels of behavioral health treatment
- List the Stages of Change
- Utilize strategies for supporting members in recovery
- Describe the importance of personal boundaries
- Discuss strategies for affiliate leaders to support members in recovery



Who should complete:
The course was designed for fire service members, but it is open to anyone.

- Any fire service member who wants to better understand the process of behavioral health treatment and recovery
- Any fire service member who wants to support a colleague seeking help for addiction or mental health problems
- Labor and management leaders who want to create a work environment that fosters recovery
- Any fire department personnel interested in helping others, including peer support team members, chaplains, human resources staff, and health/wellness program staff

How to Access the Course

- Visit the [course home page](#)
- Log-in or create an account
- Click "Register Myself"

www.iaff.org/behavioral-health



Anger Management Training for Fire Service Members

- Online self-paced course open to anyone (free)
- Consists of seven weekly modules (20-30 minutes) each with corresponding home practice
- Teaches evidence-based skills to manage anger more effectively & develop a personalized anger control plan
- Collaboration with IAFF and Duke University



Anger Management Training for Fire Service Members
Turning Down the Heat

Description
Anger Management training helps fire service members recognize and respond to challenges, or as a support for members that would like to help the process, and may be used and this course to

Format
This interactive self-paced course consists of seven modules. Upon

Developed By
This course was developed in collaboration with clinical care, research The International Association of Fire Service Professionals and paramedics and

Course Objectives
After completing this course, participants will be able to:
• Understand the triggers for anger and how to self-monitor
• Use a tactical pause to interrupt the anger cycle
• Identify and reframe unhelpful thoughts that contribute to anger
• Manage anger through interpersonal skills
• Develop a personal anger control plan

Who should complete this course?
The course was designed for IAFF members, but is open to any fire service member and the public.

www.iaff.org/behavioral-health



IAFF Peer Support Program Coordinator Collaborative Meeting

The IAFF Peer Support Program Coordinator Collaborative Meeting is a monthly forum designed to provide a space for Peer Team Coordinators to exchange ideas about peer team; operation, guidelines, training and continuing education, operational challenges, new ideas, and any other behavioral health or peer team topic a coordinator would like to discuss.

Third Wednesday of each month



Recovery Meetings Every Friday and Sunday



IAFF Online Recovery Meetings

Coping with or in recovery from an alcohol or substance use problem?
Join an IAFF Online Recovery Meeting.
Meetings occur Sundays and Fridays.

No pre-registration needed. Hosted in Zoom. Participate with video or audio only;
no identifying information is required – we do not monitor or track participants.

For the online meeting schedule, visit
www.iaff.org/behavioral-health/#online-recovery-meetings



