



Joliet Firefighters Peer Support Group (JFPSG)

FYRE Program
First Year Recruit/Retirement Program

The Joliet Firefighters Peer Support Group, 2020.

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Joliet Firefighters Peer Support Group (JFPSG)



About Our Group

The Joliet Firefighters Peer Support Group (JFPSG) was organized in September 2019 to address the growing need for crisis intervention and mental health resilience among members of the Joliet Fire Department (JFD), Retirees, and their families. Post-Traumatic Stress Disorder (PTSD), substance abuse, suicide and other behavioral issues are becoming more common in the fire service community, more so than the general public (Lukancic, 2020). A mechanism needed to be found to deal with this threat to our well-being.

About this Manual

This manual may be used by anyone who desires to know about our Group as it pertains to the JFPSG recruit and retiree (less than one year) program for Joliet Firefighters.

Website, Facebook, and Toll-free Number

The JFPSG maintains a website (www.jfdpeersupport.com), a Facebook page and a 24 hour toll-free phone number (855) JFD-PEER for anytime access to our peer support services.

The Need

The need for Firefighter mental health services is becoming more and more apparent. It has been found that up to 30% of urban firefighters may be afflicted with post-traumatic stress disorder (PTSD) (Everly, 2020). It has been suggested that consistent interpersonal contact with peers and others may provide a way the affected person might manage stress (Mitchell, 2016). We have identified two time periods in which the firefighter may require additional support. These include the first year of the firefighter's career and the first-year post retirement.

Recruitment

A firefighter that is new to the fire service or new to the City of Joliet may have a difficult time during the first year of employment. Culturalization, education, and meeting expectations are all issues with which the firefighter recruit must contend. In addition, the firefighter must learn to cope and adapt to the stresses that are present on everyday responses.

Retirement

Accumulated issues that build over a career do not simply vanish when a firefighter retires. In fact, these issues may be exacerbated by the retirement process itself due to the loss of support from firefighters that was once reliably present (IAFF, 0000). In addition, in the event a firefighter is disabled and unable to return to duty, there may be little support for them during this stressful time.

JFPSG: A Deep Respect for Recruits and Retirees



We at the JFPSG recognize and honor both the recruits and retirees who have served the Joliet Fire Department since its founding. From before 1853 and its proud volunteer history to the present day, we acknowledge the sacrifices that these members have continually offered for the community.

Because the JFPSG has both new and retiree members, we understand the challenges that both groups face adapting to life changes from becoming a firefighter and as a result of leaving the fire service.

This program was created to help those firefighters in a concrete and meaningful way. It is our sincere hope that that program will make the life changes experienced by both groups more manageable.

Joliet Firefighters Peer Support Group
(JFPSG)



Table of Contents

1. The Joliet Firefighters Peer Support Group (JFPSG) 3
 Overview 3
 Vision 3
 Mission 4
 Peer Support Use 4
 Website & Facebook 4
 JFPSG Mental & Spiritual Wellness 4
 JFPSG Adapted Emergency Management Model (JEM) 6
 Operations Manual 12
 JFPSG Organization 12
2. The FYRE Program 18
 Overview 18
 FYRE Recruit 19
 FYRE Retiree 20
Appendix A: Tracking Form. 23
Appendix B: Flyer 24
References. 25

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

The men and women of the Joliet Fire Department.

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 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 member 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. Thanks to IAFF Local 44 (L44 Logo), & the Joliet Fire Dept. (JFD Logo).

1

The Joliet Firefighters Peer Support Group (JFPSG) Overview

While there are many areas of history and culture that firefighters can and should be proud of, one of our most glaring cultural failures has been the way we view and treat mental health within our community. Studies have shown that many firefighters, past and present, see mental illness as a weakness (IAFF, 2017). This gives rise to denial and the tendency to ignore critical issues that affect us, preventing help-seeking behavior.



It is well known that when minor issues are not dealt with, they may become major issues. These major issues are even more difficult to overcome. One of the reasons that the Joliet Firefighters Peer Support Group (JFPSG) was founded is to provide readily accessible peer support, spiritual support, and mental health contacts to prevent minor issues from growing.

As a group, firefighters have a higher rate of cancer, depression, substance abuse, post-traumatic stress disorder (PTSD), and suicide than the public (Joliet Firefighters Peer Support Group [JFPSG] & Lukancic, 2020). We must create a culture shift within the fire service to reverse these trends. Further, retirees and fire service families and loved ones also carry a substantial burden. They must also be cared for in mental health and spiritual capacities.

