



Annual Report, 2020

Joliet Firefighter Peer Support Group (JFPSG)

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Joliet Firefighters Peer Support Group (JFPSG)

Annual Report 2020

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1. Group Highlights

Welcome

Welcome to the 2020 annual report for the Joliet Firefighters Peer Support Group (JFPSG). We have made great strides over the last 12 months. This report will describe group usage statistics, survey results, new program categories, and organizational growth examples. We are proud to serve the Joliet Fire Department family and look forward to a productive 2021.

Strategic Highlights

We established the Joliet Firefighters Peer Support Group (JFPSG) in September 2019 with the support of IAFF Locals 44 and 2369 and generous funding from the Joliet Foreign Fire Tax Board. We have steadily grown in scope during 2020. Our operations have slowed slightly in certain areas because of the Covid-19 pandemic, but we continue to serve our firefighters, retirees, and families in times of need.

Confidentiality

Confidentiality is key to a successful peer support program. We are immensely proud to report that since our inception in 2019, the JFPSG has not recorded a single breach of confidentiality complaint. We have helped many firefighters and have proven that the JFPSG takes privacy and confidentiality seriously and will continue to do so.

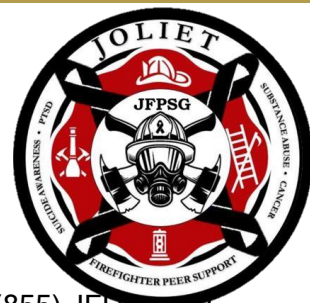
Looking Ahead

The JFPSG is looking forward to continued growth and development in 2021 to fulfill our mission. We are committed to the well-being of Joliet Firefighters, retirees, and their families and promoting new and creative ways to enhance wellness within the JFD family.

Operating Highlights

Throughout the year 2020, the JFPSG has provided peer support aid to many and offered support to many others through outreach and critical incidents. We had 48 documented contacts in 2020 and five documented referrals to our clinicians. Firefighters outside the City of Joliet and the outside the State of Illinois have contacted us for aid and we have offered service or been contacted by firefighter spouses, nurses, and other City of Joliet employees. We have offered our services when our members respond to calls from the Northern Illinois Critical Incident Stress Management Team and appear on the Illinois Association of Retired Firefighters website as well. We thank those who have made use of our group for trusting us to be part of their wellness journey.

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Joliet Peer Support Group Coordinator
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2. JFPSG Responses

Individual Service

In 2020, the JFPSG provided support services to 48 individuals. These contacts occurred through several mechanisms ranging from calls to the toll-free number, outreach, individual calls to peers, critical incident calls mandated by JFD SOP, and crisis management at our weekly support group meetings.

Of completed data sheets, 86.5% of our contacts were male, and 13.5% were female. 75.6% were active firefighters, 9.8% were family members, and 7.3% were retired.

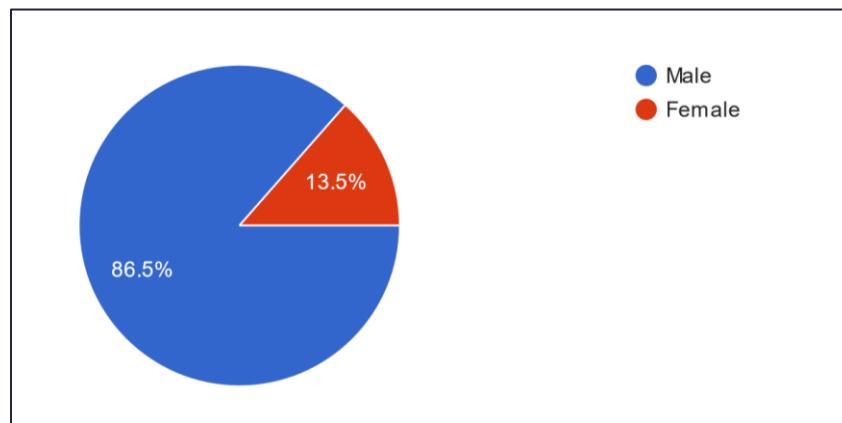


Figure 2.1

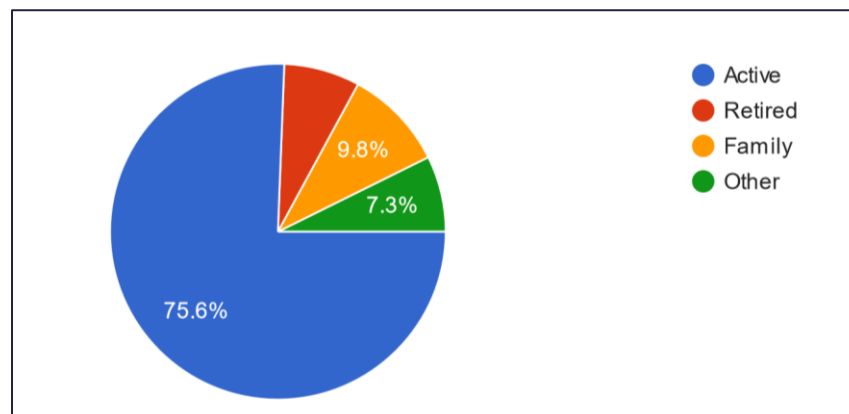


Figure 2.2

Clinician Referrals

If those individuals used the JFPSG, approximately 10% were referred to our clinicians at Aspire Center for Positive Change.

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Problem Area for Contacts

The reported problem areas varied widely. According to our completed data sheets, there were several areas that were significant, however. These include job concerns (34.1%), family issues (22%), mental health concerns (17.1%), and relationships (14.6%).

Several of the job-related contacts were related to critical incidents that occurred during the year and included entire fire company contacts. Contacts by type are represented in the chart below. We should remind the reader that on several occasions, the contact expresses multiple problem areas.

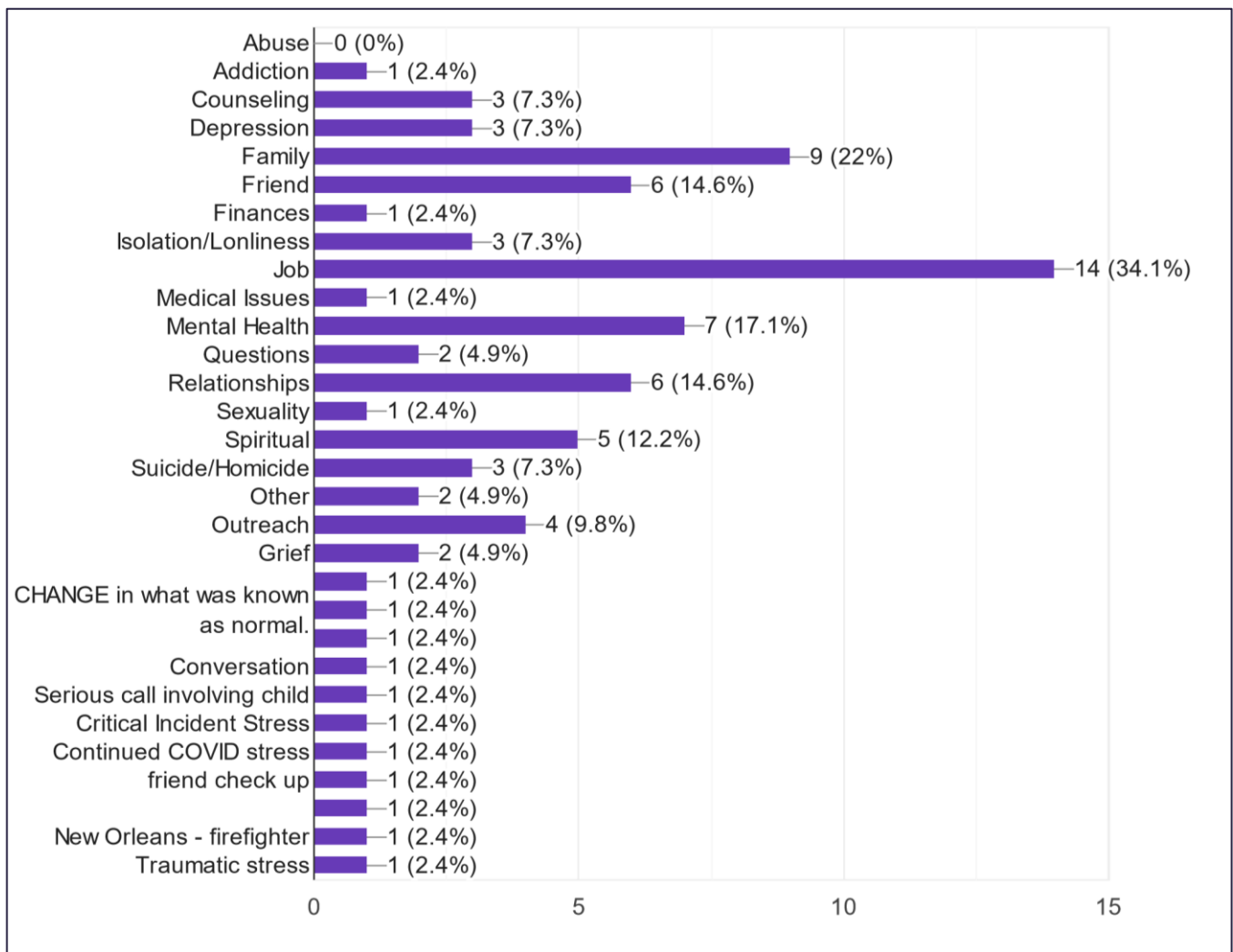


Figure 2.3

3. Surveys

Surveys

In 2020 the JFPSG conducted voluntary surveys with different groups to gain information about firefighters, retirees, and families. The purpose of these confidential surveys was to find areas that require more robust support from the JFPSG as well as find areas of potential need. We distributed surveys to active and retired firefighters as well as spouses (through their firefighters) regarding various topics. The results are detailed on the following pages.

Additionally, questions were added to the survey from several standardized behavioral health assessments to develop a baseline idea of the prevalence of issues such as anxiety, depression, substance use disorder, and Post-Traumatic Stress Disorder (PTSD). The results of these surveys were telling and were addressed in multiple informational videos on our Facebook page and website.

The results of all the conducted surveys are contained within this section.

Firefighter Survey Results

All active firefighters were sent a survey via JFD email. The population size at the time was 209 firefighters. The response rate was 9.56% or 20 firefighters. In a population this size, to acquire a valid sample that may be assigned to the population with 95% accuracy, we required 20 surveys to be returned. This goal was achieved and we are confident that we have an adequate sample to represent the population.

What did we learn?

- None of the respondents have ever used the City of Joliet provided Employee Assistance Plan (EAP)
- 45% did not feel that their mental health needs have been adequately addressed by the City of Joliet.
- 95% of respondents indicated that the March 2020 JFD training regarding behavioral health was beneficial.
- 10% feel anxious or on edge almost every day.
- 10% feel depressed over half the days in the last 2-week period.
- 65% would use the JFPSG if they needed it.
- 45% are dissatisfied or very dissatisfied with their sleep patterns.
- 30% admit to suffering intrusion symptoms related to responses, including unwanted thoughts and nightmares.