**Confidentiality
Challenges**

**Worker's
Compensation**

Data Collection

**Peer Team
Budgets and
Funding**

Team Recruiting

**Marijuana,
Ketamine, etc.
Treatment Policy
Development**

**Changing the
Culture of
Discipline**

Team Self-Care

**Educating and
Equipping
Company Officers**

**Fit-For-Duty Policy
Development**

Outreach

**Deployment After
PTEs**

**Educating and
Equipping
Command Officers**

**Vetting Clinicians
and Treatment
Facilities**

Recruit Education

**Resource
Development**

**Family Education
and Involvement**

Team Engagement

**Retiree Education
and Inclusion**

Sleep

**YOUR
TOPIC**

Let's Wrap It Up



TOPICS



Confidentiality Challenges

Confidentiality

Protection for Peers

Protection for Peer Supporters

Maintain the integrity of the Peer Support Program



Legislative Protection

**Peer Support Testimonial
Privilege
Presumptive
Seeking Treatment**

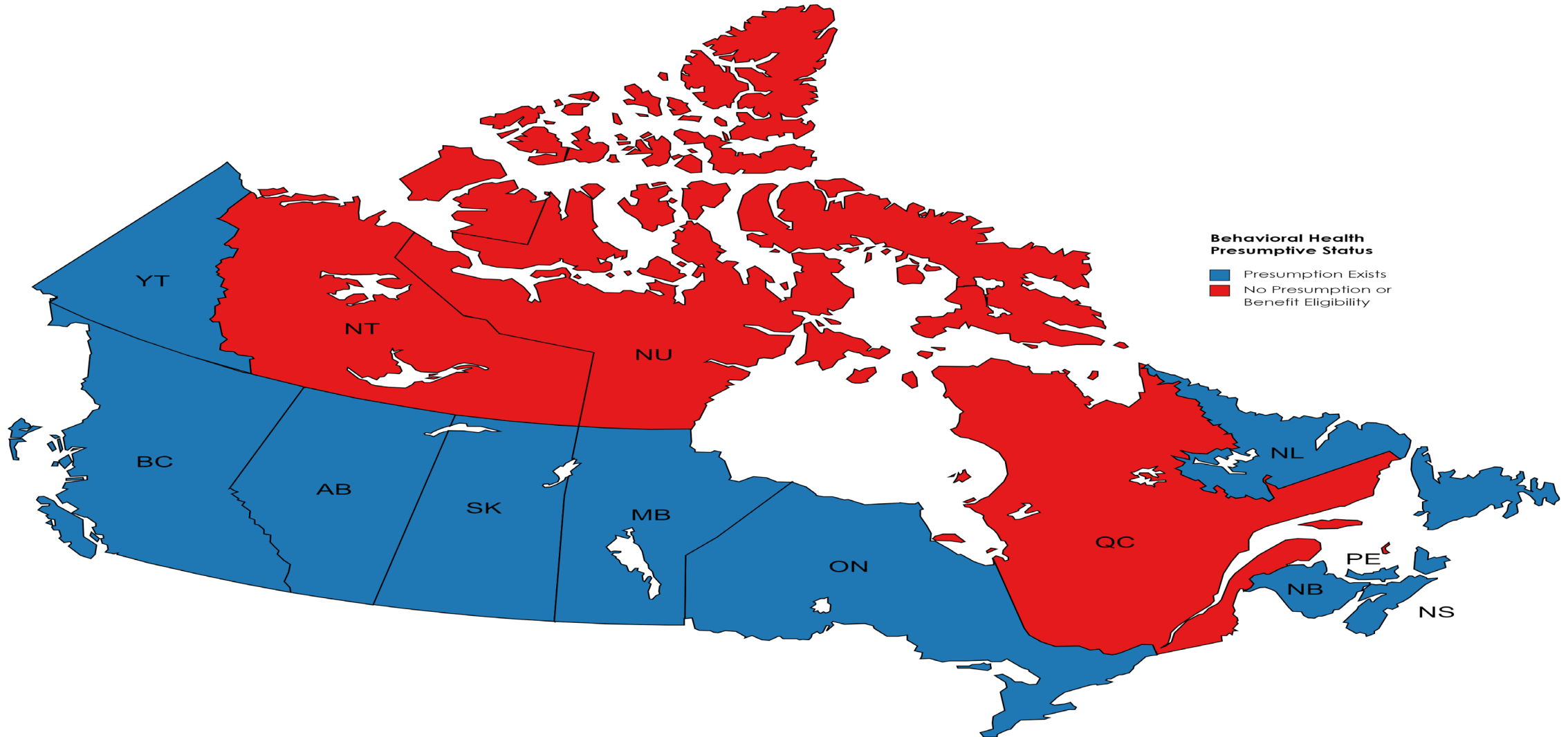


This Photo by Unknown Author is licensed under [CC BY-SA](#)