Vision Statement

A fire department where all past and present Joliet Firefighters, and their families are holistically cared for by their peer support group regarding all forms of mental, spiritual, and emotional health.



Mission Statement

The Joliet Firefighters Peer Support Group (JFPSG) believes that the path to Joliet Firefighter's mental and emotional health begins with firefighters, retirees, clinicians, clergy, and other stakeholders working together to provide support, education, and connection to resources for our firefighters and their families. The public can depend on firefighters. Firefighters can depend on their peer support group.

Peer Support Use

The idea of peer support in the fire service is not new. Firefighters will say, rightly, that it has existed in some form (though sometimes inconsistently) since the beginning of the American Fire Service. The concept of peers helping each other has not changed, but the availability of specialized training in individual and group crisis management and psychological first aid (PFA) has made the process more structured and available. These programs have gained widespread support in recent years and are rapidly becoming the accepted standard of care.

Website and Facebook Page

The JFPSG maintains a website (www.jfdpeersupport.com) and Facebook page to ensure that the most up-to-date resources and information are available to those the JFPSG serves. There are regular Facebook posts regarding a wide range of issues and regular updates to the website.

JFPSG Mental and Spiritual Health & Wellness

Challenges

The career of a firefighter can be challenging on many levels. During its progression, firefighters are exposed to many traumatic events – some occurring to strangers with the firefighter as a



witness, and some occurring to people with whom they are acquainted. Plus, firefighters regularly place themselves in life-threatening situations where injury and death are possibilities. Events such as natural and traumatic death, abuse, violence, and disaster affecting people of all ages are common and expected. As a result, firefighters may exhibit symptoms of a wide variety of mental challenges from suicide, depression, and anxiety to substance use disorder (SUD) and PTSD, especially if they have not built robust resiliency habits (International Association of Firefighters [IAFF], 2016). The need for adequate firefighter mental health care must begin as a proactive thought and must be planned for accordingly if it is to be effective. A helpful template for this task is the Emergency Management model to be discussed in the next section.

Culture

The firefighter culture is another important consideration in selecting effective mental health management strategies. There are certain characteristics of this culture (in both active and retired firefighters) that make management techniques important regarding firefighter stress. These cultural attributes include the self-sufficient nature of firefighters, the “can-do” attitude of firefighters, and the culturally supported heroic image of firefighters. Historically, firefighters have seen themselves as being the one called for help, not requiring it. For this reason, a modality must be found that allows the firefighter to participate more fully in that management (Lukancic, 2020).

Also, throughout the history of the American Fire Service, firefighters have earned a reputation for being able to adapt to overcome obstacles. They are ostensibly problem solvers and do not allow challenges to get in their way. The culture reinforces this at each level of the firefighter’s career, including retirement. This too must be included at all phases of management



for the firefighter to gain confidence that they are aiding the process – they must have a challenge to overcome (Lukancic, 2020).

Finally, since the beginning of the fire service culture itself in ancient Egypt and Rome, the profession has received consistent recognition as a group of people who bravely enter dangerous areas when others are exiting. This has created a culture of “mental toughness,” the result of which is the belief that nothing is supposed to disturb firefighters. This leads to the belief that if something does disturb them, they are weak. This attitude is extremely damaging to firefighters. When seeking mental health care is seen as a weakness, the firefighters may not seek the help they need, resulting in small, manageable problems becoming larger in scope (Lukancic, 2020).

JFPSG Adapted Emergency Management Model for Firefighter Mental Health (JEM Model)

Overview

The field of Emergency Management is a rapidly expanding field that recognizes the need for robust psychological support for those affected by the occurrence of traumatic events. Emergency Management has however been in existence from time immemorial (Philips, 2012).

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.). Due to the hazard assessment within Joliet, we will use an event that the members of the JFD are



familiar with (a tornado) to illustrate our process. This example will then be tied to the mental health process.

Note: The process to be described may be adapted to fit most groups including firefighters, paramedics, police officers, dispatchers, spouses, loved ones, and extended family.

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. In the tornado example, we understand that prevention is not a feasible strategy. Tornadoes may occur anywhere in the United States and cannot be wholly stopped. 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 theory may be used in the prevention phase of the Emergency Management model in various ways. It must be understood first, however, that the nature of the firefighter's employment dictates that they will be exposed to multiple incidents that produce traumatic stress reactions. 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 may seem to be a misuse of resources, but it will be valuable after the model is in effect. 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 treatment is needed. 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 emergency manager to better prioritize the planning and response process. In the tornado example, the protection phase includes acquiring experts in the field of severe weather forecasting and warning processes as resources. It also



includes ensuring that the people in each area are adequately informed regarding the risk and trained in their response should an event occur. Added to this is the need for robust planning by the local authorities such as police, fire, emergency medical, other local services, and mutual aid resources.