Take-away lessons: The JFPSG must ensure that the firefighters know we are available 24/7 for their needs. Additionally, continued training through the Joliet Fire Department (JFD) to maintain a presence and increase knowledge and further information regarding anxiety, depression, and sleep disorders is necessary.

Have you ever used the City of Joliet Employee Assistance Program (EAP) provided by Lifeworks?

20 responses

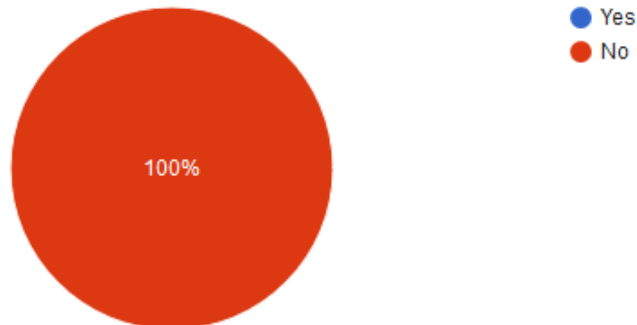


Figure 3.1

Have you ever participated in a formal rest, information and transition service (RITS), crisis management debriefing (CMB), defusing, or critical incident stress debriefing (CISD) after a stressful event?

20 responses

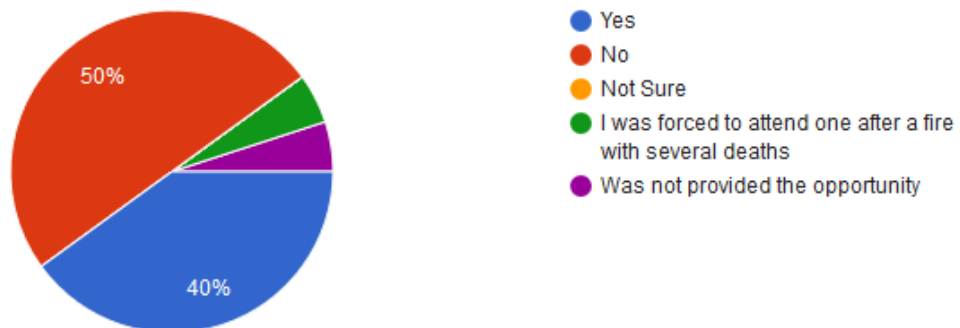


Figure 3.2

Would you be willing to attend one of the events listed above if you did not believe it would help you, but may help someone else?

20 responses

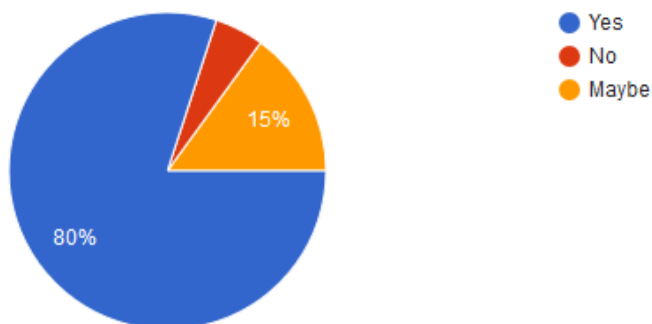


Figure 3.3

If you answered yes to number 2, did it help you?

19 responses

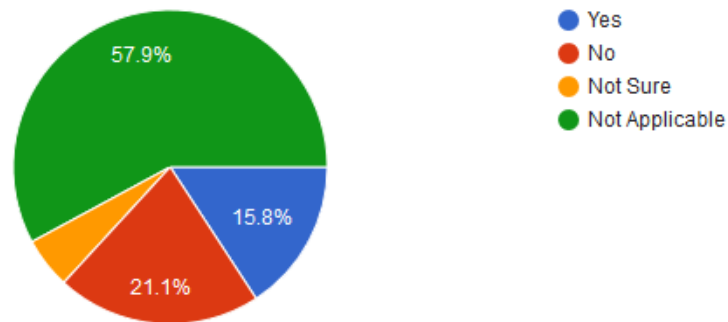


Figure 3.4

If so, do you believe that the intervention may have helped someone else present at the event?

19 responses

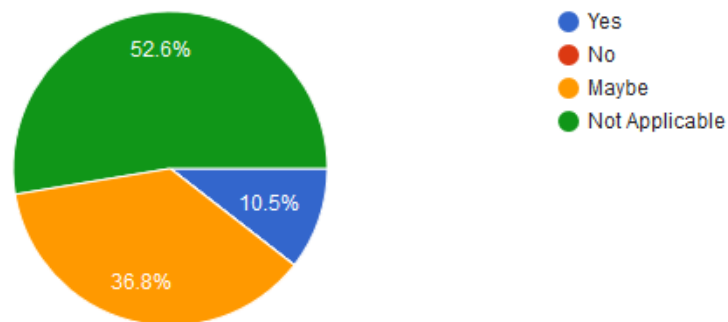


Figure 3.5

Do you feel the JFD March training was beneficial?

20 responses

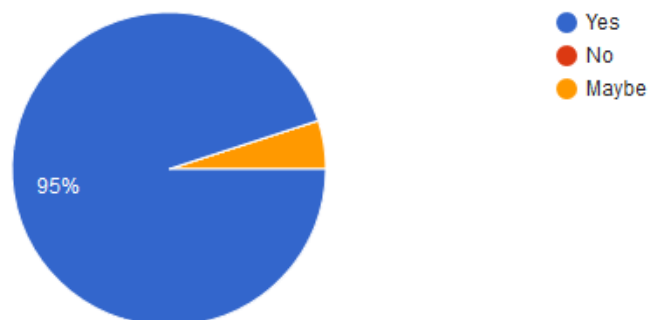


Figure 3.6

Do you feel that if someone is expressing concerns of psychological issues that they are weak?

20 responses

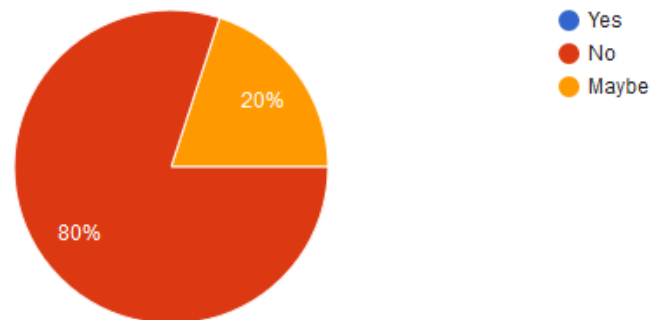


Figure 3.7

Up until this point, do you feel that you and your family's mental health needs have been addressed and met by the Joliet Fire Department?

20 responses

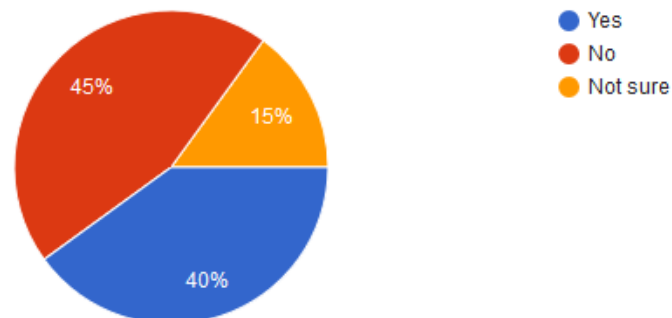


Figure 3.8

Prior to March JFD training, were you aware of the specific mental health challenges facing firefighters and EMS providers today?

20 responses

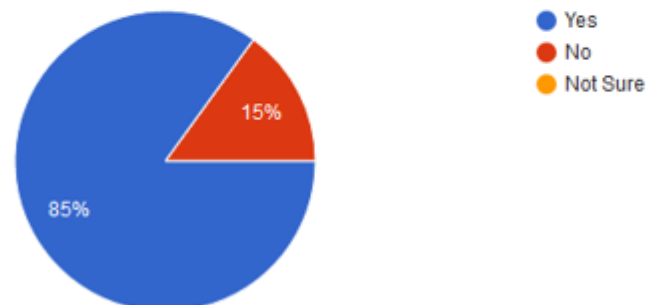


Figure 3.9

Looking back, do you think that some sort of mental/behavioral health program, presented through the fire department could have had beneficial effects on you or your loved ones?

20 responses

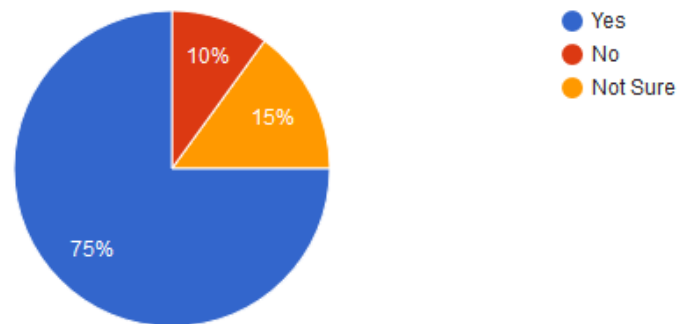


Figure 3.10

Over the last 2 weeks, how often have you felt nervous, anxious or on edge?

20 responses

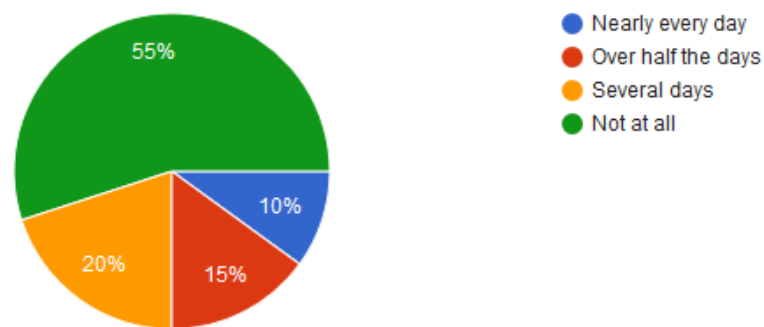


Figure 3.11

Over the last 2 weeks, how often have you felt down, depressed or hopeless?

20 responses

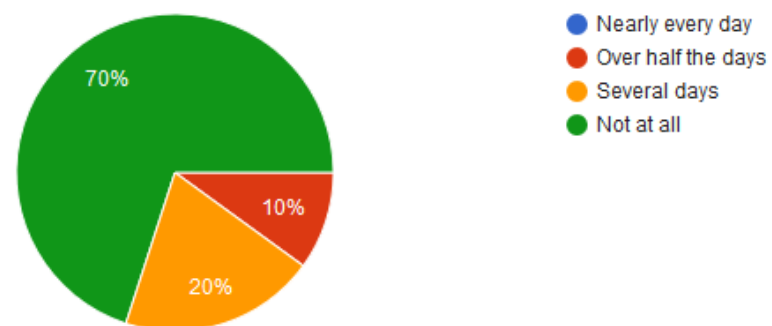


Figure 3.12

Do you feel that you can accurately identify signs of psychological stress in yourself, your crew or significant other/family?