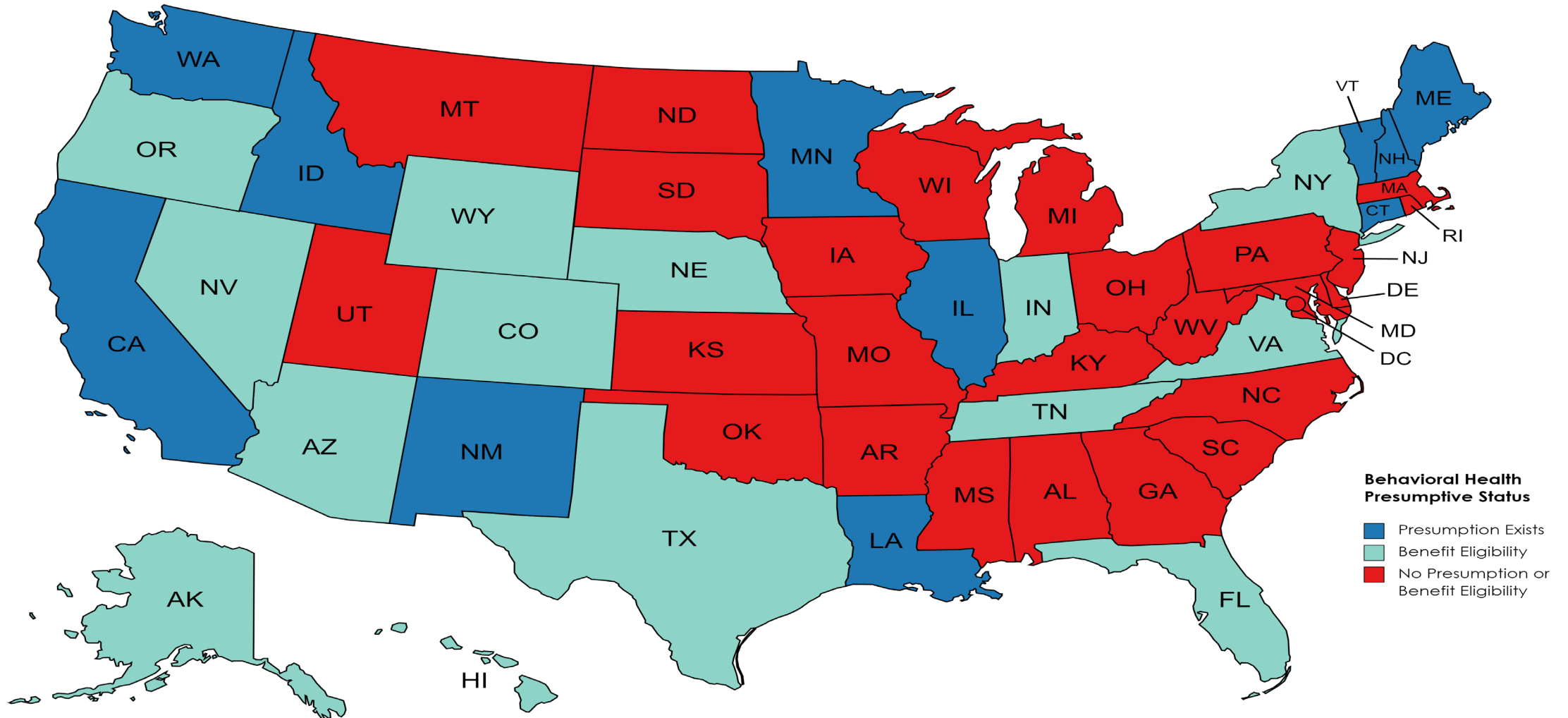


Worker's Compensation

Behavioral Health Presumptive Status - Canada



Behavioral Health Presumptive Status – United States



Data Collection

Peer Team Budgets and Funding

Team Recruiting

**Marijuana,
Ketamine, etc.
Treatment Policy
Development**

Challenges in Measuring Impairment Due to Marijuana Use

Despite marijuana's increasing legalization, accurately measuring impairment remains challenging, especially when using urine or blood tests.