The protection phase is one challenging aspect of this 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 are 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 highly 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 or mitigation of the same event. During this phase, existing life threats and basic needs are the focus. In the tornado example, the response would occur during and after the tornado event occurred. It would include trained spotters, search and rescue of survivors, initial medical care, food, and temporary shelter.



If the prevention and protection phases are done properly, the response phase will be much easier to implement. As we saw earlier, the response phase is typically one of the most complicated and robust of all phases. 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 treatment 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. In the tornado example, the recovery phase includes such things as structural stability and rebuilding, commercial and industrial refitting, and other infrastructure revitalization. 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 client is presented with and must adapt to.

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. 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

is finished with 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 event will be applied to the next phases to reduce the impact of the next event. 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 (FEMA, n.d.). 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 event frequency for firefighters depends upon location, call volume, and chance. These attributes make this a difficult model to put a definitive timeline on. The first two phases may be done within a timeframe provided there are no critical incidents at that time. After that, the response and recovery phases are predicated upon event occurrence. The key to success in the management

of the program to ensure the repetitive nature of the program remains intact and that the program is constantly moving forward with developing relationships and knowledge.

Emergency Management Traditional Model vs. JEM Model

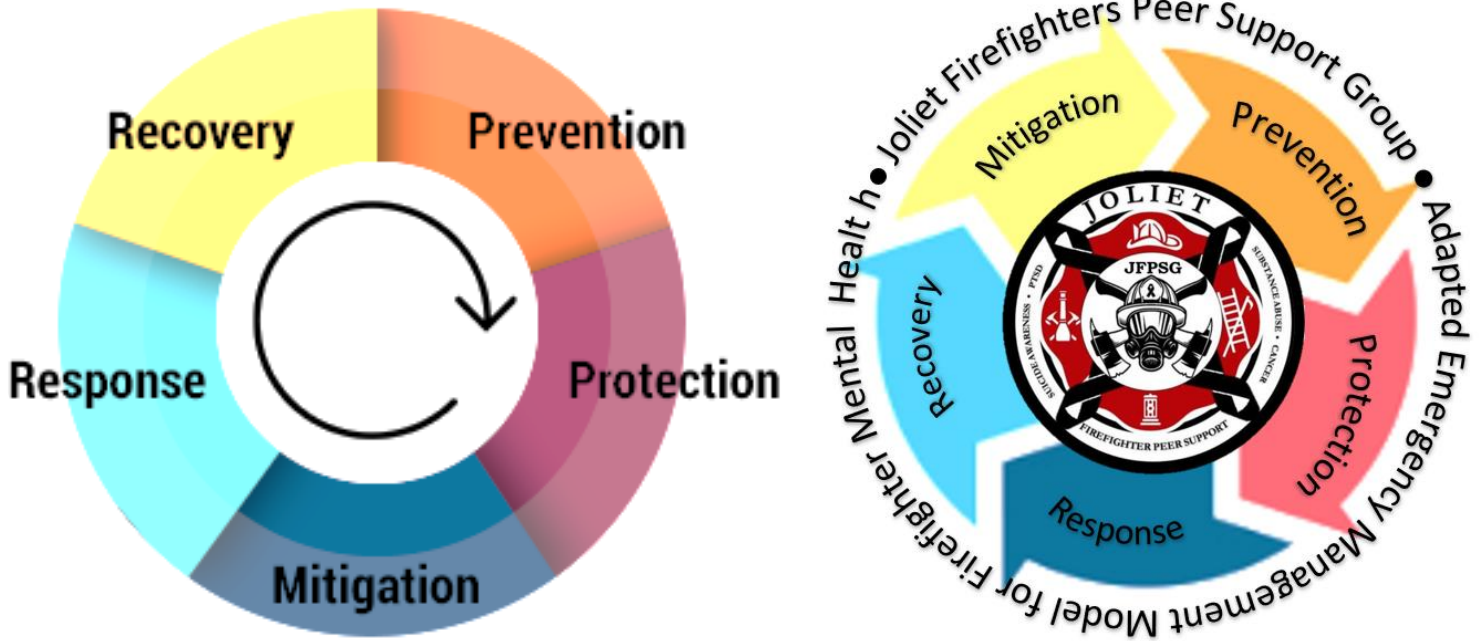


Figure 1.1 Standard EM Mission Model: <https://ready.ua.edu/> JEM Model

Operations Manual

The JFPSG has compiled a comprehensive Operations Manual for use by both peer supporters and anyone else who is interested in the function of the group. The manual is posted on the JFPSG website (www.jfdpeersupport.com).