20 responses

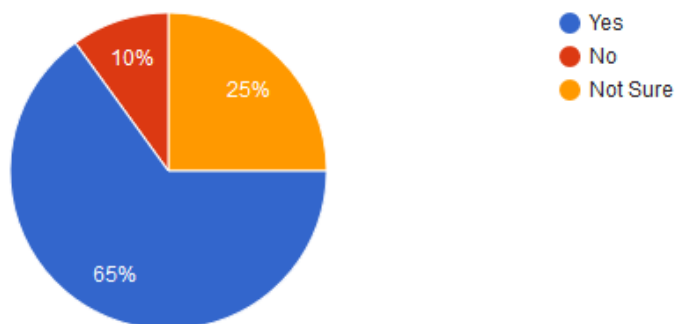


Figure 3.13

Do you talk about critical/serious calls at home?

20 responses

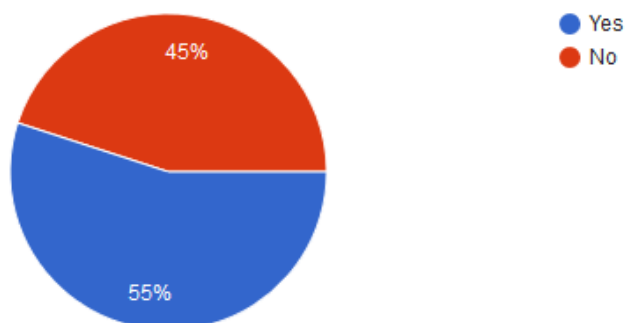


Figure 3.14

If so, have do you believe someone in your family (spouse, significant other, children, loved ones) has ever felt stress resulting from discussions about serious/critical calls?

19 responses

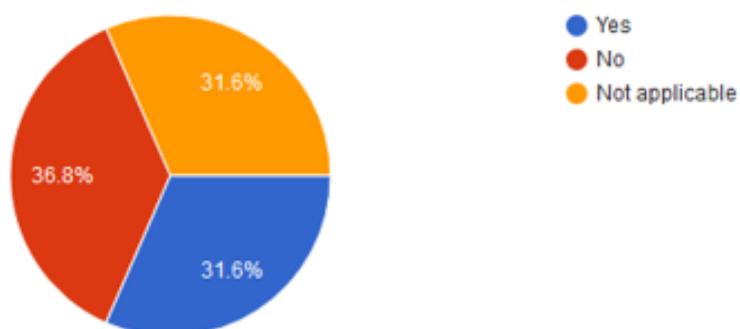


Figure 3.15

Would you encourage participation of family members in a free workshop held by the Joliet Firefighters Peer Support Group to explain services of the group and warning signs of crisis and stress in your family?

20 responses

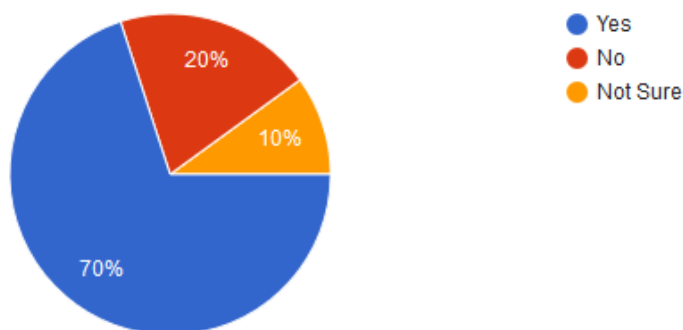


Figure 3.16

If you have specific issues or concerns about behavioral health, would you use the new Joliet Firefighters Peer Support Group?

20 responses

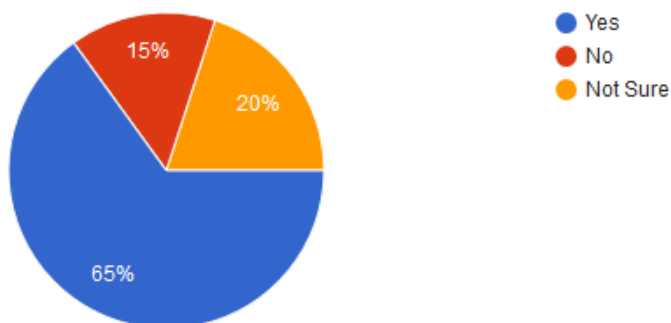


Figure 3.17

Most of us have had a stressful event occur in the work environment. Whatever the event, in the past month have you had nightmares about the event or thoughts about the event when you did not want to?

20 responses

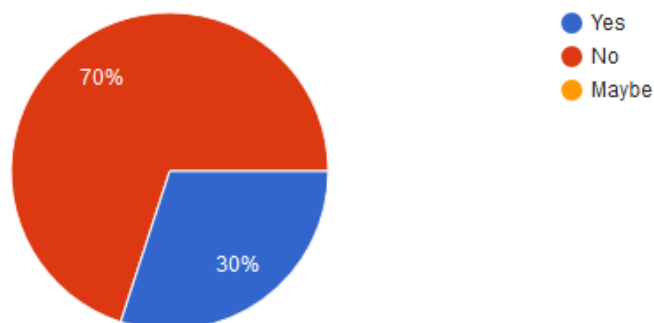


Figure 3.18

How often do you have a drink containing alcohol?

20 responses

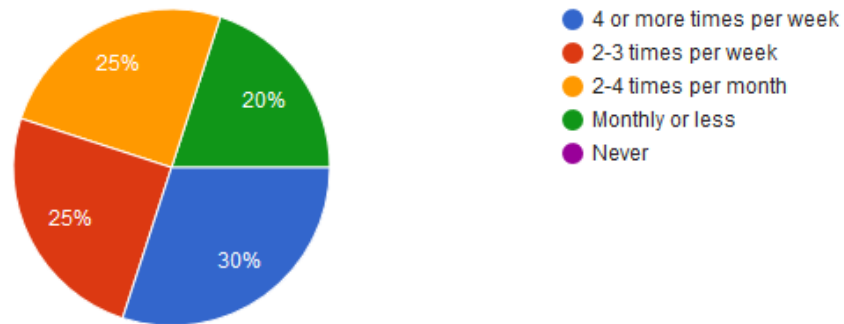


Figure 3.19

How satisfied are you with your current sleep patterns?

20 responses

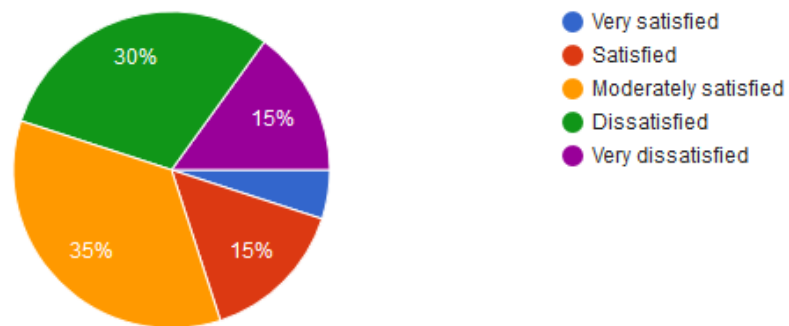


Figure 3.20

Retiree Survey Results

All retirees for which we had email addresses were sent a survey for completion via email. The population at the time was 111 retirees. The response rate was 11.71% or 13 retirees. In a population this size, to acquire a valid sample that may be assigned to the population with 95% accuracy, we required 13 surveys to be returned. This goal was achieved.

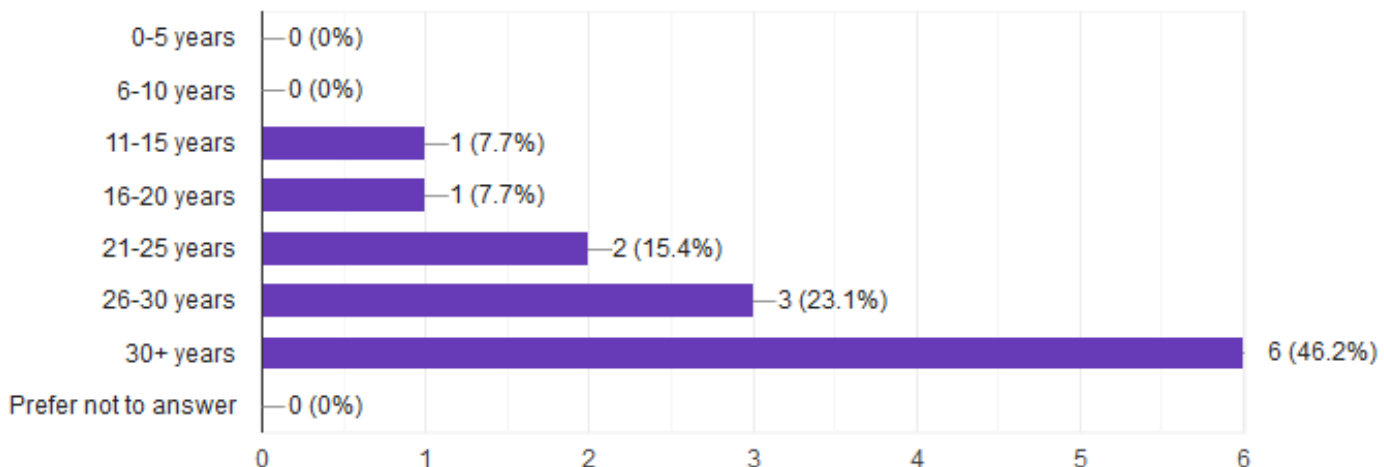
What did we learn?

- Most respondents (46.2%) had 30 or more years on the job at retirement.
- The JFPSG needs to focus on outreach to retirees. 92.3% of retirees are aware of us, but only 38.5% would use our service.
- Retirees believe that only 15.5% of those at home have been affected by their job. Compare that to 31.6% of active firefighters.
- 38.5% of respondents believe that events that have occurred while they were working still affect them in retirement.

Take-away lessons: The JFPSG must increase our exposure and accessibility to the retirees. This includes training more supporters, attending retiree meetings, and using our retiree peers to spread the message about our group. More research is needed to determine the level of effect that the retiree has on their spouses as well. We understand that this is a new concept for many retirees and may conflict with past cultural norms.

How long did you work in the Joliet Fire Department?

13 responses



Have you ever participated in a formal rest, information and transition service (RITS), crisis management debriefing (CMB), defusing, or critical incident stress debriefing (CISD) after a stressful event?

13 responses

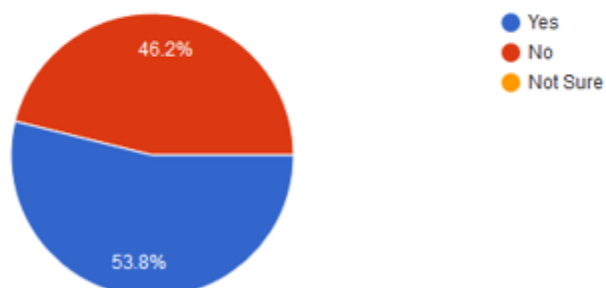


Figure 3.21

If so, did it help you?