Challenges in Measuring Impairment Due to Marijuana Use

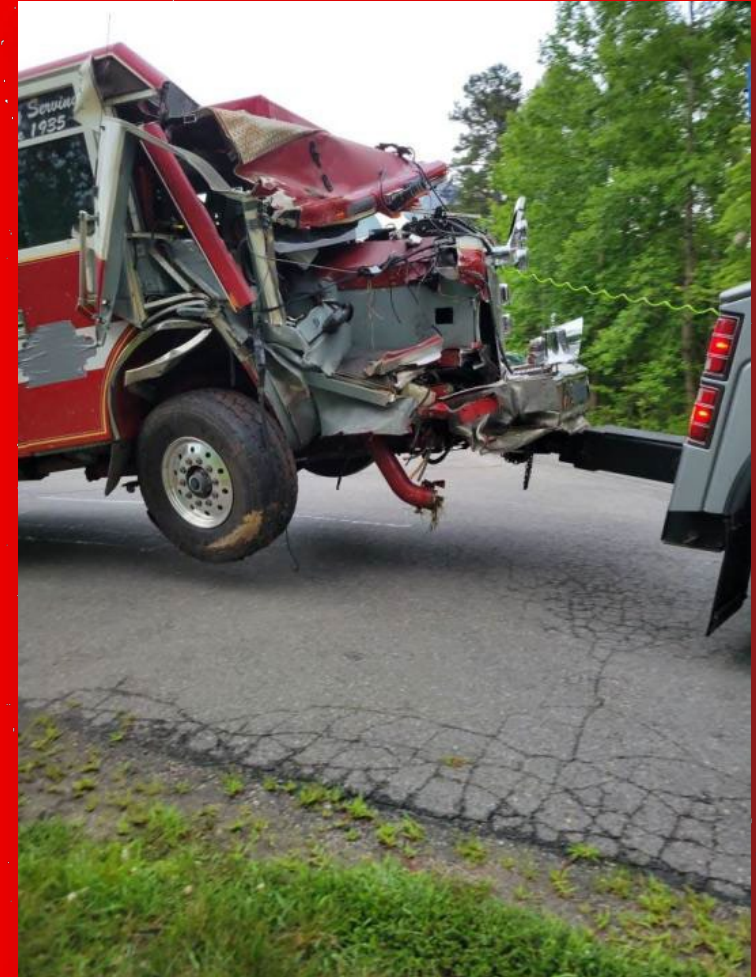


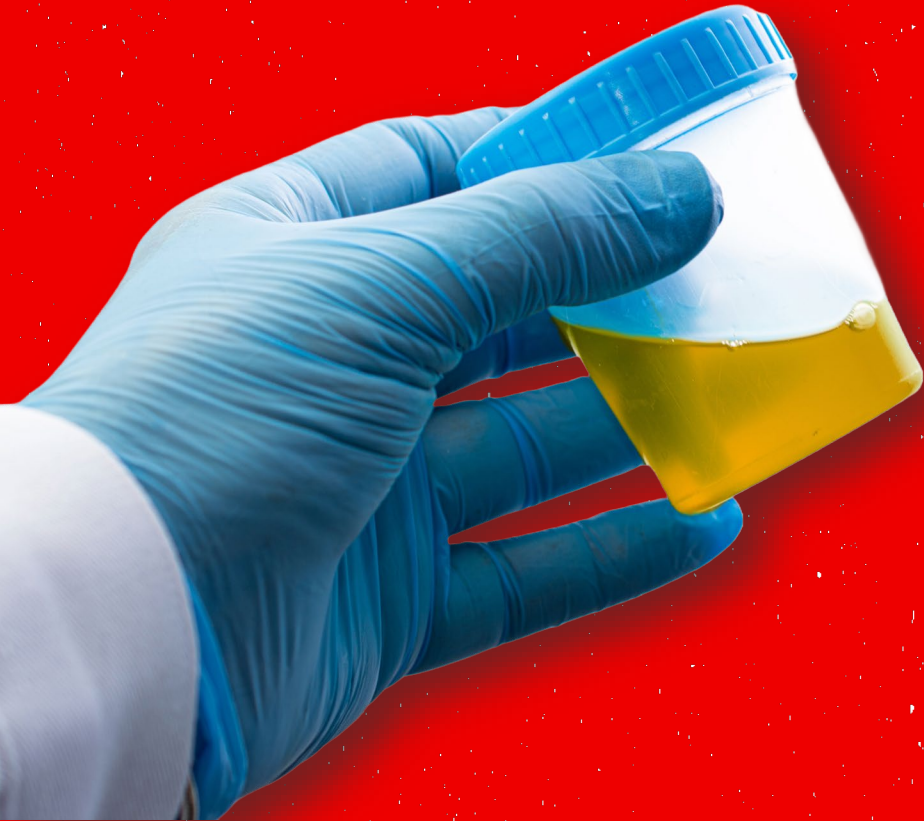
These tests primarily detect marijuana metabolites rather than real-time impairment, complicating their application in workplace and legal settings.