Organization and Chain of Command

An organizational structure and chain of command are necessary for the proper functioning of the group. This includes the use of an adapted modular structure like that used in the fire service.

Joliet Firefighters Peer Support Group (JFPSG)



The JFPSG is organized using a modified version of the traditional peer support model. This model includes a Lead Agency, Steering Committee, Group Coordinator, Clinical Director, Group Liaison, Member Clinicians, Active and Retired Firefighters, Clergy and Religious Members, and members from varying stakeholder groups (Mitchell, 2013). Added to our model is the position of JFPSG Public Information Officer (PIO).

Lead Agencies (Dissolved)

Membership: The lead agencies for the JFPSG were IAFF Local 44 and 2369.

Role: The role of the Lead Agencies was to initially sponsor the group as the umbrella organizations. In the case of the JFPSG, the Lead Agencies in effect, dissolved in this capacity after the group was formed.

JFPSG Steering Committee

Membership: Consists of all members of the JFPSG. The Committee acts democratically to establish the overall direction of the group by consensus.

Role: The role of the Steering Committee is to decide on the strategic direction of the JFPSG. Also, the Steering Committee will be the final word on all policy decisions regarding the group.

JFPSG Group Liaison

Membership: Consists of one Joliet Fire Department member of the JFPSG.

Role: The role of the Group Liaison is to act in the interest of the JFPSG at the JFD level. They are the “person on the inside” of the organization.

Joliet Firefighters Peer Support Group (JFPSG)



JFPSG Clinical Director

Membership: Consists of one Illinois Department of Financial and Professional Regulation (IDFPR) licensed Clinician Member of the JFPSG. This may include a Psychologist, Social Worker, or Counselor.

Role: The role of the Clinical Director is to provide clinical guidance and oversight to the intervention activities of the JFPSG to ensure best practices regarding mental health are adhered to and to make certain members of the group act appropriately within their training and experience.

Member Clinicians

Membership: Consists of licensed clinicians of the JFPSG as recognized by the Illinois Department of Financial and Professional Regulation (IDFPR). These may include Psychologists, Social Workers, and Counselors.

Role: The role of the clinician is to provide advice, receive referrals from members of the JFPSG, and professionally treat Joliet Firefighters and their families if the situation warrants. They also review interventions of peers as needed and provide for training of the Group and members of the JFD and their families.

Religious & Clergy

Membership: Consists of one or more member(s) of the JFPSG.

Role: The role of the Clergy and Religious within the JFPSG is to provide spiritual support to those contacts that require such support.

JFPSG Coordinator

Joliet Firefighters Peer Support Group (JFPSG)



Membership: Consists of one member of the JFPSG.

Role: The role of the day-to-day general management of the team to include the following:

- Evaluate the need to deploy members;
- Assist in developing team membership;
- Represent the group at meetings;
- Author/revise JFPSG Standard Operating Guidelines (SOG) with Steering Committee Approval.

JFPSG Peer Supporters

Membership: Consists of active and retired firefighters, community members, suicidologists, elected officials, and other stakeholders who are trained in peer support techniques.

Role: The role of the peer supporter is to provide active listening and individual crisis intervention for members of the JFD and their families and to refer them to higher levels of care if needed.

Stakeholders

Membership: Consists of any other group or individual who believes in the vision and mission of the JFPSG. This may include local business owners, mental health groups, and other firefighters.

Role: The role of the stakeholder is to support the vision and mission and vision of the JFPSG by providing services to firefighters that will enhance their well-being.

JFPSG Suicidologist

Membership: Consists of one or more member(s) of the JFPSG who is a Certified

Joliet Firefighters Peer Support Group
(JFPSG)



Suicidologist.