13 responses

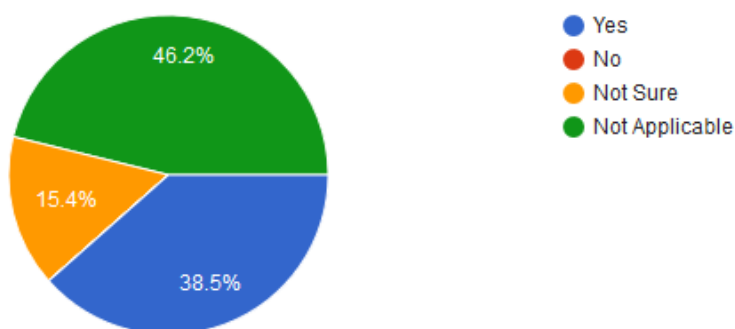


Figure 3.22

If so, do you believe that the intervention may have helped someone else present at the event?

13 responses

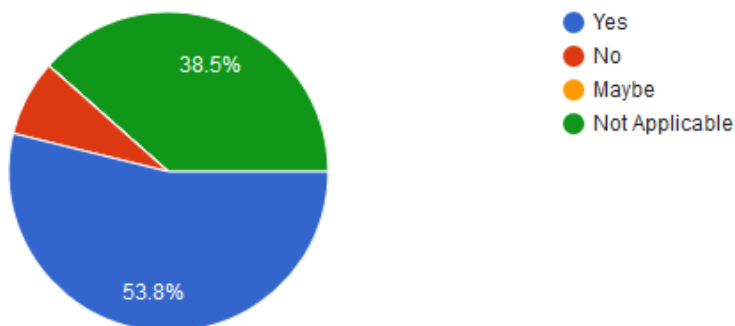


Figure 3.23

Do you think that events that occurred while you were employed with the Joliet Fire Department psychologically affect you after retirement?

13 responses

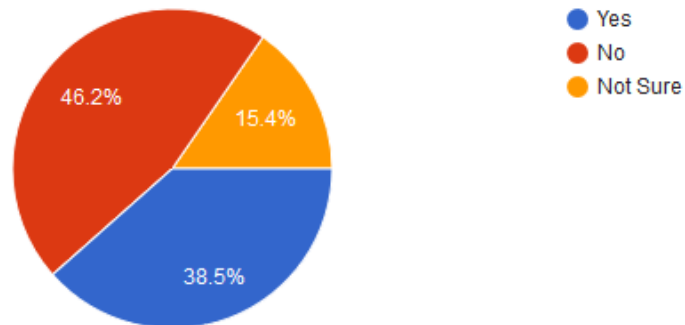


Figure 3.24

Would you encourage participation of family members in a free workshop held by the Joliet Firefighters Peer Support Group to explain services of the group and warning signs of crisis and stress in your family?

13 responses

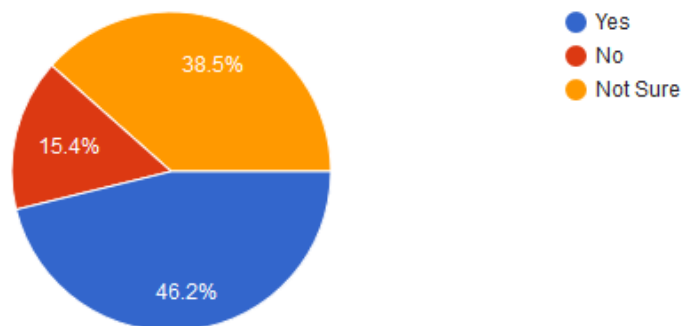


Figure 3.25

If you have specific issues or concerns about behavioral health, would you use the new Joliet Firefighters Peer Support Group?

13 responses

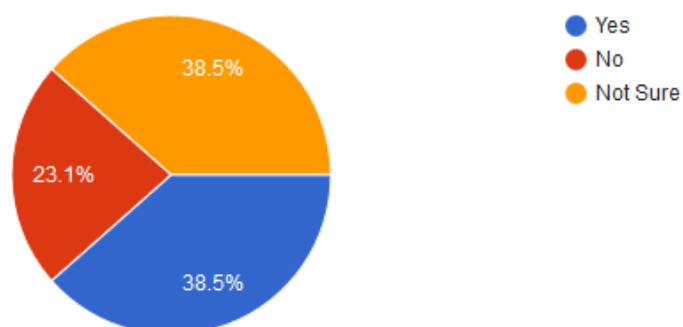


Figure 3.26

Are you aware of the new Joliet Firefighters Peer Support Group, a service for retired firefighters, active firefighters and their families?

13 responses

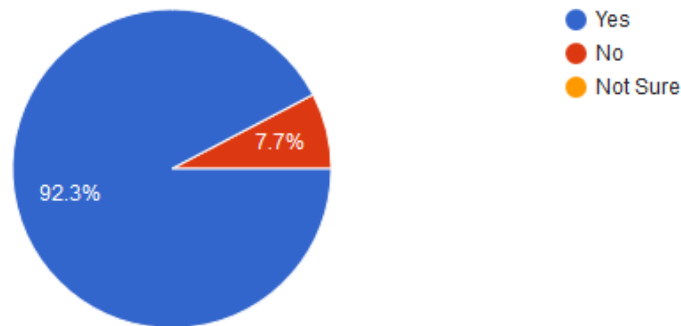


Figure 3.27

Did you/do you talk about critical/serious calls at home?

13 responses

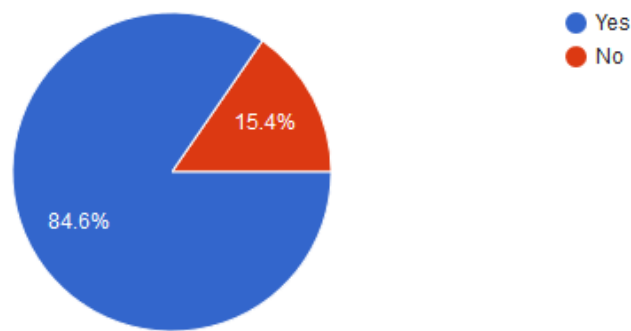


Figure 3.28

Looking back, do you think that some sort of mental/behavioral health program, presented through the fire department could have had beneficial effects on you or your loved ones?

13 responses

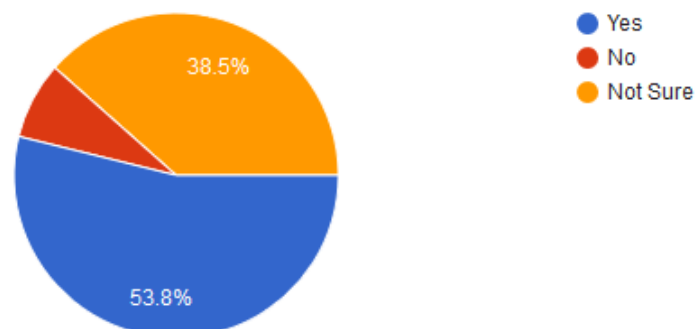


Figure 3.29

Spouse Survey Results

All active firefighters were asked to pass along a confidential survey to their spouse, if married. The firefighter was sent the survey via JFD email and requested to forward it. The response number was 20 spouses.

What did we learn?

- Statistics are similar to firefighters when asked if responses were talked about at home.
- Almost half of respondents stated that stress is caused in the home by the job.
- 80% stated they would use the JFPSG and 70% would participate in a workshop.

Take-away lessons: The JFPSG will encourage firefighters to discuss our group with their spouses and families. We will discuss with firefighters the fact that spouses feel a significant amount of stress regarding the firefighting profession.

Do you feel that you and your family's mental health needs have been met by the Joliet Fire Department regarding fire service psychological issues?

20 responses

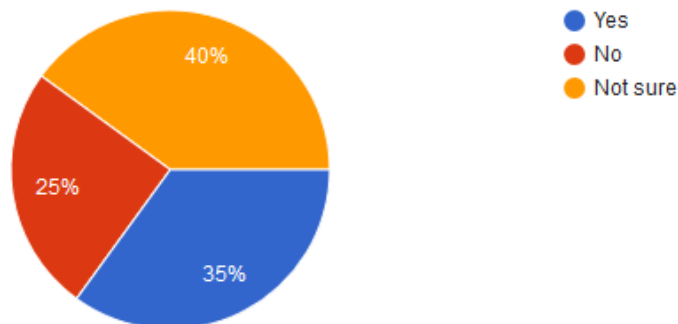


Figure 3.30

Are you aware of the specific mental health challenges firefighters and EMS practitioners face today?

20 responses

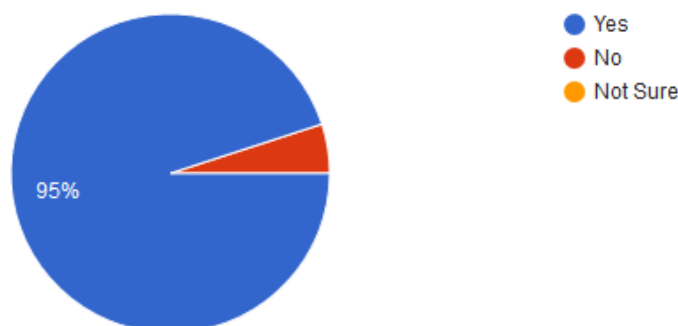


Figure 3.31

Would you participate/attend a free workshop held by the Joliet Firefighters Peer Support Group to explain services of the group and warning signs of stress, both in your family and your firefighter?

20 responses

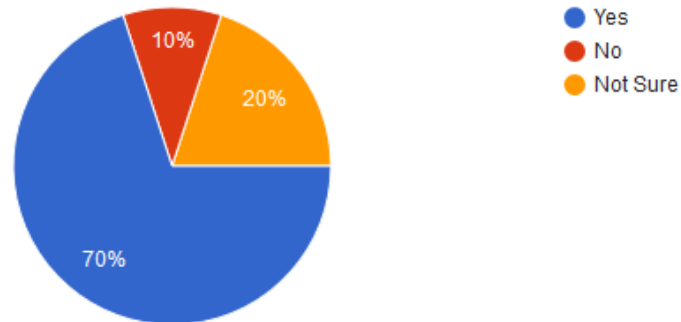


Figure 3.32

If you have specific concerns about behavioral health related issues, would you use the new Joliet Firefighters Peer Support Group?

20 responses

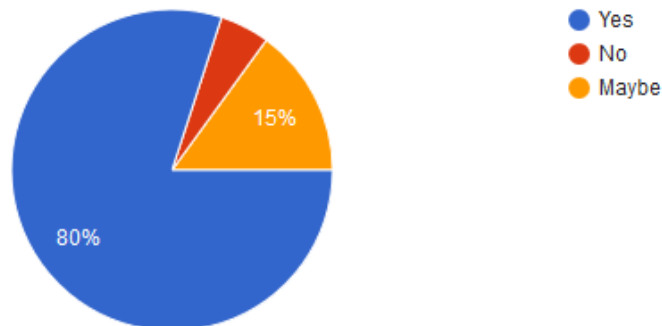


Figure 3.33

Thinking back, do you feel that the services provided by the Joliet Firefighters Peer Support Group may have been beneficial at some point in your or your firefighters life?