Importance of Accuracy

- Workplace and discipline settings require reliable measures of impairment for safety and compliance.
- Marijuana use can affect reaction times, attention, and decision-making.
- Current testing methods focus on the presence of THC, not on real-time impairment levels, potentially leading to unfair or inaccurate assessments.





Urine Tests

- Detect metabolites of THC, the psychoactive component of marijuana
- Typically identify THC-COOH, a non-psychoactive metabolite

Challenges

- Long Detection Window
 - THC-COOH can remain in the body for days to weeks, long after the effects have worn off
- Lack of Correlation with Impairment
 - Presence of THC-COOH indicates past use but not current impairment
- False Positives
 - Regular users may test positive long after impairment has subsided



Blood Tests

- Measure active THC ($\Delta 9$) levels, which peaks shortly after use and then rapidly decreases.

Challenges

- Short Detection Window
 - THC levels in the blood decline within hours, often faster than the duration of impairment
- Inconsistent Impairment Correlation
 - THC blood concentration does not consistently correlate with the level of impairment.
- Intrusive Nature
 - Blood draws are more invasive than urine tests, creating privacy and practical concerns.



Variability in Impairment

- Tolerance
- Metabolism Rates
- Method of Use

These individual factors make it difficult to standardize impairment levels based on THC concentrations alone.





Alternative Approaches



- Behavioral and Cognitive Testing
- Developing Breath and Saliva Tests
- Combination Approaches
- Employee Education



Changing the Culture of Discipline

Taj Wright



- 37 Years Old
- Member of DFR 9 Years
- Early 2017 Arrested for DUI
- DFR has a “Two-Strike” Policy
- Placed in a two-year rehabilitation program
- Late 2017 failed a breathalyzer test
- Placed on Admin Leave and sent home
- Sent a text to his family and died by suicide that afternoon
- Only after his death did his crew share the struggles Taj had confided in them individually



“

In an attempt to promote cultural change in the department, there was a general agreement that we needed to transition from a ‘gotcha’ mentality to a more progressive, rehabilitative model.”

Chief David Coatney



Everything in Moderation

- Mental health is not a “Get out of responsibility for my actions card”
- Taken too far, it can destroy good work that has already been done
- Culture change is not to eliminate disciplinary action
- Consider it a “pause” to evaluate and plan the next steps to protect our members





Culture change happens through a movement, not a mandate.

Every member plays a role in the culture change of the department. Everyone has responsibilities in adapting their own way of thinking and actions to create realistic change in our departments for the betterment of all.





“The (insert name here) is not doing enough to protect us from diesel exhaust fumes in the station!”



What can the Fire Chief do?

- Encourage open communication
- Provide mental health resources
- Offer resilience training
- Foster a culture of wellness
- Recognize the signs of fire fighter mental health issues
- Address the stigma
- Offer support to families
- Foster a change from being reactive to proactive



What can our members do?

- Prioritize sleep
- Improve diet
- Exercise
- Diversify their life / Work-Life balance
- Involve their families
- Renew social connections
- Attend and engage in training
- Be aware of self-medication and substance use
- Keep up to date with medical care
- Reach out and accept help when needed



What can we do as a Peer Team?