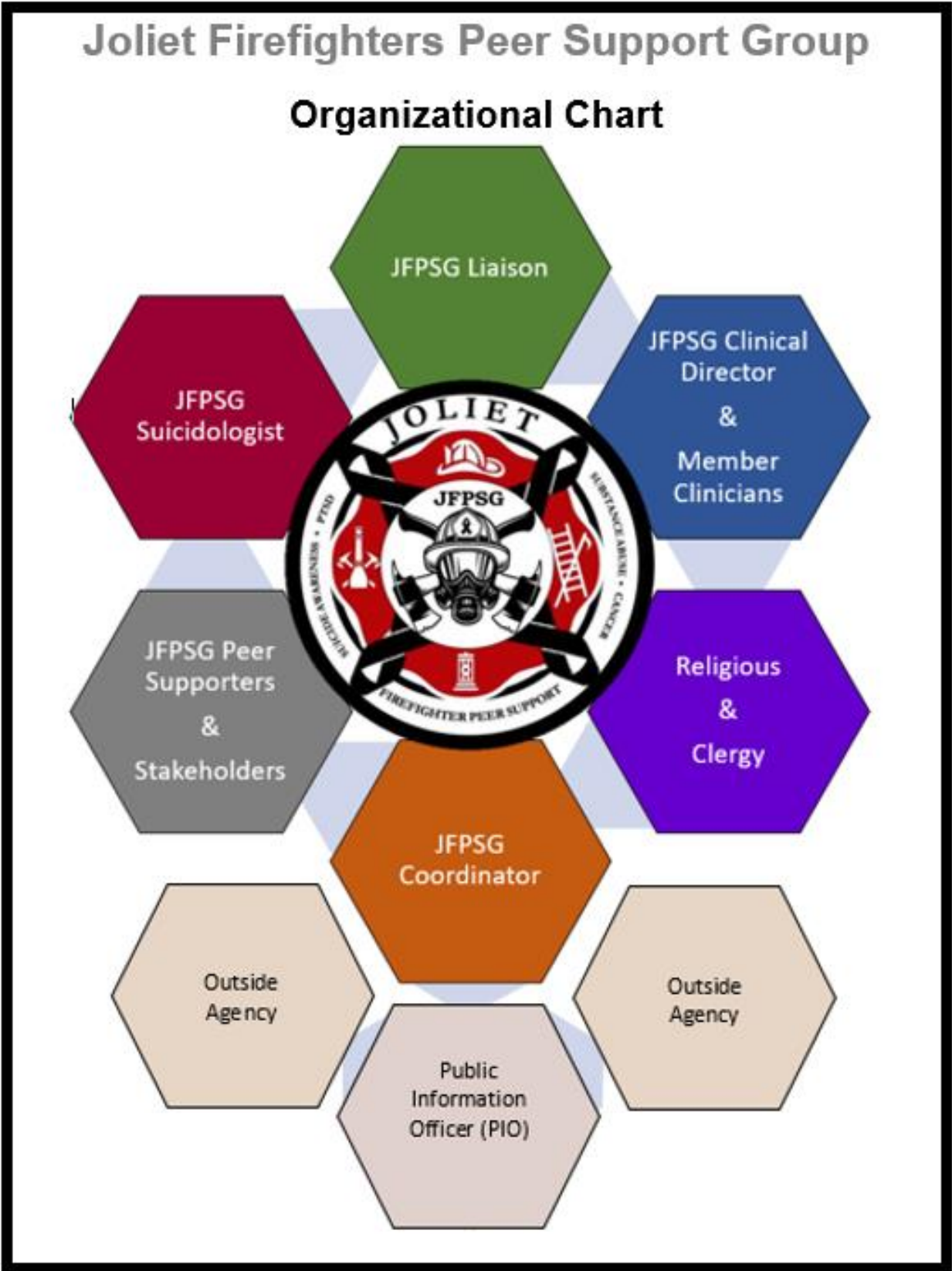
Role: The role of the suicidologist within the JFPSG is to act as an expert in the field of suicide prevention, providing advice and direction regarding group management of suicide-related issues.

Public Information Officer (PIO)

Membership: Consists of one or more members of the JFPSG with required training found in SOG 02-20-13.

Role: The role of the PIO is to speak for the Group regarding activities related to the group. The PIO is to notify before any member speaking about group operations (Joliet Firefighters Peer Support Group [JFPSG] & Lukancic, 2020).

Joliet Firefighters Peer Support Group
(JFPSG)



(Joliet Firefighters Peer Support Group [JFPSG] & Lukancic, 2020)

2

FYRE Program

FYRE Overview

The FYRE Program concept is modeled after the Sunshine Program established by the Upper Room Crisis Hotline in Joliet, Illinois, and created by Sr. Mary Frances Seeley, Ph.D. This program is part of a larger person-centered crisis intervention 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 normal 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.