20 responses

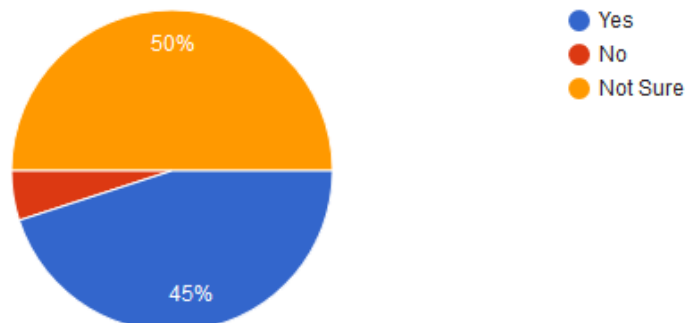


Figure 3.34

Does your firefighter talk about critical/serious calls with you at home?

20 responses

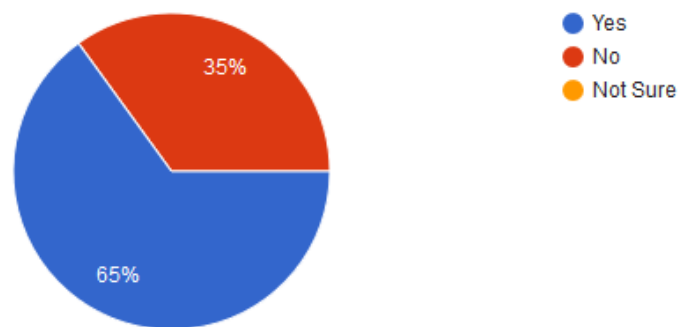


Figure 3.35

Have you or another family member ever felt stress resulting from discussions about your firefighter's work while at home?

20 responses

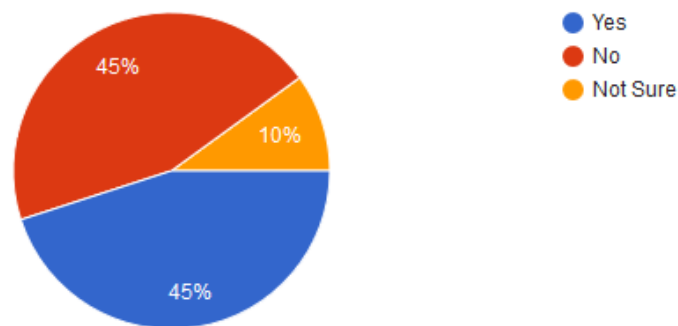


Figure 3.36

Religion/Spirituality Survey Results

To better serve the JFD spiritual needs, we distributed a confidential survey to active and retired firefighters asking them to identify their religious affiliation, if any. There were 14 religious choices listed based upon Pew Research Center guidelines, and there was a type-in box for "other." Fourteen active firefighters and six retirees responded.

The following is a list of the most common religions in the US according to the 2014 Religious Landscape Study performed by the Pew Research Center. Please check the box that represents the religious practice you (and your family) most identify with. You may check more than one, if necessary.

- ☐ Christian, Protestant - Evangelical
- ☐ Christian, Protestant - Mainline
- ☐ Christian, Protestant - Historically Black
- ☐ Christian, Catholic
- ☐ Christian, Orthodox Christian
- ☐ Christian, Mormon
- ☐ Christian, Jehovah's Witness
- ☐ Jewish
- ☐ Muslim
- ☐ Buddhist
- ☐ Hindu
- ☐ Atheist
- ☐ Agnostic
- ☐ Nothing
- ☐ Other...

Figure 3.37

Active Firefighters

What did we learn?

- Of active firefighter respondents, 57.1% identified as Christian, Catholic. This was followed equally by Christian, Evangelical (7.1%); Christian, Protestant - Historically Black (7.1%); Christian, Orthodox Christian (7.1%); Buddhist (7.1%); Atheist (7.1%); Agnostic (7.1%); and Other (Spiritual) (7.1%). While the JFPSG represents a majority of those who responded, we also see the need to broaden our religious affiliations to other faiths.

The following is a list of the most common religions in the US according to the 2014 Religious Landscape Study performed by the Pew Research Center. You may check more than one, if necessary.
14 responses

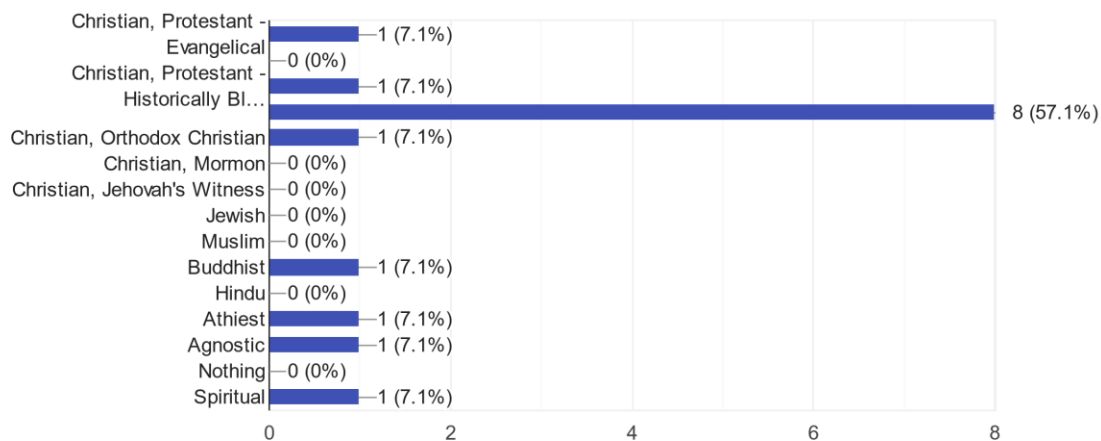


Figure 3.38

Would you be willing to discuss the Joliet Firefighters Peer Support Group with your faith leaders and encourage them to participate in our group?

14 responses

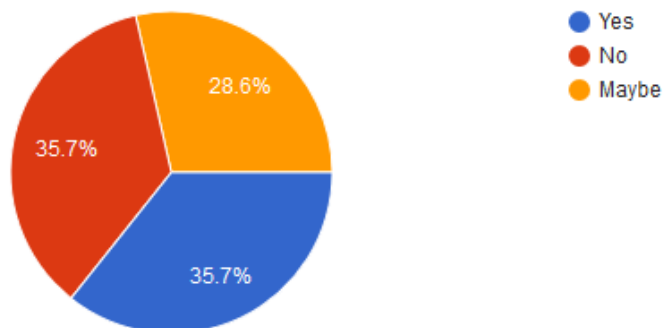


Figure 3.37

Retired Firefighters

JFPSG: jfdpeersupport.com info@jfdpeersupport.com (855) JFD-PEER

What did we learn?

- Of retired firefighter respondents, 83.3% identified as Christian, Catholic. This was followed equally by Christian, Protestant - Mainline (16.7%), Agnostic (16.7%), and Other (Spiritual) (16.7%). While the JFPSG represents a majority of those who responded, we also see the need to broaden our religious affiliations to other faiths.

The following is a list of the most common religions in the US according to the 2014 Religious Landscape Study performed by the Pew Research Center. You may check more than one, if necessary.

6 responses

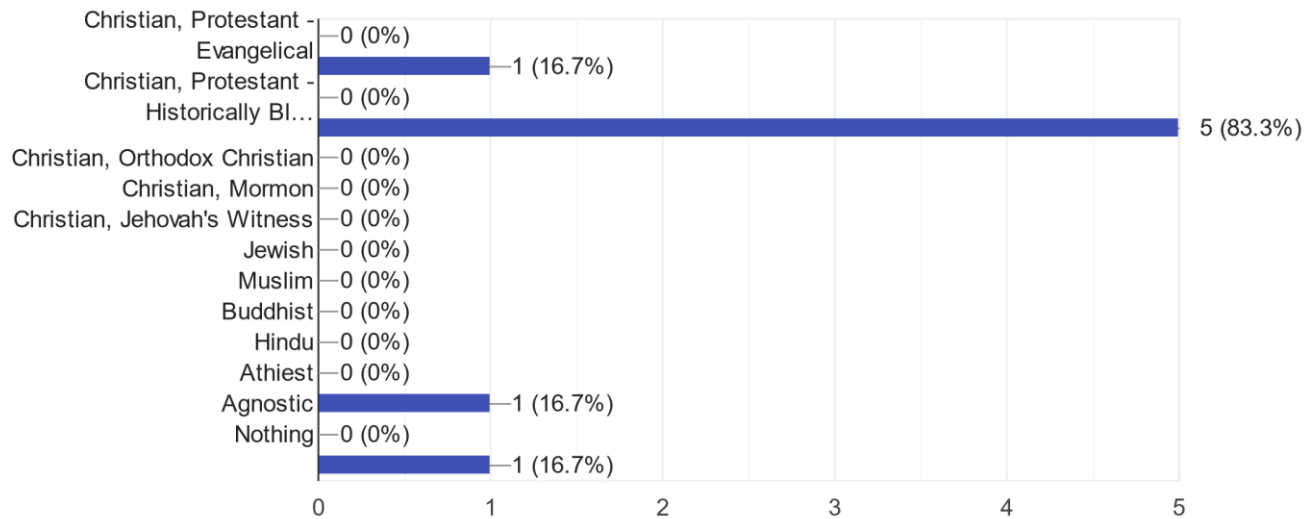


Figure 3.39

Would you be willing to discuss the Joliet Firefighters Peer Support Group with your faith leaders and encourage them to participate in our group?

6 responses

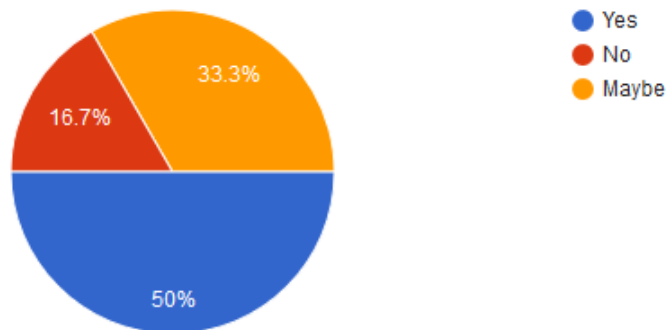


Figure 3.40

4. 2020 Goals & Accomplishments

At the conclusion of the 2019 annual report, the JFPSG identified several goals for 2020. We are happy to report that almost all of them have been accomplished. Some of our goals were influenced by the Covid pandemic. We detail the 2019 list for 2020 below.