- Keep the conversation going
- Make regular station visits
- Find / develop fresh training
- Educate recruit to retiree
- Educate from tailboard to chief
- Keep resources up to date
- Advocate for your members
- Model the desired behavior
- Maintain the integrity of the team
- Maintain the integrity of the mission
- Remember it's a ***marathon*** not a ***sprint***





Team Self-Care

Educating and Equipping Company Officers



OBJECTIVES

In this section we will discuss:

- The Fire Officer's Role and Importance in Behavioral Health
- Educating Fire Officers as Peers
- Educating Fire Officers about Self-Care



“

Our department makes 1,120 calls every day. Do you know how many of those calls the public expects perfection on? 1,120. Nobody calls the fire department and says, ‘Send me two dumb-ass firemen in a pick-up truck’. In three minutes, they want fire brain-surgeons decathlon champions to come out and solve all their problems.”

Chief John Eversole

Chicago Fire Department



Fire Officer's Role in Behavioral Health

- How many here are officers?
- How many of you received training specific to the Fire Officer's role in Behavioral Health before you took the position?
- Since you took the position?



Fire Officer's Role in Behavioral Health

- An estimated 30% of first responders will develop behavioral health conditions
- Over 50% of fire fighter deaths are due to stress and exhaustion
- Recent (past month) heavy or binge alcohol drinking was reported in approximately 50 percent of male fire fighters
- Driving while intoxicated was reported in 9 percent of male fire fighters
- Impairment in first responder mental health has been found to be related to both public and personal costs and can affect their delivery of services



Addressing Stress

- Agencies have done well responding to and providing resources after Potentially Traumatic Events (PTEs)
- These same agencies often overlook the effects of cumulative stress and the gradual change in fire fighters in the wake of cumulative stress
- The company officer is in a unique position to identify and act upon the effects of cumulative stress
- Vigilant and proactive officers maintain operational readiness and safety for the crew



“*Company Officers* (e.g., Captains, Lieutenants) were regularly recognized as key in identifying when individuals needed additional help in managing their reactions to experiences.”

Jahnke, et. al., 2014



Fire Officer's Role in Resiliency



- Set the tone of the station
- Lead by example
- Promote connectivity and inclusion
- Have the crew's back
- Maintain confidentiality
- Promote transparency
- Challenge stigma
- Promote wellness programming
- Recognize a job well done



What Not to Do

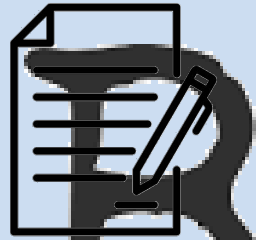
- Let your ego get in the way
- Overreact
- Judge
- Take it personally
- Try to fix the problem and/or try to make it go away
- Jump to conclusions
- Minimize
- Allow negativity to exist unchecked
- Manufacture problems



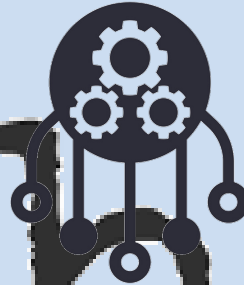
Skills to Teach Company Officers



Pay Attention



Needs Agreement

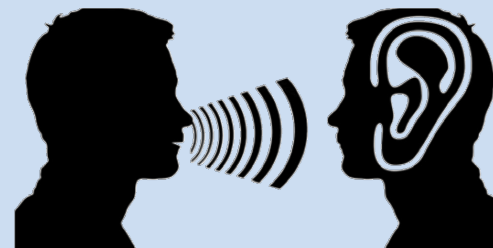


Offer Resources



Maintain Confidentiality

Better



Ask and Listen

Employees Who Don't Feel Cared For

45%

Engaged

58%

Productive

54%

Loyal



Employees Who *GENUINELY* Feel Cared For

87%

Engaged

90%

Productive

89%

Loyal



Ensuring the Crew Feels Cared For

A Person who feels appreciated will always do more than what is expected

- Anonymous

loyal



Psychological Safe Zone

- The high-stress firefighting environment leads to feelings of danger and uncertainty
- Fire fighters who don't feel supported by their team, supervisors and peers, are less likely to speak up about their concerns or ask for help
- The two combined lead to increased stress and result in disastrous or dangerous outcomes.