FYRE for Recruits

The FYRE Program: Recruit was created to ensure that recent hires have the support they need to begin their careers successfully. When a firefighter is new to the field or Joliet, there is a period where they have much to learn. During this probationary learning period, the firefighter must be taught the culture and history of the JFD, a wide range of fire and EMS skills, and how they fit into the context and culture of the Joliet Fire Department. This is a critical time for the recruit and can have positive or negative outcomes that last throughout their career. As such, this time may be extremely stressful for the recruit and it may benefit them to have a regular, confidential support source who will have consistent contact with them as well as be available in times of higher stress.



The goal of this program is for the JFPSG to maintain (at minimum) monthly contact with the recent hire for a period of 12-months after the firefighter begins employment. This contact, via phone, digital, or in-person means will ensure that the recruit has regular contact with a peer supporter to confidentially discuss the challenges of their new position and have an additional mechanism for advice and guidance. When a recruit is hired, the firefighter will be approached by the JFPSG Liaison and be

Joliet Firefighters Peer Support Group
(JFPSG)



told about this service. At the discretion of the Fire Chief, they have the right to opt-out if they do not want to participate.

If the firefighter accepts, they will be asked if they have a preference for a peer supporter that they would like to remain in contact with. If they do, the peer will be asked to take on the responsibility of contacting the recruit each month for one year after the recruit's hire date. These contacts will be coordinated between the recruit and the peer.

The peer will document the date of the call on a contact form (See Appendix A) and maintain it for the year. If at any time the monthly discussions stop occurring due to recruit request or other circumstances, the form will be sent to the Group Coordinator through the Liaison.

If the retiree requires crisis intervention, the peer will follow established JFPSG procedures. The program will be managed by the JFPSG Liaison.

FYRE for Retirees

The FYRE Program: Retiree was created to ensure that those preparing for retirement and those retirees who have recently retired have been offered the support they may need after their Joliet Fire Department journey has ended. Becoming accustomed to life after retirement may be difficult for some due to the loss of a family environment, lack of previously enjoyed support, structure, friends, common experiences, and other factors.

There are two goals of this program. The first is to provide pre-retirement support and education for those who are nearing separation and the second is to provide post-retirement support in the form of monthly contact with the retiree for a period of 12-months after the firefighter retires. The retiree may choose to participate in any portion of the program they wish.

Joliet Firefighters Peer Support Group
(JFPSG)



The pre-retirement support includes a consultation with one of our Clinicians through the Aspire Center for Positive Change. During this consultation, the professionals at Aspire will discuss some common emotions and reactions to being retired, so the firefighter may be more prepared.

The monthly contact, via phone, digital, or in-person means will ensure that the retiree has regular interaction with a peer supporter to discuss the challenges of retirement and have a mechanism to remain connected to the Joliet Fire Department if they desire.



When the firefighter officially announces their intent to retire, the Deputy Chief of the Joliet Fire Department will notify the JFPSG Liaison. The firefighter will be approached by the Liaison and asked if they would like to participate in the program. They may elect to opt-out of any component of the program if they do not desire further contact.

If the firefighter accepts, they will be asked if they have a preference for a peer supporter that they would like to remain in contact with. If they do, the peer will be asked to take on the responsibility of contacting the new retiree each month (or more) for one year after the retiree's retirement date. These contacts will be coordinated between the retiree and the peer.

Joliet Firefighters Peer Support Group
(JFPSG)



The peer will document the date of the call on a contact form (See Appendix A) and maintain it for one year. If at any time the monthly discussions stop occurring due to retiree request or other circumstances, the form will be sent to the Group Coordinator through the Liaison.

After the year has concluded, the retiree may continue contact with the peer or JFPSG if they require further support. The commitment of the peer may continue but is not required.

If the retiree requires crisis intervention, the peer will follow established JFPSG procedures. The program will be managed by the JFPSG Liaison.

Appendix B: FYRE Flyer

JFPSG Presents:

THE FYRE PROGRAM

What is FYRE?:

The FYRE Program was designed to pay special attention to two at-risk groups within the fire service: new firefighters and firefighters preparing for retirement. FYRE stands for First Year Recruit/Retirement Experience.

The JFPSG will contact you once per month to discuss challenges or other issues related to your new life. This allows you to have confidential support and speak freely with a peer supporter.

You will also have to opportunity to speak with one of our clinicians regarding any other stress issues you may be experiencing.

Who is eligible?

New firefighters with less than 1-year on the job.

Firefighters preparing for retirement and those currently retired.



For more information, call (855) JFD PEER or speak to a peer supporter.

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