2020 Goals & Accomplishments:

- Joliet Fire Department policy aligning with the mission and vision of the group. This includes the contact of members of the JFPSG in the event of critical incidents.
 - The JFPSG successfully worked with the JFD administration to include our group in the Standard Operating Procedures of the Joliet Fire Department. According to policy, we will be notified in the event of critical incidents to provide rapid peer support to our active firefighters.
- Site visits to stations to enable each fire crew to be exposed to the peer support group in-person.
 - Prior to Covid-19, the site visit program was performed weekly. At least one station was visited at least once per week by a peer supporter. This became difficult during the height of the pandemic due to social distancing and visitation restrictions. We will resume in earnest in 2021. Outreach is our most important action, and it is what sets us apart from other peer support programs.
 - Our site visits resulted in five peer support contacts.
- Internal policy completion (Operations Manual).
 - Completed and put into service. The Operations Manual is available online and on SharePoint in the Joliet Fire Department.
- Continued monthly meetings to continually enhance the program.
 - We were unable to meet in person for most of 2020. We did, however, meet monthly via Zoom.
- Spouse/significant other inclusion in the form of workshops.
 - We did hold a special online meeting for spouses that was attended by two spouses, due to Covid rules. We will work to spread our influence in families in 2021.
- Continuing education & Inservice.
 - Included in the Standard Operating Procedures is required continuing education for peer supporters to maintain knowledge on best practice. Additionally, the monthly meetings in 2021 will have an Inservice component.

- Exposure of team members to the critical incident stress debriefing (CISD) process.
 - Covid caused the cancellation of education in this area, and we will look for classes in 2021.
- Joliet Fire Department internal network access under "Department Info."
 - The new SharePoint system is in service for the JFD. The JFPSG has been given a page on the platform to post guides and information.
- Post information at all fire stations with JFPSG contact information.
 - All stations were given large magnets for the station kitchens with the JFPSG contact information.
- Establish further methods for providing a continuum of care for firefighters' mental health. This includes resilience and prevention, peer support response and outreach, and follow-up and referral.
 - The JFPSG has developed several programs during 2020. The FYRE Program (visit our website) and Suicide Prevention Plan (visit our website) were completed and posted on SharePoint. We also began work on a new Crisis First Aid (CFA) Program for firefighters.
 - The JFPSG added a toll-free phone number for 24-hour contact (855) JFD-PEER.
 - The website grew substantially and had over 1,000 views.
 - Our presence has grown on Facebook to spread our message.
 - The JFPSG sought and was granted quarterly training time on the JFD training calendar for mental health training.
 - A datasheet was designed and put into service to keep track of contacts of the group.
 - The JFPSG began bi-weekly support meetings on the Zoom meeting platform. The meetings were held each Tuesday at 7 PM and Wednesday at 10 AM.
 - The JFPSG was given training time in March 2020, in person, to train the entire JFD regarding mental health and peer support services. We presented our program to all three shifts. We received a great deal of positive feedback and ideas regarding the concerns of the firefighters. Our clinicians, suicidologist, religious, and several peers were in attendance. We posted this training on our website as well for all to see.
 - The JFPSG scheduled a meeting for divorced firefighters. It was canceled due to a lack of participation.

In addition to our stated goals, there were other accomplishments during 2020 in the areas of mental health and volunteer response. Because of the Covid crisis, the Deputy Chief of the

Fire Department asked the JFPSG to develop a mental health guide for all firefighters. This was accomplished and sent to all active firefighters via email. Also, Deputy Chief Carey asked the JFPSG to develop a list of retirees who would volunteer to help if needed. This also was completed, with over 20 retirees volunteering.

5. JFPSG: LOGO

It is important to make the JFPSG recognizable to those we serve. Our first logo (shown below, left) has a strong meaning. It includes a stylized red Maltese Cross, a recognized symbol of the fire service, with a firefighter's self-contained breathing apparatus (SCBA) mask in the center with crossed axes. The SCBA mask represents the protective nature of the SCBA during firefighting activities. The JFPSG strives to become a protective resource for our firefighters and their families. Prevention and resilience building are key factors in peer support success.

The four awareness ribbons surrounding the Maltese Cross represent four of the most common challenges facing firefighters in the United States today. These include suicide, post-traumatic stress disorder (PTSD), substance abuse, and cancer. Peer support can be an asset when firefighters and their families must deal with these and other issues.



The Original JGPSG Logo, 2019 (L) and the Updated Logo, 2020 (R)

The new logo has similar features but is a bit less intimidating for younger children. It maintains the four awareness ribbons and stylized Maltese Cross (changed to green) to recognize mental health awareness) and features a phoenix rising from the flames, symbolic of recovery from traumatic stress that is all too common in the fire service.



The Updated JGPSG Logo, 2020

6. PARTNERS

In addition to the Joliet Fire Department, the JFPSG has accepted the aid of expert partners from the Aspire Center for Positive Change, the Upper Room Crisis Hotline, the Franciscan Friars, Province of the Sacred Heart of Jesus, and Sage Bodywork & Wellness to promote further our mission to provide quality resources for mental, spiritual, and physical wellness. In addition, the support from the Joliet Fire Department and IAFF Locals 44 and 2369 is greatly appreciated.

Joliet Fire Department (815) 724-3500

The Joliet Fire Department has been supportive of our efforts to continue the growth of this group. Special thanks to Deputy Chief Jeff Carey, Battalion Chief of Training Aaron Kozlowski, and all the men and women of the JFD for their support and trust.



Aspire- Center for Positive Change: (815) 353-3339

The mental health professionals at the Aspire- Center for Positive Change have been invaluable since our founding in 2019. Their group consists of several crisis counselors and social workers. Our contacts are Courtney Doyle-O'Brien (LPC), Nancy Nelson (LCSW), and Carissa Silunas, MSW. We were fortunate to add Aubrey Thornton (LCSW) to our JFPSG family in 2020. Aubrey is a licensed clinical social worker with experience in treating children with developmental disabilities.



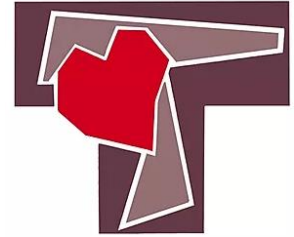
The Upper Room Crisis Hotline (888) 808-8724

The Upper Room Crisis Line is a 24/7 crisis hotline, based on the Catholic tradition that operates out of Joliet. They consist of personnel trained in crisis intervention and suicide prevention. The line is headed by Terry Smith, PhD., Executive Director, and Sister Mary Frances Seeley, OSF, Ph.D., certified suicidologist and founder. Their input and support have been invaluable throughout 2020.



The Franciscan Friars, Province of the Sacred Heart of Jesus

Peer supporter and JFD Chaplain Brother Ed Arambasich, OFM through the Franciscan Friars, Province of the Sacred Heart of Jesus, has offered room at the Friary at 404 N. Hickory St. as a "safe haven" for Firefighters who require lodging. Firefighters will be able to stay in this facility if they are unable to return home. We thank them for their support.



Sage Bodywork & Wellness: (779) 205-8055

In 2020 we developed a relationship with a new partner, Sage Bodywork & Wellness. They are located at 10 N. Fairlane Dr., Unit 103 in Joliet and offer numerous services for Joliet firefighters, retirees, and their families. Among the special offers to firefighters and families including free yoga and mediation classes and discounted massage rates.



7. MONTHLY MEETINGS AND EVENTS

Monthly Meetings

The JFPSG held monthly meetings at the Franciscan Friary at 404 N. Hickory St. to discuss group-related issues, use, and policy. This was done up through February 2020. We moved the meeting to the Zoom online meeting platform since March 2020 due to Covid-19 social distancing requirements. All members of the group are encouraged to attend and participate in the meetings and awarded continuing education credit when they do so.

Events

The JFPSG planned several events in 2020. These include spousal meetings on Zoom and a divorce support group that was planned to occur early in the year. The spousal group was lightly attended, and the divorce support group lacked registrants and was canceled. The spousal meeting resulted in the 7 PM Tuesday Support Group Meeting held on Zoom. That meeting will continue in 2021 on a bi-weekly basis. See our website for dates and times.

The Covid pandemic made it impossible to perform such activities as ride-along, in-person training, and station visits for much of the year. Fortunately, our suicidologist, Sr. Mary Frances, was able to ride along with Ambulance 5, on the C-Shift before the pandemic caused the ride-along to be cancelled.