Creating a Psychological Safe Zone

- Effective Communication
- Training
- A Leader's Intent Must be Understood and Supported

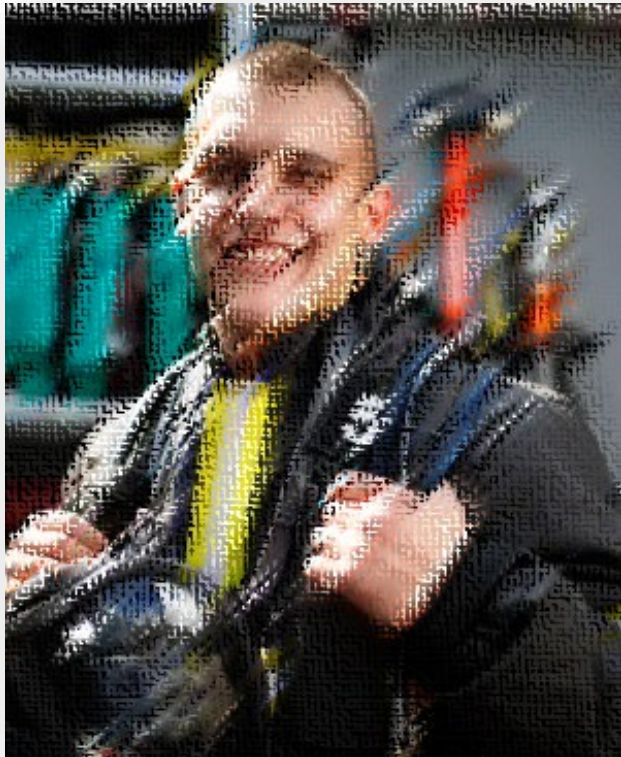


Creating a Psychological Safe Zone

- Lead By Example
- Encourage Open Communication
- Foster Trust
- Promote Diversity and Inclusiveness
- Address Conflicts and Negative Behavior
- Offer Support and Resources
- Recognize and Reward Positive Behavior
- Continuously Evaluate and Improve



Positive Results



- Enhanced Sense of Worth
- Better Teamwork
- Reduced Frequency/Severity of Discipline
- Enhanced Situational Awareness
- Improved Overall Work Environment



Know When to Call In the Calvary



- A fire fighter who is acting erratic or uncontrollable, or demonstrating they could hurt themselves or others requires immediate action
- When the situation is getting worse or not getting better
- When a fire fighter refuses to recognize there may be an issue
- Trust your gut



Contacting Peer Support

- Discuss your feelings of wanting to involve Peer Support
- Be prepared to educate what Peer Support is and isn't
- Offer to contact Peer Support together
- Request updates and information on what you can do to help
- Ensure confidentiality
- Advocate for the fire fighter
- Be supportive



You can't pour
from an empty cup.



Menu

Self-Care for the Fire Officer





It's OK to Have a Bad Day

"You can have a

- | | |
|---|---|
| <ul style="list-style-type: none">• It is Ok to have a bad• How an officer handles the bad day• Bad days often lead to bad decisions more bad decisions• Interrupt the cycle and make it a bad rather than a bad day• Don't focus on what's going wrong in that direction• Refocus on things that are positive | <p>Encourage these activities to break the negative spiral</p> <ul style="list-style-type: none">• Practice gratitude• Relax• Call your positivity accountability partner• Exercise• Stop doing what you were doing• Listen to music |
|---|---|

is totally on you"



Fit-For-Duty Policy Development

Outreach

Deployment After PTEs

Educating and Equipping Command Officers

Vetting Clinicians and Treatment Facilities

Questions to Ask Clinicians

- Do you feel comfortable working with First Responders?
- How long has your program/practice been in service?
- Describe what types of First Responders (or Military Veterans) you have experience working with.
- Describe what you believe is the biggest difference between working with First Responders and the general public.
- What do you like most about working with First Responders?
- What do you find most challenging?



Questions to Ask Clinicians



- Would you be open to invitations to seminars, trainings, ride-alongs, etc., to improve your cultural competence (specific to the First Responder population)?
- Are you accepting new patients at this time? If not, when do you expect to have some openings?
- How long does it typically take for new patients to get an appointment?
- Do you do telehealth appointments?
- Are there any cultural groups that you are involved in or have a special connection with?



Treatment Facility Questions

- Do patients have daily chores to complete, as a life simulation?
- How long has the program been in service?
- What is the average length of time employees have been working with this program (retention/turnover rate)?
- What level of certification / qualifications do employees / clinicians have?
- Can you provide a copy of the daily schedule?
- What types of classes / trainings are available?



Treatment Facility Questions

- Can you provide a copy of the meal schedule?
- What types of outside activities are available?
- How is the family incorporated into the recovery program?
- Can you provide a sample template of a discharge summary?
- How is transportation handled?
- What is the urinalysis testing frequency?
- Who provides assistance with return-to-work paperwork?



Treatment Facility Questions

- What happens when insurance limits are reached?
- Do you accept Workers Compensation?
- How much experience do employees have with first responders or veterans?
- Is detox treatment provided in house?
- Are there workout facilities onsite?
- What are the sleeping arrangements?
- What is the qualification of the individual managing patient meds?



Recruit Education

Resource Development

Family Education and Involvement

Team Engagement

Retiree Education and Inclusion

Sleep

**YOUR
TOPIC**



14:59

**BACK
AFTER A
BREAK**



Let's Wrap It Up



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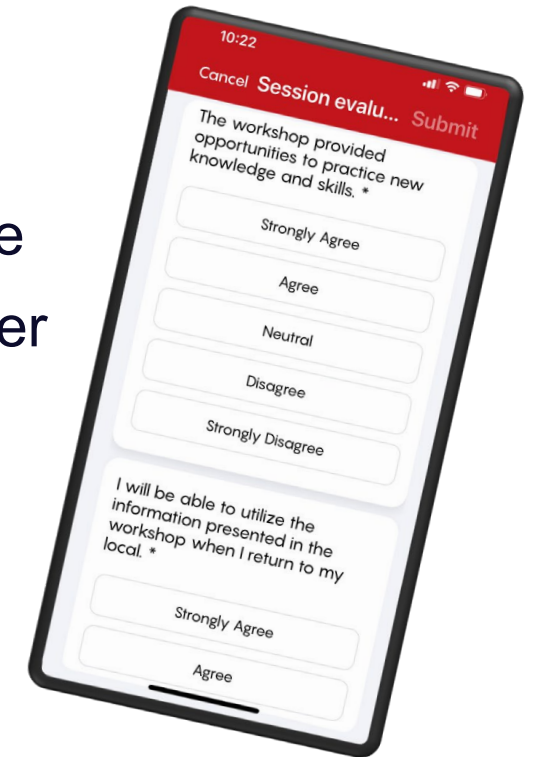
817-819-0116
bill.crews@outlook.com

**THANK YOU!
ANY QUESTIONS?**

Crews

EVALUATION AND WIN AN IPAD!

- **Submit your workshop and overall evaluations to be automatically entered in two drawings for a new iPad!**
- **Complete your evaluations using the IAFF app:**
 1. Download the IAFF app and sign in with your iaff.org username
 2. Tap the 2026 Strive for Excellence Summit event image to enter the event's dashboard
 3. Tap "Sessions" and tap on the workshops you attended
 4. Tap "Evaluation" and complete the evaluation
 5. Tap "Submit"



For the event's overall evaluation, follow steps 1 and 2, then tap "Event Evaluation" located in the event's Dashboard.