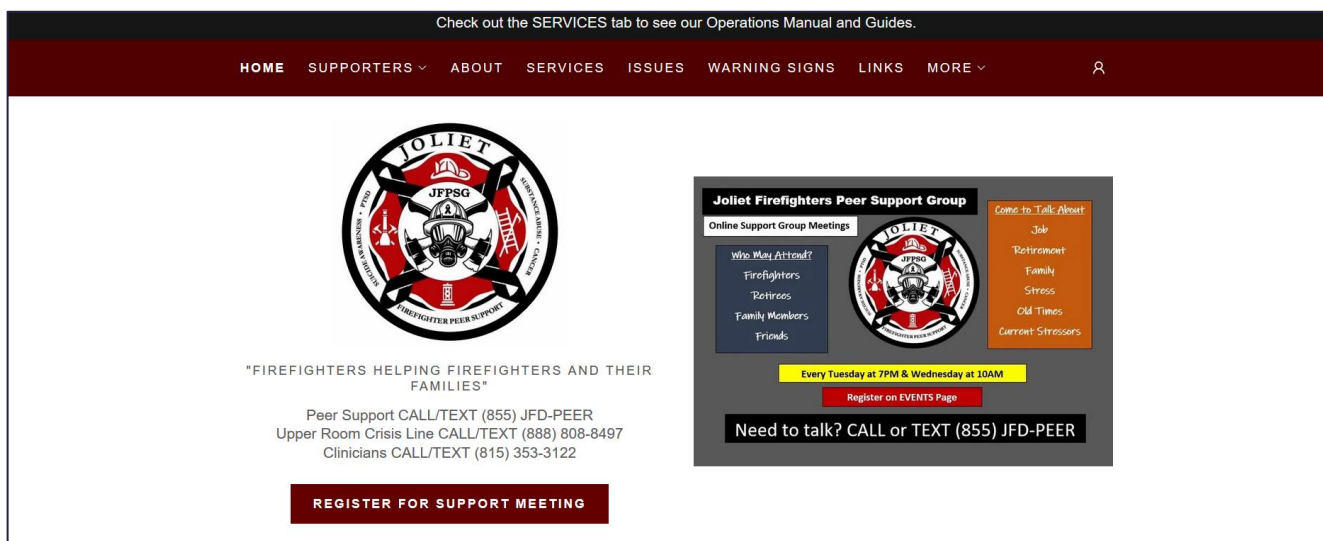
I 
MEETINGS

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

8. Website, Email, & Facebook

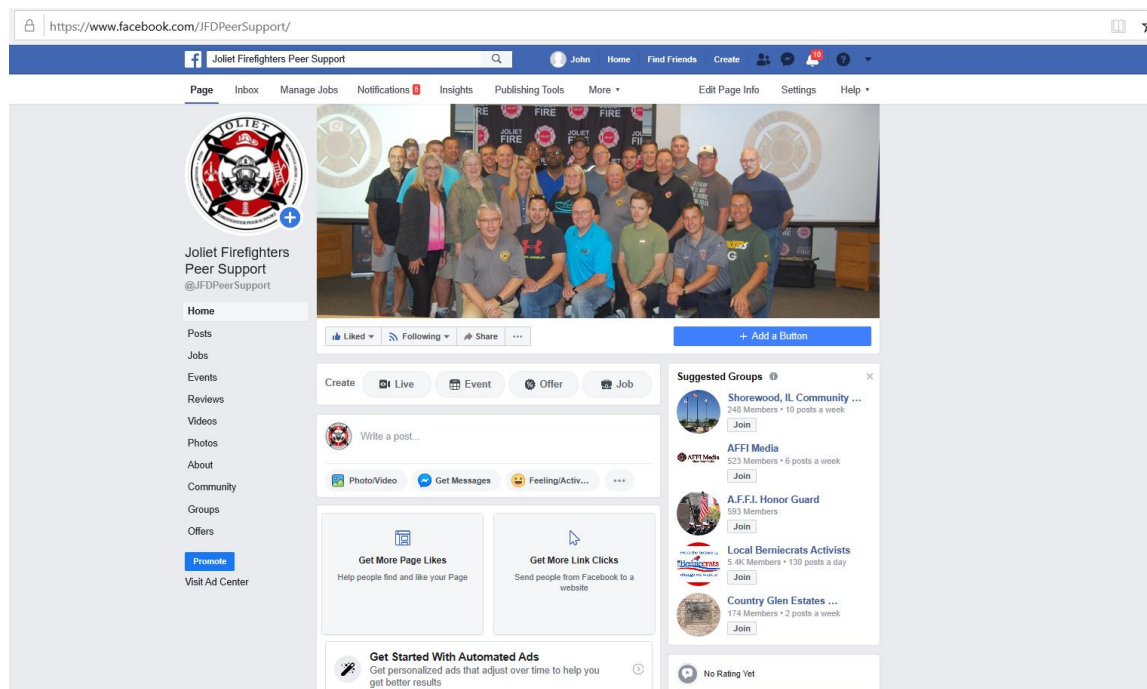
Website: jfdpeersupport.com

The JFPSG has developed both a website and Facebook page to make ourselves more accessible to our members. Both sites contain information related to our program and links to extended resources. Our website has had over 1000 visits in 2020. Our Facebook page likes are growing as well.



Email: Info@jfdpeersupport.com

Facebook Page: [@JFDPeerSupport](https://www.facebook.com/JFDPeerSupport/)



9. Operations Manual & Standard Operating Guideline (SOG)

The Operations Manual and Standard Operating Guidelines (SOG) were completed in 2020. They were reviewed by an attorney as well as by Sr. Mary Frances, who is experienced in manual composition and were adopted at the end of the year. The completed manual was presented to the Deputy Fire Chief for review and publication on the JFD SharePoint site, and copies are available on our website www.jfdpeersupport.com.



10. FYRE Program: Lt. James Boyd, Director

The FYRE Program concept is modeled after the Sunshine Program established by our partners at the Upper Room Crisis Hotline in Joliet, Illinois, and created by Sr. Mary Frances Seeley, Ph.D. This program is part of a more significant person-centered contact based upon the need for continued outreach and support for those clergy and religious who have retired and may not have available support systems in place (Seeley, 2018). The JFPSG understands that peer support must always be available for firefighters, regardless of their career stage. There are, however, two critical periods when they may need extra, more focused support. These times are the first year after hire and the time leading up to and through the first year of retirement. In addition to the regular services that the JFPSG provides, we provide this extra support for these two groups. We refer to this program as the FYRE Program. The program has two modules, the recruit module and the retiree module. Both include an assigned peer supporter with whom the recruit or retiree may have regular, confidential contact. Program participation is optional for retirees but is mandated by the Deputy Chief for new hires. It is available for review on our website www.jfdpeersupport.com.



Joliet Firefighters Peer Support Group (JFPSG)

FYRE Program
First Year Recruit/Retirement Program

The Joliet Firefighters Peer Support Group, 2020.

www.jfdpeersupport.com
info@jfdpeersupport.com
 (855) JFD-PEER

John Lukancic, CCISM



11. Suicide Prevention Plan

The full document is available on our website (www.jfdpeersupport.com and JFD SharePoint) and has been evaluated and approved by our clinicians. Suicide in the firefighting population is a significant problem. The National Fire Protection Association (NFPA) reports that between 2015-2019, firefighter suicide outpaced line of duty deaths (LODD) by a wide margin [485 suicides (61%), 309 LODD (39%)]. Unfortunately, this trend continues today.

- 2019: 119 Suicide, 48 LODD
- 2018: 82 Suicide, 64 LODD
- 2017: 91 Suicide, 60 LODD
- 2016: 99 Suicides, 69 LODD
- 2015: 94 Suicide, 68 LODD

The International Association of Firefighters (IAFF) (2020) has discussed some sobering thoughts regarding firefighter suicide.

- Firefighters are four times more likely to die by suicide than a line of duty death (LODD).
- Over a career, more than 40% of firefighters have suicidal ideation. That means that they have thought about completing suicide at least once.
- Of the 40% with ideation, 20% develop a plan, which means they seriously consider means to complete suicide.
- 15% of the fire service has attempted or has "practiced" attempting suicide in some form (empty firearms, etc.).
- 16% have engaged in self-harm like cutting or burning (usually in hidden areas such as thighs or upper arms).
- Suicide is the last step in building problems coupled with witnessing traumatic events and maladaptive coping mechanisms. Remember that firefighters have a high tolerance for misery, but it is not unlimited.



12. American Association of Suicidology

Because of the serious suicide risk within the fire service, the JFPSG is pleased to have been asked to participate, with Sr. Mary Frances' recommendation in the American Association of Suicidology Task Force on Firefighter Suicide. Suicide experts from all over the world are participating in this partnership. The Deputy Chief of the JFD has supported us in this endeavor. We will update our progress as we progress in 2021.



Image from suicidology.org

13. JFPSG Adapted Emergency Management Model for Firefighter Mental Health (JEM Model): Paradigm Shift

Overview

The Joliet Firefighters Peer Support Group has created a new perspective on firefighter mental health based on emergency management concepts. Several Emergency Management phase models exist within the field. In most cases, they are five-phase models that recognize the consistent and cyclical nature of traumatic events and the need to prepare for them. The most accepted model is offered by the Federal Emergency Management Agency (FEMA) and is described in terms of mission areas to include prevention, protection, response, recovery, and mitigation (Federal Emergency Management Agency [FEMA], n.d.). This example can be applied to the mental health process.

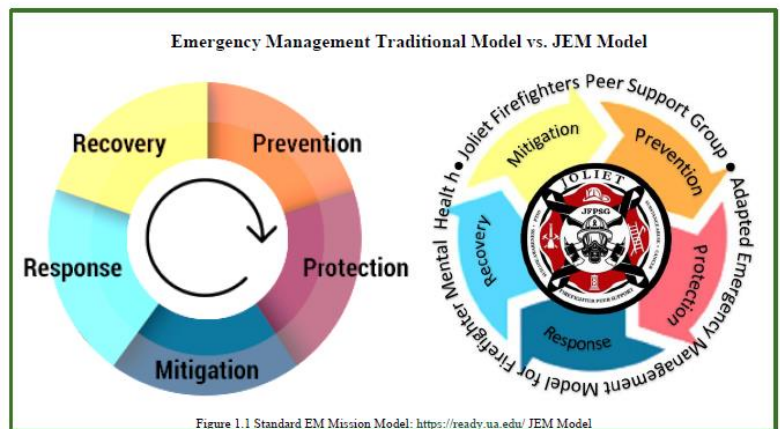
Prevention

Prevention, as the name implies, is based on the best-case scenario ability to halt a traumatic event from occurring, thus avoiding the peril and resulting trauma altogether (FEMA, n.d.). Of course, this is the preferred method of managing any event because there will be few if any negative consequences if the event does not occur. This is like the fire service because, even though prevention is a strong aspect of firefighting, there will inevitably still be fires and other emergencies which have negative consequences. We understand and accept this fact moving to the next phase.

The prevention addressed in this model is a continuation of the mitigation phase to be discussed later. When the traumatic event occurs, the firefighter must have an existing and robust resiliency and support system in place. A primary way this may be accomplished is to facilitate the creation of a therapeutic alliance between firefighters, peer supporters, clergy, and clinicians before an event occurs. This alliance may come in several forms, including peer support and clinical support structures.

First, a peer support system must be in place for the firefighters to seek immediate help if needed. Further, peer supporters must be trained in crisis intervention and psychological first aid. This will enable the peer supporter to respond immediately in the event of a stressful event and begin the process of crisis management.

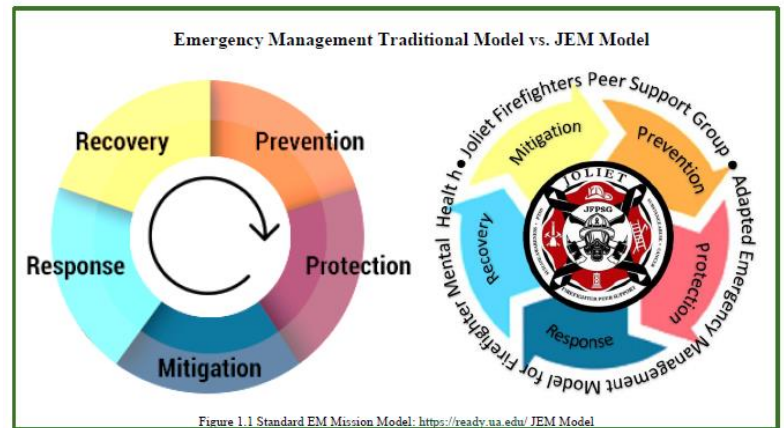
Next, a basis for a positive therapeutic relationship must be cultivated with clinicians who are dedicated to fire service personnel. Congruence, unconditional positive regard, and empathy can all be developed between the clinicians and the firefighters before a traumatic stress event occurs. Congruence refers to the feeling of genuine care for the firefighter, positive regard refers to the acceptance of the firefighter as a person, and empathy refers to the ability to put oneself in the boots of the firefighter (Seligman & Reichenberg, 2014). This will enable the clinicians to build the trust necessary to instruct firefighters regarding the development of



their resiliency and wellness strategies. These items combined may help prevent or minimize a traumatic stress reaction from occurring post-event.

Protection

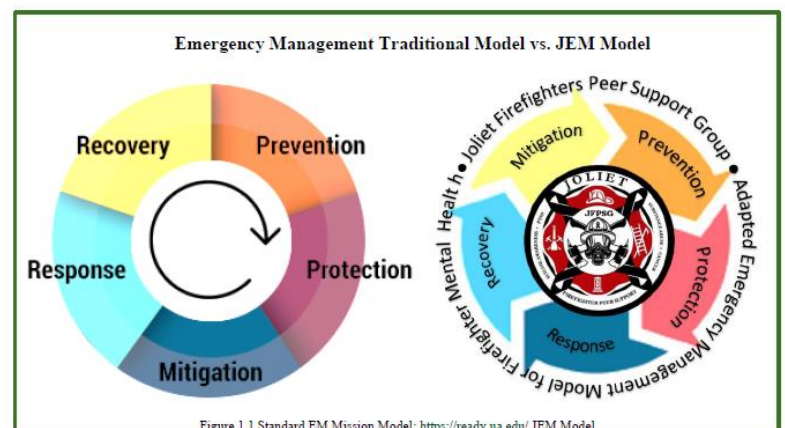
The protection phase is focused on the ability to know and understand the common threats and hazards that may affect a particular group (FEMA, n.d.). This knowledge is key to the process of planning and preparing for these events when they occur. Understanding the events that are most likely to cause a negative consequence will enable the firefighter and mental health provider to better prioritize the planning and response process.



The protection phase is one challenging aspect of the JEM Model. The primary way to accomplish protection is by ensuring that the first phase of prevention is done correctly. If there is congruence, unconditional positive regard, and empathy between firefighters, peer supporters, and clinicians established early, there will be stronger trust and communication, which will enable a more clearly defined threat and risk assessment of the firefighters themselves. In short, this therapeutic alliance will ensure that communication channels between all involved parties are open and threats may be discussed in a supportive atmosphere.

Response

The response phase is one that is often the focus of the FEMA model. This is largely due to the scope and immediate needs of most incidents and addresses the problems that present themselves as an event is occurring and just after it occurs (Philips, 2012). This phase is time dependent. Sometimes managers dismiss the other four mission areas in favor of response. We see this trend within mental health services as well, the reactive versus the proactive. We sometimes see the focus of the initial response and the aftermath of an event with less attention given to the prevention, protection, or mitigation of the same event. During this phase, existing life threats and basic needs are the focus.



If the prevention and protection phases are done properly, the response phase will be much easier to implement. With the proper application of the first phases, there should be a strong resiliency level built up within the firefighter ranks. If the stress event is substantial enough, however, it may be necessary to implement a more aggressive response approach. Since the major components of the person-centered therapeutic alliance are already in place (e.g., congruence, unconditional positive regard, and empathy), it is simply a matter of

connecting the firefighters with peer support and, if needed, clinical care (this will be done in the next phase).

Recovery

The recovery phase involves the transition from the response phase to the normal or "new" normal condition (Philips, 2012). It is the point in the cycle where rebuilding begins within the affected area and may last for an extended period. This category is extremely broad and can include physical, spiritual, historical, and behavioral aspects. It must be noted, however, that the term normal may not refer to conditions that existed before the event. Just as in behavioral health, there is often a "new" normal that the firefighter is presented with and to which they must successfully adapt.

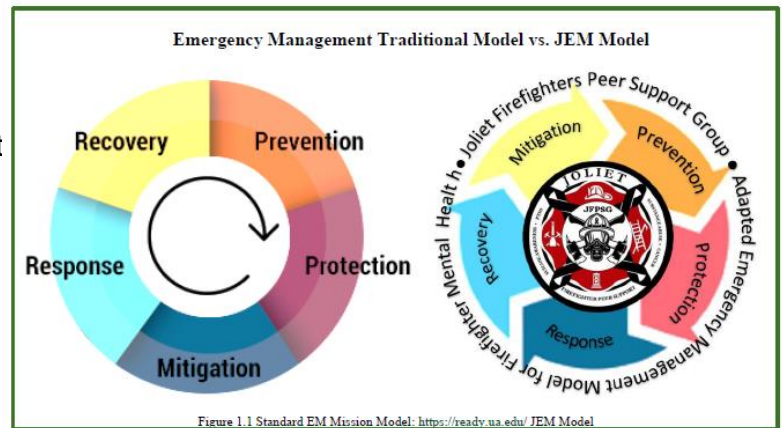
The recovery phase is also enhanced if the other phases are complete. After a significant event that breaks through the firefighter's coping mechanism, the peer supporters will respond per SOP. After the initial contact with the peer supporters, the peer supporters and the firefighter discuss the steps moving forward. The full recovery phase is only required if the response phase completed by the peer supporters is ineffective or more professional intervention is required. When the peer supporter has completed their crisis intervention, they will discuss the need for further treatment with the firefighter. At this point, the firefighter may be referred to a clinician for further, more definitive therapy. As with the other phases, this phase will be much easier to implement, again due to the groundwork already laid in the previous phases. With the therapeutic alliance already established, the process should progress more rapidly.

Mitigation

Finally, the mitigation phase will dovetail back into the prevention phase. Once this phase is reached, the lessons learned from the traumatic event will be applied to the next phases to reduce the impact of the next event (FEMA, n.d.). In this case, the type of event will be better planned for, and better and stronger coping and resiliency strategies should be developed and put into use. The mitigation phase is arguably the most important in the Emergency Management model because it encourages the continuous improvement of the entire platform. Over time, the resiliency built from this model will be substantial.

The main concern with this model is to recognize the cyclical and lasting nature of the process.

This model must be followed consistently, preferably in permanence, for the process to work. The most effective way to operate is, to begin with, the prevention phase and graduate to the protection phase within a set timeframe. This will enable the baseline contacts to be made and a positive therapeutic alliance to be created before an event. The key to success in the management of the program to ensure the cyclical nature of the program remains intact and that the program is constantly moving forward with developing relationships and knowledge. Those in the fire service understand that prior preparation allows for a more structured and effective response.



14. Developmental Disabilities Plan

Our new clinician, Aubrey Thornton (LCSW), has a great deal of experience with people with developmental disabilities through educational institutional work. At one of our regular Wednesday support meetings, we discussed the techniques that the Joliet Fire Department and the Silver Cross EMS System personnel use to manage calls for service for those people with developmental disabilities.

Through the research of Silver Cross EMS Standard Medical Orders (SMO) and Policy & Procedure, it was discovered that there is relatively little guidance in this area for providers. Aubrey reached out to her contacts in clinical care and helped author a field guide for firefighters who may be in contact with people with developmental disabilities. This guide will be distributed after online and in-person training is completed.

Aubrey contacted The Autism Project (TAP) of Illinois, and they agreed to tailor an online autism class for JFD needs. She also contacted a colleague at the University of Illinois at Chicago (UIC) who acts as the Cook County Sheriff's Department instructor for developmental disabilities. This instructor is willing to conduct in-person training when social distancing conditions allow.

Deputy Chief Carey and Training Chief Kozlowski have given approval for the training when the group Covid guidelines permit.

Developmental Disability Communication Guide

Communication Techniques Common to all Groups:

- Use parents/caregivers as resource
- "Person-first" communication
- Needs and abilities vary, be patient
- Avoid assumptions
- Introduce yourself
- Communicate clearly & calmly
- Use appropriate eye contact
- Speak directly to person, not companion
- Do not touch or distract service animals

Techniques Specific to Condition:

Intellectual Disability	<ul style="list-style-type: none"> ➢ Be supportive and flexible ➢ Take time to understand ➢ Do not over-assist ➢ Humor ➢ "Teaming" strategies ➢ Do not be patronizing ➢ Repeat questions as needed
Cerebral Palsy	<ul style="list-style-type: none"> ➢ Listen attentively ➢ Be patient (move/speak slowly) ➢ Use normal communication if appropriate (Remember person may have co-occurring disorder)
Autism Spectrum Disorder	<ul style="list-style-type: none"> ➢ Approach from side, slow ➢ Quiet area, if possible ➢ Ask parent/companion ➢ Fewer words/gestures ➢ Allow self-stimulating behavior (stimming) ➢ Use keywords and simple gestures ➢ Presume competence/ process time ➢ Do not use figurative language/sarcasm ➢ Give simple instructions (1-2 steps)
Muscular Dystrophy	<ul style="list-style-type: none"> ➢ May affect ability to speak and write ➢ Physical mobility difficulties, be patient ➢ Intellectual disabilities possible
Language Disorders	<ul style="list-style-type: none"> ➢ Quiet environment ➢ Listen attentively ➢ Be patient ➢ Be encouraging ➢ Do not interrupt or finish sentences ➢ Do not pretend to understand ➢ When possible, ask short questions that require short answers or nods
Vision & Hearing	<p>Person with a Vision disability:</p> <ul style="list-style-type: none"> ➢ Greet verbally ➢ Introduce self ➢ Face person ➢ Go not grab person ➢ Offer your arm as a guide ➢ Describe obstacles ➢ Service dog, walk on opposite side and do not distract ➢ If multiple people are present, announce who is speaking ➢ Indicate in advance when moving <p>Person with a Hearing disability:</p> <ul style="list-style-type: none"> ➢ Look & speak to the person who is deaf, not interpreter/companion ➢ To get attention, wave hand or tap arm ➢ Determine if the person can speech read. Please speak slowly and to them ➢ Stay in the light ➢ Do not cover mouth, chew gum or eat ➢ Offer written message option ➢ If more than 1 person is there to help, speak one at a time

15. Plans for 2021

The JFPSG has a structured plan for growth in 2021. This plan includes:

- Expand social media presence to enhance our visibility.
- Complete developmental disability training for all Firefighters
- Partnering with the JFD to better institute compliance with the JFD SOP regarding our group.
- Continue site visits to reach more fire personnel directly.
- Reinstitute the non-fire personnel ride-along program for our partners.
- Annual internal policy review (operational handbook).
- Continued monthly meetings to enhance and grow the program.
- Spouse/significant other inclusion in the form of workshops.
- Continuing education completion.
- Exposure of team members to the critical incident stress debriefing (CISD) process.
- In-person quarterly training for the JFD.
- Establish further methods for providing a continuum of care for firefighters' mental health. This includes resilience and prevention, peer support response, outreach, and follow-up and referral.
- To work with the American Association of Suicidologists Firefighter Task Force.
- Compete and train the JFD in Crisis First Aid for Responders.
- Train a new class of peer supporters.



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Special thanks to:

The members of the Joliet Firefighters Peer Support Group. You do make a difference.

The men and women of the Joliet Fire Department. Your courage and dedication to the community are unmatched anywhere.

Our JFPSG Suicidologist, Sr. Mary Frances Seeley, PhD. and the Upper Room Crisis Hotline - Dr. Terry Smith, Executive Director. Your support and expertise in the field of suicide prevention and crisis management provide a unique and needed perspective to the JFPSG.

The clinicians at Aspire Center for Positive Change, Courtney O'Brien, Nancy Nelson, Carissa Silunas, and Aubrey Thornton, who during difficult and stressful times made themselves available to our group whenever they were needed.

City of Joliet Councilwoman Jan Quillman, without whose compassion and intervention this group would not exist.

Fire Chaplain, Br. Ed Arambasich, who is there unfailingly for the members of the Joliet Fire Department and the JFPSG.

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The Joliet Firefighters Peer Support Group

"Firefighters Helping Firefighters and their Families"

Cover art used with permission. Special thanks to IAFF Local 44 (L44 Logo), & the Joliet Fire Department (JFD Logo).

Need to talk?

(855) JFD-PEER